

Norton Medical Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norton Medical Practice on 4 August 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed with the exception of risks associated with legionella, the absence of emergency medical equipment that reflects national standards and staff undertaking duties without appropriate checks or risk assessments in place

- Recruitment checks were in place with the exception of a disclosure and barring check (DBS) for the practice healthcare assistant. The practice did not complete risk assessments to assess the risk of not having DBS checks for staff that chaperoned.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had regular multidisciplinary meetings and practice meetings. We found that nursing staff were not regularly included in the practice meetings and therefore information from audits, significant events and complaints were not always fed back to the nursing team.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure effective recruitment checks are in place under current legislation, including disclosure and barring checks (DBS) for all clinical staff.
- Ensure risk assessments are in place to assess the risk of not having disclosure and barring checks (DBS) for staff that chaperone.

In addition the provider should:

- Ensure key information from significant events, complaints and audits are shared consistently with all relevant staffing groups within the practice so that learning can be applied and shared across all areas.
- Assess and manage risks associated with legionella

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated requires improvement for providing safe services. The practice was able to provide evidence of a good track record for recording and monitoring safety issues with the exception of risk assessments for legionella and in the absence of emergency medical equipment that reflects national standards. When things went wrong, lessons were learned and improvements were made. However, the practices recruitment checks were not robust; the practice did not complete a disclosure and barring check (DBS) for their healthcare assistant and the practice did not complete risk assessments to assess the risk of not having DBS checks for staff that chaperoned.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were mostly above national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Staff helped people and those close to them to cope emotionally with their care and treatment. The practice also had a care co-ordinator role that facilitated health checks, annual carer reviews and provided supportive information for those with caring responsibilities. Data from the National GP Patient Survey July 2015 showed that performance was above the local and national averages in most areas relating to care, dignity and respect.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Results from the National GP Patient Survey published in July 2015 showed that patient's satisfaction with opening hours was below local and national averages. However, the practice had taken a proactive approach in response to the patient survey and to improve access the practice had recruited another practice nurse as well as a new

Good



Summary of findings

receptionist to help with telephone access. The action plan from the patient satisfaction survey highlighted that the practice was looking to increase clinical appointments further and were hoping to recruit more clinical staff to help with this. The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and the practice responded quickly to issues raised. The practice engaged with the local Clinical Commissioning Group (CCG) and was part of a pilot scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances.

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. The practice was aware of future challenges. The management team encouraged a culture of openness and honesty. Staff said they felt respected, valued and supported by all members of the practice team.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits and rapid access appointments for those with enhanced needs. The practice had regular contact with district nurses and participated in weekly and monthly meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients with long term conditions had a six monthly review with either the GP or the nurse to check that their health and medication needs were being met. Patients were encouraged to manage their conditions and were referred to other services for support with dietary advice, weight management and smoking cessation.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children who were at risk such as children and young people who had a high number of A&E attendances. The practice met with the health visitor on a weekly and monthly basis to discuss any safeguarding issues as well as those children who had long term conditions. Immunisation rates were in line with local and national averages for all standard childhood immunisations. Home visits and telephone consultations were offered to all new mothers within the first two weeks of birth.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was below local and national averages. While comment cards contained positive comments regarding access to the service, one of them suggested that later appointments would be beneficial for the working population. The action plan from the patient satisfaction survey highlighted that the

Good



Summary of findings

practice was looking to increase clinical appointments further. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice was part of a pilot scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances. Since the practice joined the pilot scheme in April 2015, they have started to identify patients who may be living in isolation and may feel lonely. These patients were seen by one of the GPs and referred to a service called Integrated Plus. The management team explained how referrals were done through their multi-disciplinary meetings. As the pilot was fairly new for the practice, success rates had not yet been measured. However, the practice explained how this service would be used to encourage patients on the scheme to connect with voluntary and community sector services.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 125 responses which is equivalent to 2% of the patient list) demonstrated that the practice was performing above local and national averages with regards to care and treatment. Ninety percent of the respondents described their overall experience of the practice as good, compared to the CCG average of 84% and national average of 85%. Eighty four percent of the respondents said they would recommend the practice to someone new to the area, compared to the CCG average of 75% and national average of 78%.

However; results indicated the practice could perform better for access:

- 64% of patients were satisfied with the surgery's opening hours compared to the CCG and national averages of 75%.
- 58% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

The practice scored higher than average in terms of patients not being kept waiting long for their allocated appointments. For example:

- 94% of respondents said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 63% and national average of 65%.
- 85% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83% and national average of 85%.
- 97% of respondents said the last appointment they got was convenient compared with the CCG and national averages of 92%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that all staff members were caring and supportive. We also spoke with five patients who told us they could not fault the care they had received.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Ensure effective recruitment checks are in place under current legislation, including disclosure and barring checks (DBS) for all clinical staff.
- Ensure risk assessments are in place to assess the risk of not having disclosure and barring checks (DBS) for staff that chaperone.

Action the service **SHOULD** take to improve

In addition the provider should:

- Ensure key information from significant events, complaints and audits are shared consistently with all relevant staffing groups within the practice so that learning can be applied and shared across all areas.
- Assess and manage risks associated with legionella.

Norton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Norton Medical Practice

Norton Medical Practice is a medium sized, long established practice located in Stourbridge. There are approximately 6000 patients of various ages registered at the practice. The practice manager told us there were a higher proportion of elderly patients on the patient list compared with other practices in the area. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients such as minor surgical procedures, including joint injections.

The practice is a training practice managed by two GP partners (male and female) and a practice manager. The clinical team includes a practice nurse prescriber, a practice nurse and a healthcare assistant. The management team are supported by a reception manager who oversees a team of reception staff as well as an administrator and a practice secretary.

The practices opening hours are from 8.20am to 6.30pm Monday to Friday and the practice closes for half day on a Thursday at 12.30pm. Appointments are available from

8.30am to 12.30pm on all week days and from 1.30pm to 6.20pm on all week days except for Thursdays. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Primecare.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable

- People experiencing poor mental health (including people with dementia)

The inspection team :-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 4 August 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

The practice used incident forms to record significant events and incidents. Staff we spoke with were familiar with this process and knew how to report significant events and incidents. The practice had a system in place to monitor trends in relation to significant events, incidents and complaints. The practice used this system to conduct a regular analysis of themes, trends and required actions. We saw agendas and minutes of practice meetings where these were reviewed and discussed weekly, monthly and annually. Staff told us how learning was shared during these meetings. We saw in the meeting minutes that learning was shared to ensure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice demonstrated the use of risk management systems for safeguarding, health and safety, infection control, medication management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff knew who the lead was. The GP attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The healthcare assistant and reception staff acted as a chaperone when required. We saw notices in place to inform patients that this service was available. However, we found that the healthcare assistant and the reception staff who acted as chaperones had not received a disclosure and barring check (DBS). These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice informed us that although chaperones would not be left alone with patients, they did not have risk assessments in place to assess the risk of not having DBS checks. We discussed with members of the management team on the day of our inspection and they advised that risk assessments would be completed and that a DBS check would also be completed for the healthcare assistant as a priority.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place. The practice had up to date fire risk assessments and had a log book to show that regular fire drills had taken place. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and health and safety. However, the practice did not have a risk assessment to assess the risk of Legionella.
- Appropriate standards of cleanliness and hygiene were followed and there were infection control protocols in place. The practice had a GP lead for infection control and a practice nurse who was the deputy lead. The practice took part in an annual infection control audit. We saw that although some actions had been completed, there were a number of minor actions which were ongoing such as displaying hand hygiene information in patient and staff toilets. The practice nurse had been working through the actions from the infection control audit and we were advised that some of the actions were ongoing due to time constraints. We found that the owner of the actions was not made clear on the infection control audits. When we raised this with the practice during our inspection they advised that the actions were a team effort and that this would be made clear when managing the actions moving forward.
- The practice worked with a pharmacist from the Clinical Commissioning Group (CCG) who attended the practice every two weeks. The pharmacist assisted the practice with medication audits and monitored their use of antibiotics to ensure they were not overprescribing.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy

Are services safe?

teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored and there had previously been systems in place to monitor their use

- Recruitment checks were carried out and the six files we reviewed showed that some of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, we found that the practice did not complete a disclosure and barring service check (DBS) for the healthcare assistant, and risk assessments were not in place to assess the risk of the reception staff that chaperoned.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used regular locum GPs to cover if ever the two GP partners were on leave and the practice shared records to ensure that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

There were emergency medicines available in the treatment room and oxygen with adult and children's masks were on the premises. Staff informed us that they had requested a manufactures check to identify a possible fault with their defibrillator which was identified approximately two weeks prior to our inspection. The practice did not have a risk assessment in place to cover the risk of not having a working defibrillator during this period. The management team informed us that all staff had received training in basic life support and staff were instructed to inform the ambulance service that they had no working defibrillator in place, in the event that they needed to contact the emergency services. A member of the management team assured us that a risk assessment would be implemented as a priority.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan and what processes to follow in the event of an emergency, such as a power failure, a fire, or a flood. There was a system on the computers in all the treatment rooms which alerted staff to any emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had robust systems in place to ensure all clinical staff were kept up to date with national patient safety alerts and guidelines from NICE. We saw how this information was used to develop how care and treatment was delivered to meet patient's needs. The practice monitored that these guidelines were followed through medication risk assessments, clinical audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF); this is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013 to 2014 showed that practice had achieved 98% of the total number of points available, with 5% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- Performance for diabetes related indicators was 97%. This was above the CCG average of 85% and national average of 90%.
- The percentage of patients with hypertension having regular blood pressure tests was 84%. This was above the CCG average of 81% and national average of 88%.
- Performance for mental health related indicators was 100%, with an exception rate of 0%. This was above the CCG average of 80% and national average of 90%.
- Performance for dementia related indicators was 96%. This was above the CCG average of 85% and national average of 92%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a number of clinical audits completed in the last

two years. We saw that two of these were completed audits where the improvements made were implemented and monitored. For example, we saw an audit was completed to review patients taking anti-blood clotting medicine. The aim of the audit was to ensure prescribing was appropriate and that patients were being reviewed in line with national guidance. The practice ensured their systems for patient recalls and reviews were robust as a result and ensured that patients on this medicine had six monthly reviews and were referred for baseline blood checks. The practice also completed regular audits to identify patients with chronic conditions who may need to be added to specific registers such as their palliative care register. The practice shared additional audits with us including an audit of patients on high dose inhalers and reviewing read codes following findings from antibiotic prescribing audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a comprehensive induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, data protection and conflict resolution. Staff had access to and made use of e-learning training modules and in- house training.
- Clinical and non-clinical staff were up to date with their yearly appraisals and personal development plans were in place. The practice demonstrated how over time they had supported the professional development of their healthcare assistant who started as a receptionist a number of years ago. The practice shared development records to show how they had provided support with training and continued to do so by supporting them with specialist training courses in areas such as diabetes care and chronic obstructive pulmonary (COPD) care. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.

Coordinating patient care and information sharing

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and

Are services effective?

(for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis with regular representation from other health and social care services. We saw minutes of meetings to support that joint working took place and that vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified and supported by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those

requiring health and wellbeing advice. For example, patients seeking advice on diet and support with weight management were assessed and referred to the relevant service. Smoking cessation advice was available from a local support group and the practice had offered this service to 94% of their patients.

The QOF data from 2013 to 2014 showed that the practice's uptake for the cervical screening programme was 78% which was comparable to the national average of 81%. However, the practice provided an up to date internal report during the inspection which showed that improvements were being made and that they had reached 80%. The practice offered text message reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 91% to 100%. The CCG average rates for the vaccinations given to under two year olds ranged from 25% to 100% and five year olds from 92% to 98%.

The flu vaccination rate for the over 65s was 72%, compared to the national average of 73%. Flu vaccinations for at risk groups were 56%, compared to the national average of 52%. The practice told us that they expected their percentages for over 65s to improve with their annual flu clinic drive in September 2015.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, appropriate follow-ups on the outcomes of health assessments and checks were made.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout our inspection we saw that members of staff were courteous, respectful and helpful to patients both in the practice and over the telephone. Reception staff told us that a private room was offered to patients who wished to discuss sensitive issues. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations and treatment. Treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.

Patients completed 15 CQC comment cards, all cards contained positive comments about the service experienced. Patients described the clinical staff as genuinely caring and patients commented that the clinical care was excellent. Patients shared examples of how reception staff were caring and sensitive to their needs. Some of the cards gave thanks to the practice for the service they provided. Comment cards also described the practice as clean and bright, with calm and friendly atmosphere. We also spoke with four patients on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Data from the National GP Patient Survey July 2015 showed from 125 responses that performance was above local and national averages in most areas.

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 86%.
- 94% said the GP gave them enough time compared to the CCG % and national averages of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 97%.

The percentage of patients who found reception staff helpful was 86% which was broadly in line with the CCG and national averages of 87%. Patients we spoke with on the day, and the comment cards we reviewed, gave positive feedback about the helpfulness of the reception team.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to and supported by staff and never felt rushed during consultations. This was also consistent with the feedback provided on the comment cards.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with or above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 92% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 19% of the practice list had been identified as carers. The practice had a senior receptionist who carried out a care co-ordinator role. The care co-ordinator ensured that carers were being supported by offering and facilitating health checks and annual carer reviews. The care-coordinator also ensured carer information was always available and up to date, such as information on carer support services. The practice also had a carer's board containing supportive advice and signpost information to other services.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The GPs would also attend funerals when possible and when appropriate.

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was part of a pilot scheme in the area to help to provide social support to their patients who were living in vulnerable or isolated circumstances. Since the practice joined the pilot scheme in April 2015, they have started to identify patients who may be living in isolation and may feel lonely. These patients were seen by one of the GPs and referred to a service called Integrated Plus. The management team explained how referrals were done through their multi-disciplinary meetings. As the pilot was fairly new for the practice, success rates had not yet been measured. However, the practice explained how this service would be used to encourage patients on the scheme to connect with voluntary and community sector services.

The management team explained how they had low attendance at past patient participation group (PPG) meetings and therefore, their PPG members opted for a virtual PPG instead. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The virtual PPG consisted of 16 members and the practice manager took the lead on ensuring regular contact was made with the PPG. The management team advised that they were looking to strengthen their PPG by recruiting more members and re-introducing PPG meetings at the practice. The practice manager demonstrated how they made regular contact with the PPG in writing to gain input on key areas such as patient surveys and proposals for improvements. One of the improvements shared with us was the nurse triage service which was initiated following a PPG meeting in 2014.

Services were planned and delivered to take into account the needs of different patient groups. For example:

- There were longer appointments available for people with a learning disability.
- Home visits were available for patients with complex needs, elderly patients and patients who were too ill to attend the practice.

- Home visits and telephone consultations were offered to all new mothers within the first two weeks of birth. The practice explained how GPs would carry out new baby checks and also complete a health review for the mother and ensure support is offered where needed.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open from 8:20am to 6:30pm Monday to Friday and the practice closed for half day on a Thursday at 12:30pm. Appointments were available from 8:30am to 12:30pm and from 1:30pm to 6:20pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 64% compared to the CCG and national averages of 75%.

- 58% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 72% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 94% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.

We discussed these results with the practice on the day of our inspection. We were advised that the practice had decided to continue to provide services during core hours and that extended hours would be considered as part of the future plans for the practice. The practice had taken an active approach in response to the patient survey. An action plan was shared with us which compared annual satisfaction results and highlighted areas of improvement and areas requiring action. Some of the actions with regards to appointments included the recruitment of an additional practice nurse which has opened up further appointments for patients. Patients we spoke with on the day of our inspection advised that they were happy with the availability of appointments. While comment cards contained positive comments regarding access to the service, one of them suggested that later appointments

Are services responsive to people's needs?

(for example, to feedback?)

would be beneficial for the working population. The action plan from the patient satisfaction survey highlighted that the practice was looking to increase clinical appointments further. The practice had also recruited an additional receptionist and developed a system where two receptionists covered the telephones during peak times to help improve telephone access.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the

waiting room. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written and verbal complaints. There had been six complaints in the previous twelve months which had been satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw how in response to two complaints regarding access outside core hours, the practice were looking to recruit an additional GP with the view of offering later appointment times.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to which was to continue to deliver high quality care while remaining in the heart of the community. Staff gave feedback with regards to working at the practice and their views aligned with the practices vision. Most staff had worked at the practice for a number of years and were familiar with their patients as most of them had been registered with the practice for a long time. We spoke with seven members of staff who all had positive things to say about working at the practice. Staff told us how they felt valued and supported and that they felt very much part of a close, hardworking and friendly team.

Governance arrangements

The practice had governance systems and policies in place which incorporated key areas including clinical effectiveness, risk management, patient experience and human resources. Governance systems in the practice were underpinned by:

- A clear staffing structure and staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- Clear methods of communication that involved other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

Leadership, openness and transparency

The GP partners and the practice manager formed the management team at the practice. The team were visible in the practice and staff told us that they were always approachable and always took the time to listen to all members of staff. The management team encouraged a culture of openness and honesty. Conversations with staff demonstrated that they were aware of the practices open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team. Staff said they felt respected, valued and supported by all members of the practice team.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints.

Continuous improvement and learning

A number of meetings took place within the practice including weekly management meetings, monthly multidisciplinary meetings and bi-monthly practice meetings. The practice continually monitored trends in relation to significant events, incidents and complaints. We saw agendas and minutes of practice meetings where these were reviewed and discussed weekly, monthly and annually. Staff told us how learning was shared during these meetings. However, we found that nursing staff were not regularly included in the practice meetings and therefore information from audits, significant events and complaints was not always fed back to the nursing team. We raised this on the day of our inspection and the management team advised us that consistency with meetings was an area that they were working on. The practice had a system of audit cycles which demonstrated an improvement on patients' welfare.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The practice did not demonstrate effective recruitment procedures in line with schedule 3 of the Health and Social Care Act.</p> <p>Criminal record checks were not completed for a member of the clinical team and risk assessments had not been completed for staff that chaperone, in the absence of criminal record checks. Regulation 19 (2).</p>