

Speke Neighbourhood Health Centre

Quality Report

75 South Parade

Speke

Liverpool

Merseyside

L24 2SF

Tel: 01512958830

Date of inspection visit: 12 December 2017

Website: <http://www.spekeneighbourhoodhc-drmanagers.co.uk> Date of publication: 13/02/2018

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Speke Neighbourhood Health Centre	5
Detailed findings	6
Action we have told the provider to take	21

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

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

We rated the population groups as requires improvement overall because the issues identified as requires improvement relating to patient safety, effectiveness and providing a well-led service affected all patients.

We carried out an announced comprehensive inspection at Speke Neighbourhood Health Centre on 12 December 2017 as part of our inspection programme.

At this inspection we found:

- Staff understood their responsibilities to raise concerns and report incidents and near misses. However, we found that opportunities to identify, investigate and learn from significant events were not always taken.
- A formal system for ensuring sufficient GP cover was in place for GP absences had not been established.
- The consultations and referrals of clinicians employed were not sufficiently robust to identify if they were working within their competence.
- Staff understood their responsibilities in relation to safeguarding children and vulnerable adults.
- Overall, patients' needs were assessed and care was planned and delivered following best practice

Summary of findings

guidance. However, we found a clinician had been undertaking assessments which they were not trained to undertake. An investigation into this to identify any action needed as a result had not been carried out.

- The practice reviewed the effectiveness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a system in place to manage complaints.
- The relationship between the GP partners was currently not promoting good communication and could have an impact on the operation of the service.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that steps are taken to identify risks to patient safety and mitigate such risks.

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- Checks of cleaning standards should be documented.
- Checks should take place to identify that computer alerts have been placed on patient records when necessary to assist staff in identifying vulnerable patients.
- Evidence of physical and mental suitability of staff for their role should be recorded.
- Revise and monitor the log of the checks of emergency medication and equipment to ensure the record indicates when this is checked, that they are available and that they remain in date.
- Records of prescriptions should indicate who they have been allocated to.
- Take steps to promote effective communication between the GP partners.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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 
People with long term conditions	Requires improvement 
Families, children and young people	Requires improvement 
Working age people (including those recently retired and students)	Requires improvement 
People whose circumstances may make them vulnerable	Requires improvement 
People experiencing poor mental health (including people with dementia)	Requires improvement 

Speke Neighbourhood Health 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.

Background to Speke Neighbourhood Health Centre

Speke Neighbourhood Health Centre is operated by Mangarai & Partners. The practice is situated at 75 South Parade, Liverpool, Merseyside, L24 2SF. The website address is www.spekeneighbourhoodhc-drmangarai.nhs.uk

The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension.

The practice is responsible for providing primary care services to approximately 2493 patients. The practice is based in an area with higher levels of economic deprivation when compared to other practices nationally.

The staff team includes a full-time partner GP, a part-time partner GP and a part-time locum GP, a practice nurse, a practice manager and administration and reception staff. The GP partners are male and the locum GP and practice nurse are female.

Speke Neighbourhood Health Centre is open from 8am to 6.30pm Tuesday and Thursday and from 8am to 7pm Monday, Wednesday and Friday. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice is in a purpose built building that is shared with other GP practices and community health services such as health visiting and midwifery. The practice is situated on the ground floor and is accessible to patients with a physical disability. A large car park is available for patients and staff.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including, avoiding unplanned hospital admissions, learning disability health checks, childhood immunisations and vaccines and seasonal influenza and pneumococcal vaccines.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies and procedures were accessible to all staff. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify and report concerns. Staff told us they had received training on safeguarding children and vulnerable adults relevant to their role. Training records did not show if the locum GP had completed their safeguarding training. Training records to show this had been completed were provided to us following the inspection. Computer alerts were put on patient records to identify vulnerable patients. We looked at a sample of records and noted that an alert had not been placed on one record. An alert was not placed on the parent of a child where concerns about their child had been identified. Following the inspection we were informed that this had been addressed.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. The practice had organised monthly meetings with the health visitor where concerns regarding younger children and their families could be discussed.
- The practice carried out DBS. The references for a locum GP were not held at the practice on the day of the inspection, however they were provided to us following our visit. Evidence of physical and mental suitability of staff for their role was not recorded. We were shown documentation from the Royal College of Nursing (RCN) as evidence of appropriate indemnity insurance for advanced nurse practitioners. However, these documents stated that there were exceptions and exclusions and that the advanced nurse practitioners

must read the documentation relating to the scheme to be sure of their position. Following the visit the provider confirmed they had checked the insurance provided by the RCN and they were satisfied that they were appropriately insured for the role they performed.

- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. We observed the premises to be clean. Cleaning schedules were in place and although standards were reviewed by the practice manager these checks were not formally documented. A practice nurse was the infection prevention and control (IPC) clinical lead and they liaised with the local infection prevention teams to keep up to date with best practice. There were IPC protocols and the staff had received training regarding the main principles of infection control and hand washing. IPC audits were undertaken and action was taken to address any improvements identified as a result. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. For example, electrical equipment was checked to ensure it was safe to use, clinical equipment was checked to ensure it was working properly and checks of the fire safety systems were carried out. The premises had a buildings manager who ensured that safety checks were undertaken. We reviewed a sample of records that indicated the premises were safely maintained however we did not see the electrical wiring safety inspection certificate on the day of our visit. The practice manager provided confirmation from the building manager that this was carried out in October 2015 and found to be satisfactory.

Risks to patients

Improvements were needed to the systems to monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. However, during the inspection it was reported to us that when the main GP had been absent from the practice recently the clinical cover provided was not considered to be sufficient by the practice nurse's insurers to ensure the practice nurse was appropriately insured. An advanced

Are services safe?

nurse practitioner was providing clinical sessions for patients in the GPs absence and there was also a GP available to contact for support and advice. The registered manager and the practice nurse told us that once they realised there was insufficient insurance all practice nurse sessions were cancelled as a result. The registered manager told us that going forward a GP would cover any future GP absences. However, these arrangements were not formally documented.

- We identified that one clinician was carrying out a procedure they had not been trained to do. The clinician was undertaking breast examinations when they had not had the training and been assessed as competent to do this. The registered manager confirmed that this practice would cease immediately. They advised us that they would ensure all reception staff received guidance on not booking patients with this clinician for this procedure. Following the inspection we received written confirmation that a meeting had been held with this staff member to ensure that they worked within their competency. An investigation had not been carried out to identify the measures needed to prevent a similar situation arising again, to identify the patients affected and to review what further action may be needed.
- There was an induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Overall, the practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment overall minimised risks. We were informed that monthly checks of emergency equipment and medication took place. There was no signed record to demonstrate this and when we checked the medication we found two out of date medications. We were informed this was replaced following the inspection. There was also no record of the expiration date of syringes.
- The practice kept prescription stationery securely. The log of prescriptions did not indicate who they had been allocated to. The practice manager informed us that the template for recording the whereabouts of prescriptions was amended to include this information following the inspection.
- Clinical staff told us they prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- The practice monitored and reviewed activity such as significant events, referral and prescribing practices.
- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

Improvements were needed to how the practice learned and made improvements when things went wrong.

- Overall, staff understood their duty to raise concerns and report incidents and near misses. There was a system for recording and acting on significant events and incidents.
- We saw examples of how the practice learned and shared lessons and took action to improve safety in the

Are services safe?

practice. For example, the disaster recovery procedure had been reviewed to ensure all necessary information was included following a recent incident which had resulted in loss of computer held information. However, a significant event had not been recorded for the

incident of the practice having insufficient GP cover to ensure the practice nurse had adequate liability insurance. An investigation had not been carried out when it was identified that a clinician had been undertaking examinations they were not trained to do.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services. We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients.

Effective needs assessment, care and treatment

Improvements were needed to ensure that patients' needs were assessed and care and treatment delivered in line with current legislation, standards and guidance.

- We identified that one clinician was carrying out a procedure they had not been trained to do. The clinician was undertaking breast examinations when they had not had the training and been assessed as competent to do this. The registered manager confirmed that this practice would cease immediately. They advised us that they would ensure all reception staff received guidance on not booking patients with this clinician for this procedure. Following the inspection we received written confirmation that a meeting had been held with this staff member to ensure that they worked within their competency. An investigation had not been carried out to identify the measures needed to prevent a similar situation arising again, to identify the patients affected and to review what further action may be needed.
- Our discussions with clinicians and review of patient records showed patients' needs were overall appropriately assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us that they advised patients what to do if their condition got worse and where to seek further help and support.
- Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

Older people:

- The practice followed up on older patients discharged from hospital. This helped to ensure that patient needs were reviewed and action taken such as medication changes or care plans reviewed.

- The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.
- The practice told us how they fostered good working relationships with its community nursing teams to support older patients living in the community.

People with long-term conditions:

- Patients with long-term conditions had an annual review to check their health and medicines needs were being met.
- Management plans and information leaflets were provided for patients with long term conditions such as asthma. Care plans were being developed to support patients with their care and treatment.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The practice monitored childhood vaccination rates and was aware that they were below the target percentage of 90% or above for some vaccines. They had identified that some patients were difficult to engage and as a result had taken action to improve immunisation uptake. For example, in addition to sending reminder letters, opportunistic vaccinations were offered for patients attending the practice for an unrelated matter and telephone calls were made to parents/guardians after a missed appointment.
- Child health promotion information was available on the practice website and in leaflets displayed in the waiting area.

Working age people (including those recently retired and students):

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The GPs told us there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The latest Public Health England published data 2016 – 2017 showed the practice's uptake for cervical screening (for women aged 25-64 with a record of cervical screening in the last 5 years) was 69%, compared to the Clinical Commissioning Group (CCG) average of 71% and national average of 76%. The practice had identified that some patients were difficult to engage for routine screening and it was working to address this by promoting the importance of this screening, offering opportunistic screening and sending reminder letters.

People whose circumstances make them vulnerable:

- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. All staff were carers champions and a member of staff acted as a carer's link and they were working to identify carers and promote the support available to them.
The practice referred patients to local health and social care services for support and access to specialist help, such as drug and alcohol services, benefit advice and food banks.

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

- The practice maintained a register of patients receiving support with their mental health. 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the CCG average of 84% and the national average of 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 89% and the national average of 89%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had a record of alcohol consumption (practice 95%; CCG 90%;

national 91%); and the percentage of patients experiencing poor mental health who had received a blood pressure test in the preceding 12 months (practice 92%; CCG 87%; national 90%) were comparable to local and national averages.

Monitoring care and treatment

The practice undertook quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, we saw that audits of clinical practice were undertaken. Examples of audits included an audit of cancer diagnosis to find how the practice was performing in relation to diagnosis and referrals. Similarly, an audit of gynaecology referrals had been undertaken. An overview of patients with chronic obstructive pulmonary disease (COPD) had been undertaken to identify if patients had received appropriate care and treatment and a review of patients taking multiple medications was currently being carried out. The records and a discussion with the GP who had undertaken the quality improvement activity showed the changes that had been made to practice where this was appropriate.

The most recent published Quality Outcome Framework (QOF) results were 97.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.3% and national average of 95.5. The overall exception reporting rate was 6.6% compared with the CCG average of 9.3% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

Effective staffing

Overall, staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. However, improvements were needed to the oversight of clinicians to ensure they were working within their competence.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. An appraisal system was in place to ensure staff had an annual appraisal. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. Training records showed that one member of staff needed refresher training in infection control and information governance. We were provided with training certificates to demonstrate this was completed following the inspection. Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Protected learning time was given to enable staff to update their learning and develop their skills and knowledge. Staff had access to and made use of e-learning training modules, in-house training and training events provided by the Clinical Commissioning Group to keep up to date.
- We identified that one clinician was carrying out a procedure they had not been trained to do. The clinician was undertaking breast examinations when they had not had the training and been assessed as competent to do this. The oversight of this clinician was not sufficiently robust to identify this practice was not acceptable and to take necessary action.
- The practice manager told us that they had policies and procedures in place for supporting and managing staff when their performance was poor or variable.
- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- We looked at one patient record and noted that an alert had not been placed on their records to indicate they did not wish to be resuscitated. The registered manager advised that he would ensure this information was added. This information had been shared with the out of hours team and the patient's carers also held this information.

Helping patients to live healthier lives

Staff told us how they helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer screening. The latest Public Health England published data 2016 – 2017 showed the practice was below some local and national averages for this screening. The practice had recognised that improvements were needed to uptake and promoted these services to inform patients about their importance. Letters were sent to patients who did not attend for bowel and breast screening. Patients were also reminded of the importance of this screening during consultations for unrelated matters.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and told us they recorded a patient's mental capacity to make a decision.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services caring?

Our findings

We rated the practice as good for providing caring services. We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 45 Care Quality Commission comment cards and overall they were positive about the standard of care received. One patient said they sometimes did not feel listened to. We spoke with four patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.
- The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from September to November 2017 showed there had been seven responses completed and all of the respondents were either extremely likely or likely to recommend the practice.

Results from the July 2017 (surveys completed January – March 2017) annual national GP patient survey showed patients responses to whether they felt they were treated with compassion, dignity and respect. Three hundred and seventy six surveys were sent out and 96 were returned. This represented about 3.8% of the practice population. The practice was below average for its satisfaction scores on GPs being good at listening and treating patients with care and concern.

- 78% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 89%; national average - 86%.
- 89% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 68% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 100% of patients who responded said the nurse was good at listening to them; (CCG) - 92%; national average - 91%.
- 100% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 100% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Healthwatch visited the practice in September 2017 and spoke with 10 patients. Positive feedback was given relating to the service provided, staff attitude and access. The practice had undertaken its own survey in February 2017 and had 52 respondents. This showed the majority of respondents had confidence in the GPs ability and thought the GPs were either good or very good at making the patient feel at ease and listening to them.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

Are services caring?

- Interpretation 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.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 49 patients as carers (1.9% of the practice list).

- All staff acted as carers' champions and there was a designated carers link who helped ensure that the various services supporting carers were coordinated and effective. Written information was available for carers in the reception area.
- If families had experienced bereavement, they were sent a letter offering sympathy and provided with a guide with practical information, such as how to register the death. They were also provided with the contact details of local support services such as The Samaritans.

Results from the national GP patient survey showed how patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were overall in line with local and national averages. Results for GPs being good at explaining tests and treatments and involving patients in their care were below the CCG averages.

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.
- 99% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

The practice had undertaken its own survey in February 2017 and had 52 respondents. This showed the majority of respondents had confidence in the GPs ability and thought the GPs were either good or very good at explaining tests and treatments and involving patients in decisions about their care.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of treating patients with dignity and respect.
- The practice protected patient confidentiality by providing staff training in information governance and confidentiality and having procedures to support this training.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good for providing responsive services. We rated the population groups as requires improvement because the issues identified as requires improvement overall affected all patients.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example there were online services such as repeat prescription requests and advanced booking of appointments, reception staff sign-posted patients who did not necessarily need to see a GP and the practice publicised advice for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, home visits were made by the GPs and practice nurse to monitor long term health needs and respond to acute conditions.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with other agencies and health providers to provide support and access specialist help when needed.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- A number of chronic disease clinics were held including chronic obstructive pulmonary disease (COPD), hypertension, diabetes and asthma.
- The practice held regular meetings with the local community nursing teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice wrote to patients following the birth of a child to congratulate them and provide information about new baby check-ups, post-natal care and immunisations.
- Contraception services were provided and patients were sign posted to services to promote their sexual health.

Working age people (including those recently retired and students):

- Telephone consultations, on-line appointment booking and repeat prescription ordering were available which supported patients who were unable to attend the practice during normal working hours. An extended hours surgery was offered Monday, Wednesday and Friday from 6.30pm to 7pm.
- The practice website provided information around self-care and local services available for patients.
- The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice, NHS health checks and family planning services.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The provider told us that they ensured patients with a learning disability had their needs reviewed annually and were offered longer appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice was part of a multi – disciplinary group made up of health and social care services who monitored the health and well-being of this group of patients.

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

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice was screening all patients over 65 to assess if there was a need for a further assessment and dementia care services.
- The practice told us how they worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK and the Alzheimer's Society.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- There were systems in place to promote timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

We checked when the next available GP and nurse appointments were available and found there were appointments available on the same day and for later in the week. The practice monitored patient access to the service. For example, to reduce the number of appointments being missed text messages were sent to remind patients.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they

could access care and treatment was comparable to or above to local and national averages. Three hundred and seventy six surveys were sent out and 96 were returned. This represented about 3.8% of the practice population.

- 84% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 95% of patients who responded said they could get through easily to the practice by phone; CCG – 75%; national average – 71%.
- 93% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 85%; national average – 84%.
- 97% of patients who responded said their last appointment was convenient; CCG – 83%; national average – 81%.
- 95% of patients who responded described their experience of making an appointment as good; CCG – 77%; national average – 73%.
- 82% of patients who responded said they don't normally have to wait too long to be seen; CCG – 60%; national average – 58%.

We received 45 comment cards and spoke to four patients. Feedback from patients indicated that they were satisfied with access to appointments, opening hours, test results and referrals. One patient felt that the on-line ordering system could be improved by making it clearer when a medication review was needed prior to the issuing of a prescription. We made the registered manager aware of this feedback.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available on the practice website and in the reception area.
- Two complaints were received in the last year. We reviewed both and found that they were responded to appropriately and an apology given where appropriate. We found that both complaints had been responded to

Are services responsive to people's needs? (for example, to feedback?)

by the complaints lead who was a non-clinical member of staff. The registered manager confirmed that they investigated clinical complaints, however the response was sent from this non-clinical staff member.

- During the inspection a member of staff suggested that the issues patients raise as causing them concern

should be documented even if they are not a complaint. Following the inspection a system to record this information and to take it to practice meetings was put in place. The practice discussed complaints at practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing well-led services.

Leadership capacity and capability

Overall, managers had the capacity and skills to deliver good quality care.

- The registered manager and practice manager had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The registered manager and practice manager were visible and staff spoken with told us they were approachable and that they worked closely with staff and others.
- The GP partners who were the registered providers told us that there had been a breakdown in communication between them. One partner carried out eight clinical sessions per week and the other provided one clinical session and was also a partner at another practice. The partner who was not permanently based at the practice told us they were not kept informed about changes at the practice, operational issues or important events and were not always able to attend practice meetings. The Clinical Commissioning Group (CCG) were aware of this situation and were working with the practice to address this.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice told us how they worked with the CCG to ensure their strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

Overall, the practice had a culture of good quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- There were policies and procedures to enable managers to act on behaviour and performance inconsistent with the vision and values.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- Staff told us how they promoted equality and diversity. Staff felt they were treated equally.
- Overall, staff spoken with told us there were positive relationships between staff and teams. The providers told us that there had been a breakdown in communication between them and that the CCG was working with them to resolve this.

Governance arrangements

Improvements were needed to the systems in place to support good governance and management.

- We identified that one clinician was carrying out a procedure they had not been trained to do. The clinician was undertaking breast examinations when they had not had the training and been assessed as competent to do this. The registered manager confirmed that this practice would cease immediately. Following the inspection we received written confirmation that a meeting had been held with this staff member to ensure that they worked within their competency. However, the provider did not have sufficient systems in place to

Are services well-led?

Requires improvement 

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

identify that this practice was inappropriate and to take appropriate action. An investigation had not been carried out to identify the measures needed to prevent a similar situation arising again, to identify the patients affected and to review what further action may be needed.

- During the inspection it was reported to us that when the main GP had been absent from the practice recently the clinical cover provided was not considered to be sufficient by the practice nurse's insurers to ensure the practice nurse was appropriately insured. The registered manager and the practice nurse told us that once they realised there was insufficient insurance all practice nurse sessions were cancelled as a result. The registered manager told us that going forward a GP would cover any future GP absences. However, at the time of the inspection a formal system was not in place to ensure that appropriate staffing was in place in the GPs absence.
- There were clear systems to enable staff to report any issues and concerns.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- The practice leaders told us and a sample of records reviewed confirmed that they had policies and procedures to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

Overall, there were processes for managing risks, issues and performance.

- Overall, the practice reviewed incidents and complaints and learning was shared and used to make improvements. We found that a significant event analysis had not been documented for an incident when there was insufficient GP cover to ensure the practice nurse had appropriate liability insurance. An investigation had not been carried out when it was identified that a clinician had been undertaking examinations they were not trained to do.
- The practice had processes to manage current and future performance. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff. This was discussed at staff meetings to familiarise staff with the plan.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. The practice monitored how it performed in relation to local and national practice performance. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- The provider informed us that they submitted data or notifications to external organisations as required.
- The practice manager told us that there were arrangements in place for data security standards to be maintained that promoted the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice encouraged and valued feedback from patients, staff and external partners.

- The views and concerns of patients', staff and external partners' were encouraged. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints. The practice sought patient feedback by utilising the Friends and Family test.

Are services well-led?

Requires improvement 

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

- There was an active patient participation group (PPG). We met with representatives of the PPG who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients.
- The service was collaborative with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at the practice. For example, staff were encouraged to undertake training to enhance their skills and knowledge to meet the needs of patients. There were plans for the practice nurse to undertake nurse practitioner and prescribing training.
- Regular staff meetings were held to discuss the operation of the service and where improvements could be made. Minutes were made of meetings for staff unable to attend.
- The practice was aware of the challenges it faced such as workforce, finance and workload challenges and it had introduced solutions to address them. For example, by providing signposting training to staff for patients who may not need to see a GP and introducing new technology such as text messaging to reduce missed appointments.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for patients. Regulation 12(1)(a)(b)(c)</p> <p>How the regulation was not being met</p> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <p>A clinician had been undertaking breast examinations when they had not received the appropriate training to do this or had their competency assessed.</p> <p>Assessments of the risks to the health and safety of patients of receiving care or treatment were not being carried out and the registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <p>An investigation into the practice of the clinician undertaking breast examinations when they had not received the appropriate training to do this or had their competency assessed had not been undertaken. This is required to determine the measures needed to prevent a similar situation arising again, to identify the patients affected and to review what further action may be needed.</p> <p>A significant event analysis had not been carried out following an incident of insufficient GP cover to ensure the practice nurse's liability insurance was valid.</p>

Regulated activity	Regulation
--------------------	------------

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 17(1)

How the regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

A formal system for ensuring sufficient GP cover was in place for future GP absences had not been established.

The arrangements to review the consultations and referrals of clinicians employed were not sufficiently robust to identify if they were working within their competence.