Churchtown Medical Centre

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	Requires improvement
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?	**Requires improvement**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Churchtown Medical Centre on 26 May 2016. Overall the practice is rated as requires improvement.

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

- There was a system at the practice for reporting and recording significant events. However, this was ineffective.
- Risks to patients were assessed and managed but there was a lack of clear protocols that were embedded within the practice, which affected the quality of governance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. We saw a number of audits had been completed and results were used to drive improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had plans to utilise technology to make its services more accessible to patients, having introduced the use of telemedicine and planning to introduce intelligent telephony to deal with incoming telephone calls more effectively.
- Patients said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

However, there were areas where the provider must make improvements. The provider must:

- Ensure all significant events are recorded, reported and discussed and learning from them shared.
- Ensure all staff recruitment checks as required by Schedule 3 are carried out on staff.
- Ensure that the premises are regularly checked to maintain safety for all people that use the building.
- Ensure that water testing as required by the risk assessment on Legionella, carried out in respect of the building, is performed as required.
- Ensure there is an effective procedure in place for the receipt, dissemination and discussion of MHRA alerts relevant to the practice.
- Ensure all staff have annual appraisal including reception and administrative staff, practice nurses and healthcare assistants.
- Ensure all clinicians have access to and time to complete the training necessary for their role, for example, training in the Mental Capacity Act 2005.
- Ensure an up to date business continuity plan is in place.

There are areas where the provider should make improvements. The provider should:

- Maintain equipment registers to help identify and assure that all equipment has been tested regularly.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. However this was ineffective.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- There was no formal process in place for receiving and sharing MHRA alerts.
- There was no electrical safety certificate for the practice; the last electrical safety check on the building had been conducted in 2006.
- Checks on water supplies for Legionella had not been carried out as required.
- Staff meetings and clinical meetings were not formalised; there had been some informal clinical meetings between the partners but these were not minuted. Multi-disciplinary team meetings were taking place regularly, for example, in relation to palliative care patients.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded safeguarding procedures in place. We saw that GPs met their responsibilities to provide safeguarding reports when required.
- There was no up to date business continuity plan in place, which reduced the practice's ability to respond safely when faced with a major incident.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above average compared to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals for GPs and continuing professional development for GPs. Nurses had not been appraised for almost three years. We did see that nurses managed their own professional development needs well, utilising all training opportunities and forum meetings within the locality.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Not all clinicians had received training in the Mental Capacity Act 2005.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a dietician was available at the practice, to help patients manage aspects of their diet that could impact on their health, for example weight gain linked to developing diabetes.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

Summary of findings

- The practice had a vision and strategy to deliver quality care and promote good outcomes for patients. When asked, staff were unclear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- Governance processes at the practice did not assure that all risks that could be reasonably predicted were minimised.
- There were no governance meetings in place to provide assurances that services were provided in line with guidance, policy and procedure.
- Practice staff had not received annual appraisals; nurses had not been appraised since 2013. Staff could not say whether they had been set any objectives.
- Some clinical staff had not received training on the Mental Capacity Act 2005.
- Tasks in relation to the daily running of the practice and staff management had been shared between three staff. However, a list of the key tasks and responsibilities of the practice manager had not been produced. A resourcing issue meant that some key tasks had not been covered which impacted on governance.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- Clinical meetings had not been held by the practice for a considerable period due to other pressures within the practice.
- The significant event summary for the practice, submitted as part of the pre-inspection information return, did not match the numbers or examples of events shown to us by individual GPs.
- The practice sought feedback from staff and patients, which it acted on.
- There was focus on learning and improvement, particularly from the practice nurses and GPs.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. There were aspects of the safe and well-led domains that impacted on all population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- 22% of the practice patient register were over 70 years old.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a telemedicine scheme, which gave access to clinicians remotely when required. This was a particular benefit to nursing and care homes locally. The practice had 1% of its patient population residing in nursing and/or care homes.
- Work was on-going to identify those patients at risk of frailty. When identified, the care of these patients was further assessed and planned to help them remain well at home.
- All staff and clinicians showed a strong understanding of safeguarding older, more vulnerable patients, particularly those who lived alone.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. There were aspects of the safe and well-led domains that impacted on all population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Indicators for treatment of patients with diabetes were in line with local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice was undertaking audit and review work on the treatment of diabetic patients, in line with with NICE guidance. This work was used to drive improvement in the holistic care of patients with diabetes.
- The practice had just signed up to a CCG led 'Roving GP' service. People requiring a GP after 5.30pm could be referred to this service.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. There were aspects of the safe and well-led domains that impacted on all population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice were able to access a CCG led initiative, the Children's Community Outreach Team, for referral of children who were ill and needed additional clinical oversight to help avoid hospital admission.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Rates for cervical screening were comparable with local and national averages, with 78% of eligible women being screened, compared to the local, Clinical Commissioning Group (CCG) average of 81% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Telephone appointments were routinely available to book each day, which offered greater access to all patients, particularly those with caring commitments.
- There are regular baby clinics held at the practice, led by health visitors.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There were aspects of the safe and well-led domains that impacted on all population groups.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a regular lipid clinic for patients and promoted other services to help patients maintain their health.
- 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.
- A Citizens Advice drop in service was hosted by the practice on a regular basis.
- The practice was part of a food bank scheme, issuing vouchers to those patients in need of this service.
- A number of drop in clinics are also available at the practice, for example a dietetic clinic and midwife led ante-natal clinics.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There were aspects of the safe and well-led domains that impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those who needed longer with a GP to discuss their health needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how 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 in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were aspects of the safe and well-led domains that impacted on all population groups.

Summary of findings

- QOF results showed the practice performed well in care of patients experiencing poor mental health and dementia. For example,
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and we saw evidence of regular, close working with the community mental health team.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 248 survey forms were distributed and 122 were returned. This represented the viewpoint of 1% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. The only negative comment made was that it could be difficult getting through to the practice on the telephone. Comment cards also carried a number of extremely positive comments about GPs, expressing that the care and treatment provided to patients had been personalised, supportive and very much appreciated.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure all significant events are recorded, reported and discussed and learning from them shared.
- Ensure all staff recruitment checks as required by Schedule 3 are carried out on staff.
- Ensure that the premises are regularly checked to maintain safety for all people that use the building.
- Ensure that water testing as required by the risk assessment on Legionella, carried out in respect of the building, is performed as required.
- Ensure there is an effective procedure in place for the receipt, dissemination and discussion of MHRA alerts relevant to the practice.
- Ensure all staff have annual appraisal including reception and administrative staff, practice nurses and healthcare assistants.
- Ensure all clinicians have access to and time to complete the training necessary for their role, for example, training in the Mental Capacity Act 2005.
- Ensure an up to date business continuity plan is in place.

Action the service SHOULD take to improve

- Maintain equipment registers to help provide assurance that all equipment has been tested annually.

Churchtown Medical Centre

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 adviser and practice manager specialist adviser.

Background to Churchtown Medical Centre

Churchtown Medical Centre is based in Churchtown, Southport, Merseyside and falls within Southport and Formby Clinical Commissioning Group (CCG). The practice is run by a partnership of six full time partners. The clinical team is supported by three practice nurses and two healthcare assistants. The combined nursing hours provide 2.5 full-time equivalent nursing hours. At the time of our inspection, one of the GP partners had been on an extended period of leave. To accommodate this absence, the partners had appointed two, long term locum GPs, who worked regular sessions at the practice. The patient list size for the practice is approximately 10,900 patients.

The practice administrative support staff were led by a practice manager. The practice manager is supported by a staff supervisor, a senior administrator and a data facilitator. In total there were a further 17 administrative support staff.

The practice premises were purpose built and equipped to provide healthcare treatment and services, as well as hosting other healthcare professionals. All clinical rooms are on the ground floor and the building is fully accessible to wheelchair users, parents with prams and pushchairs and people with reduced mobility. Accessible patient toilets are located on the ground floor and one of these is fitted with baby changing facilities. A quiet room is available off the reception area, for patients who need additional privacy and for use by breast feeding mothers if required.

There are 11 consultation rooms at the practice and one room used by the health care assistant. All are equipped to a high standard and meet infection control requirements. There is car parking outside the building with designated disabled parking spaces.

The practice offers 675 face to face GP consultations each week. Each GP provides four pre-bookable telephone appointments each day, and patients who need to be seen urgently are seen by GPs at the end of each surgery. The practice also provides home visits to those patients that require them; typically the practice provides four home visits each day. All appointments are ten minute consultations but patients can book double appointments when their needs require. Practice nurse appointments range from ten minutes to up to an hour for a full healthcare review for patients with long term conditions. The practice has 10% of all appointments bookable on-line. Appointments can be booked up to six week in advance.

The practice is open from 8am to 6.30pm each weekday and from 8am to 12pm on Saturday morning. There is a further, extended hours surgery on Monday evening from 6.30pm to 8.30pm. The extended hours surgeries on Monday evening and Saturday mornings are for pre-booked appointments only.

Surgery times are from 8.30am to 11.20am each morning and from 2pm to 6.20pm each afternoon. The extended hours surgery on Monday evening provides appointments from 6.30pm to 8.20pm, and on Saturday morning from 8am to 11.40pm.

Detailed findings

All services are delivered under a General Medical Services contract. Out of hours services are delivered by a different provider. When the surgery is closed, patients are diverted to the NHS 111 service. If patients need the services of a GP they are referred by NHS111 to the locally appointed out of hours service provider Go to Doc.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff including six GPs, two practice nurses, the practice manager, three administrative staff and spoke with six patients who used the service.
- Observed how staff interacted with patients in the reception area and talked with patients, carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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?

We also looked at how well services were provided for specific groups of people and what good care looked 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).

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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

- We were told a system was in place for reporting and recording significant events. In the practice pre-inspection information return, the practice submitted a return consisting of two significant events for the year 1/4/2015 – 30/4/2016. We questioned this during our inspection. We found significant events were not formally logged or held in a central record, or routinely shared with staff and clinicians. Each clinician had recorded individual significant events themselves. The lack of formal clinical meetings at the practice meant the opportunity to discuss significant events was often missed. There was no annual review of significant events to check for any recurring themes.
- Staff told us they would inform the practice manager of any incidents and there was a generic form available for staff to record incidents. The incident recording form we reviewed supported the recording of notifiable incidents under the duty of candour, although not all staff used this form to record incidents. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. We found that there was no protocol in place for receiving, sharing and discussing MHRA alerts. We found the nurses in the practice had their own method of ensuring they received and discussed these, but there was no uniform system in place to ensure GPs had reviewed shared and discussed with colleagues when necessary. We found locum GPs used to cover the long term absence of a GP at the practice, had their own methods for receiving these alerts. The lack of regular, formal clinical meetings meant there was no evidence that they were being acted on as required.
- Practice GP clinical meetings had not taken place for some time due to other pressures in the practice. This meant the opportunity was missed to cover what would be 'standing agenda items' at clinical meetings, such as significant events, complaints, MHRA alerts and other clinical matters.

Overview of safety systems and processes

The practice had a range of policies available for review, but we found staff were not familiar with some of these and processes described in some of the policies were not embedded.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies on safeguarding were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities in relation to safeguarding. All staff had received training on safeguarding children and vulnerable adults relevant to their role and this was delivered by the GP safeguarding lead at the practice. GPs were trained to child safeguarding level three and nurses were trained to level two.
- A notice in the waiting room advised patients that chaperones were available if required. However, administrative support staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and the majority of staff had received up to date training. A recent infection control audit had been carried out by the practice and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patients (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files and found some mandatory recruitment checks had been undertaken prior to employment. In the case of the two locum GPs used by the practice, we saw proof of identification, references, qualifications and registration with the appropriate professional body had been checked. For one of the GPs a copy of a DBS check was held which was not clear as the date could not be read. In the case of two recently recruited staff, we saw that all checks as required by Schedule three had not been completed. Risk assessments in respect of staff performing chaperone duties had not been carried out, whilst waiting for DBS checks to be completed.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All small, portable electrical items were checked to ensure they were safe to use. However, there was no electrical safety certificate in place for the building. Items of equipment such as printers, computer monitors and photocopiers were last checked in March 2006. There was a gas safety certificate in place for the building.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice had appointed a contractor to assess the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The contractor had produced a manual, outlining areas within the building that could increase risk, for example, redundant sections of piping which could harbour legionella. Work had been done to remove these 'dead legs'. However, the contractor advised that water should be temperature checked each month, to ensure it could be run at a high enough temperature periodically, to reduce the risk of build-up of these bacteria. The practice had not conducted any water temperature checks, at all, since the risk assessment had been carried out in August 2015.
- 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 enough staff were on duty. The practice had recently checked and audited the workflow items for each GP to ensure that any long term absence by clinicians did not place excessive demands on the practice GPs. The partners had secured the services of two, long term locum GPs to cover the absence of one of the GPs, and this arrangement had worked well. We saw that the number of appointments provided weekly was sufficient to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Regular checks were maintained to ensure these were fit for use.

The practice did not have an up to date business continuity plan in place for major incidents such as power failure or building damage. The partners were able to describe a buddy arrangement they had with a local practice, whereby they could use their facilities until problems with their own

Requires improvement

Are services safe?

building were addressed. However, it was not clear how this would work in practice and how all needs could be met, given the large number of patients registered with the practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available. The practice had two areas of clinical care and treatment that showed slightly higher rates of exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). These areas were for asthma and chronic obstructive pulmonary disease (COPD). The rates of exception reporting were 20% for asthma, compared to the local CCG average rate of 7.5% and national average rate of 7%; and for COPD the rate was 19% compared to the CCG average of 11% and national rate of 12%. When asked the partners told us this was due to having two nurses absent from the practice at the same time, which had impacted on QOF achievement in this area. We also noted that the practice QOF exception reporting was significantly lower in patients with depression, at a rate of 15%, compared to the CCG average of 31% and the national average of 24.5%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

Performance for diabetes related indicators was in line with the national average. For example:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 82%, compared to the CCG average of 82% and national average of 78%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured within the last 12 months) was 140/80 mmHg or less, was 76% - CCG average 79%, national average 78%.
- The percentage of patients with diabetes on the register, who had an influenza immunisation in the preceding 1 August to 31 March, was 88%. CCG average 96%, national average 94%.
- The percentage of patients with diabetes on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83%. CCG average 84%, national average 81%.
- The percentage of patients with diabetes on the register, with a record of a foot examination and risk classification within the preceding 12 months was 90%. CCG average 90%, national average 88%.

We also noted that exception reporting for the practice in these five key indicators of diabetes care was lower than CCG and national averages.

Performance for mental health related indicators was in line with or slightly better than CCG and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95%. CCG average 88%, national average 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses, whose alcohol consumption had been recorded in the preceding 12 months, was 97%. CCG average 86%, national average 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 87%. CCG average 82%, national average 84%.

Again, we noted that exception reporting for the practice was lower than CCG and national averages in these key areas of mental health care.

Good

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included ensuring all patients who were prescribed Lithium, had a shared care plan in place, that prescribing of Lithium met updated NICE guidance, and that requirements for regular blood tests were met.
- Information about patients' outcomes was used to make improvements such as the closer monitoring of mental health patients to ensure their physical health needs were being met, for example, in provision of timely medicines review and engagement with clinicians at lipids and dietetic clinics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We were made aware that the induction process and material had recently been updated. We were told that the most recently recruited staff member had been through the induction process and had used the new induction materials.
- There was a comprehensive locum pack in place which the locum GPs confirmed they had seen and had access to.
- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff. For example, we found the nurses reviewing patients with long-term conditions, had managed their own training through CCG led events. Staff had all received chaperone training via a CCG led event.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and through attendance at annual review and refresher events led by the CCG.
- The learning needs of administrative support staff were not being identified through a system of appraisals, one-to-one reviews or practice development needs. Staff did have access to appropriate e-learning to meet their mandatory training requirements, for example in respect of infection control, information governance and health and safety. The most recent appraisals for administrative and nursing staff had been done in 2013. We did see that the nursing staff had managed their training and development by securing places on CCG led learning events. We saw that all GPs had been appraised and had either been re-validated, or had a date for re-validation. Nurses had also received dates for their own re-validation.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Good

Are services effective?

(for example, treatment is effective)

- < >taff understood the relevant consent and decision-making requirements of legislation, but not all clinicians had received training on the Mental Capacity Act 2005.
  The practice kept a register of patients who were subject to a Deprivation of Liberty Safeguards (DoLS) order. GP's confirmed their understanding of these and the impact on certification of a death.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw how patients were referred to clinicians who visited the practice on a regular basis, for example dieticians and the lipid monitoring clinic.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available, especially in the extended hours surgeries on Saturday morning and on Monday evening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83.5% to 97% and five year olds from 89% to 96%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The comments of the patients we spoke with echoed the feedback received in comment cards. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 97% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice also had a hearing loop for patients with impaired hearing.

Good

Are services caring?

- Information leaflets were available in easy read format.
- The practice made it clear through reception staff and signs, that if a patient wanted a carer with them at their consultation, this could be accommodated. Patients were encouraged to book a double appointment to discuss any concerns, or to ensure enough time was available to discuss their treatment and answer any questions.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 109 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. We were able to ask a patient who was also a carer, about the support they received from the practice. We were told that GPs and nurses were approachable and that they were able to secure appointments as they needed them. This patient confirmed that reception and administrative staff would always offer a longer appointments if needed, and were aware that caring responsibilities meant they needed appointments later in the day.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, carers and those patients who needed more time to discuss their health and care needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice had introduced pre-bookable telephone consultations with GPs, which were available for each surgery. This had been introduced as a permanent improvement, following feedback from patients on how they could make follow-up appointments with GPs more accessible and timely for patients.
- The practice had invested in 'smart telephony' which was due to be implemented by July 2016. This would mean that patients could book GP appointments at any point during the 24 hour period, and would address the issue of patients not being able to get through to the practice to book an appointment in the morning. The practice hoped to develop the telephony system further to make it easier for all patients to access the practice and its services.

Access to the service

The practice is open from 8am to 6.30pm each weekday and from 8am to 12pm on Saturday morning. There is a further, extended hours surgery on Monday evening from 6.30pm to 8.30pm. The extended hours surgeries on Monday evening and Saturday mornings are for pre-booked appointments only.

Surgery times are from 8.30am to 11.20am each morning and from 2pm to 6.20pm each afternoon. The extended hours surgery on Monday evening provides appointments from 6.30pm to 8.20pm, and on Saturday morning from 8am to 11.40pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 67.5% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, but that currently, getting through to the practice by phone in the morning was difficult.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A practice leaflet explaining how to lodge a complaint was freely available, along with a standardised complaint form, in the practice reception area.

We looked at six complaints received in the last 12 months and found these were handled in accordance to the practice complaints policy. The practice response to each complaint demonstrated openness and transparency with

Good

Are services responsive to people's needs?

(for example, to feedback?)

dealing with the complaint and when required, an apology had been offered. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement

(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 vision to deliver high quality care and promote good outcomes for patients. However, there was no clear business plan in place which reflected and supported the vision.

Governance arrangements

The practice had some governance processes which supported the delivery of good quality care. However, this did not give a clear view of the structures and procedures in place to ensure:

:

- All staff were aware of their own roles and responsibilities. We saw that the work duties and responsibilities of three key staff members had been listed and assigned to those staff. We saw that when one of these staff members was away, duties had been reviewed and re-allocated. However, there was no list of responsibilities for the practice manager. The practice had experienced a resourcing issue which meant that some of these duties had not been covered.
- Some practice specific policies were in place; some staff confirmed they had seen these and were aware of them, but not all staff could refer to and recognise these. Some generic policies had not been adapted for use by the practice. We were told all policies were available to staff. These were held in paper form and kept in the practice manager's office.
- A comprehensive understanding of the performance of the practice could not be maintained as practice administrative and reception staff had not undergone appraisal and performance review since 2013. Nurses had not been appraised since 2013. GPs could evidence their appraisal. Staff had not received any regular one-to-one meetings, supervision or appraisal.
- Some staff, who needed training on the Mental Capacity Act 2005, had not received this and there was no arrangement in place to ensure they could access this learning.
- A programme of clinical audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical meetings had not been held by the practice for a considerable period due to other pressures within the practice. There was evidence that this impacted on communications within the practice. For example, when interviewed by inspectors the locum GP stated that they were not aware of new services, for example, the Children's Community Outreach Team, for referral of children who were ill and needed additional clinical oversight to avoid possible hospital admission.
- The significant event summary for the practice, submitted as part of the pre-inspection information return, did not match the numbers or examples of events shown to us by individual GPs, which further indicated that governance required improvement.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to all members of staff. However, there was insufficient oversight in place, which would have identified key areas within the practice were not being maintained and/or attended to, in relation to governance and safety.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We were able to review an incident with GPs that demonstrated their fully understanding of the requirements of duty of candour. However we noted that staff had not received any training on this subject.

GPs had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

Are services well-led?

Requires improvement

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

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held meetings, usually in protected learning time. However, there was no regularly scheduled meetings for clinicians at the practice, other than for the multi-disciplinary team meeting in respect of palliative care patients.
- GPs accepted that they needed to make regular clinical meetings a priority, but that staff shortage caused by the long-term absence of a GP had added to time pressures.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings. Staff we spoke with felt confident and supported in doing so.
- Staff said they felt respected and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. For example, patients had asked about the introduction of telephone consultations with GPs in cases were follow-up appointments may be required, but information could be shared by phone. This had been introduced permanently by the practice, following a period of testing.
- The practice had gathered feedback from staff through staff meetings. However, in the absence of regular supervision, one-to-one meetings and appraisals opportunities for staff to talk about development and discuss how improvements could be made were limited. Staff we did speak with told us they would give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt motivated to improve how the practice was run.

Continuous improvement

There was a focus on continuous clinical learning and improvement; we saw that the nursing staff managed their learning needs well, engaging with the CCG by attending nurse forum meetings and CCG led learning events. However, as the GPs did not have a regular diary of scheduled clinical meetings, the nurses did not benefit from these. Nurses told us the partners were approachable but confirmed they had not been appraised or had their performance reviewed in the last three years.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not have an up to date business continuity plan in place to respond to and manage major incidents and emergency situations. Regulation 12(2)(i) The registered person did not ensure that the premises used by the service provider were safe to use for their intended purpose and were not used in a safe way. Water temperature testing had not been carried out as required and the practice did not hold an electrical safety certificate for the premises. Regulation 12(2)(d)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance. **How the regulation was not being met:** The registered person did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	The practice had no formal system in place for the receipt and sharing of MHRA alerts. There was no formal, shared system for the recording, investigation, review and analysis of significant events. There was no annual review of significant events. Regulation 17(2)(b) The registered person did not maintain securely such other records as are necessary to be kept in relation to (i) persons employed in the carrying on of the regulated activity, and (ii) the management of the regulated activity. There were no risk assessments in place in respect of staff without background employment checks that were performing chaperone duties. There was no calendar of clinical meetings, other than for palliative care meetings. Meetings required formalising; these were not minuted and recorded for review. Regulation 17(2)(d)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Reception and administrative staff as well as the nurses and healthcare assistant had not received any appraisal, supervision or one to one sessions since 2013. The registered person could not demonstrate that all clinicians in need of training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards had received this training.

This section is primarily information for the provider

Requirement notices

Regulation 18(2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Recruitment procedures were not followed, as set out in the recruitment policy. (19)(2). All recruitment checks required by Schedule 3 were not evidenced. (19)(3). References taken up by phone did not show or evidence that these were employment references. (19)(3).