

# Colby Medical Centre Ltd

## 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?

**Requires improvement**



Are services caring?

**Good**



Are services responsive to people's needs?

**Good**



Are services well-led?

**Requires improvement**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colby Medical Centre Ltd on the 29 January 2016. Overall the practice is rated as requires improvement.

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

- Systems were in place to ensure incidents and significant events were identified, investigated and reported. Staff understood their responsibilities to raise concerns, however not all incidents discussed with the inspection team had been reported. The practice did not keep a log of all safety incidents or carry out an analysis of the significant events on an annual basis.
- There were arrangements in place to safeguard adults and children, but staff had not completed recent safeguarding training.
- Arrangements were in place to keep medicines safe.

- Staffing levels were inadequate at the time of our inspection due to staff sickness and a number of vacancies that had recently arisen.
- Urgent appointments were usually available on the day they were requested.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff received training appropriate to their roles and any further training needs had been identified and planned. Annual appraisals for all staff had not been completed.
- Patients care and treatments were monitored, but robust clinical audits were not taking place.
- Information about services and how to complain was readily available in document form for patients. Clear complaint procedures were in place, monitored and reviewed.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean and well maintained.

# Summary of findings

- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- There was a clear leadership structure and staff felt supported by management despite there being a number of staffing issues over the previous year. The practice proactively sought feedback from staff, which it acted on.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Feedback from patients on the day of the inspection about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

The areas where the provider must make improvements are:

- The provider must ensure recruitment arrangements include all necessary employment checks for all staff.
- Arrangements for ensuring all staff, including the clinicians, received appropriate support, supervision and appraisal must be reviewed.

The areas where the provider should make improvements are:

- All staff should undertake vulnerable adult safeguarding training and the practice lead for safeguarding should complete Mental Capacity Act 2005 training.

- All clinicians should ensure that at risk children who fail to attend hospital appointments are followed up by the practice.
- Records to show that all equipment has been maintained, tested, serviced and calibrated should be available for inspection.
- Infection control training should be completed for the practice infection control lead.
- The provider should monitor the quality of service patients receive by having a robust system of clinical audits in place. The provider should consider how the results of these can be used to monitor and improve patients outcomes.
- Regular meetings should take place with the local health visiting service to review and update information held about children and vulnerable families with safeguarding risks.
- The staffing arrangements should be reviewed to ensure that patients can access a GP on a daily basis.
- Minutes should be taken for staff meetings.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, records were not always maintained when such events occurred and a written log was not completed. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough. For example staff had not completed updated safeguarding training and recruitment procedures did not include the required checks for all staff who needed them. Records to show that all equipment had been maintained, tested, serviced and calibrated was not be available for inspection. Arrangements were in place to keep medicines safely. The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was clean and well maintained. Staffing levels were inadequate at the time of our inspection due to staff sickness and a number of vacancies that had recently arisen.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits were not robustly undertaken by clinicians. Staff had the skills, knowledge and experience to deliver effective care and treatment but at the time of our inspection there were a number of staff vacancies. Staff had not had annual appraisals and personal development plans were out of date. Formal support arrangements were not in place for the senior nurse clinician and clinical supervision was not taking place. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice did not have an overarching governance framework to support the delivery of good quality care for patients. At the time of the inspection there were a number of leadership gaps known to the practice and the provider was working through these issues. There was a leadership structure and staff felt supported by management, but because of the changes to roles due to staff vacancies, staff had to take on different roles and responsibilities with the support of an independent consultant and these were not embedded at the time of the inspection. Practice specific policies were in place but locating these during the inspection was difficult and some policies and procedures were missing or had not been updated.

The provider had a good oversight of the performance of the practice, but a programme of continuous clinical and internal audits were not taking place or being used to monitor quality and to make improvements. There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions but not all incident reports described to us could be located during the inspection. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and spoke positively about the support given to the group.

Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as requiring improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care planned to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had taken part in both the Dementia Enhanced Service offering dementia screening and the Avoiding Unplanned Admissions Direct Enhanced Service mainly focusing on older patients.

**Requires improvement**



### People with long term conditions

The provider was rated as requiring improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the relevant health and care professionals worked together to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

The provider was rated as requiring improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. 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. All clinicians did not routinely follow up children who fail to attend hospital appointments. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an

**Requires improvement**



# Summary of findings

age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

## **Working age people (including those recently retired and students)**

The provider was rated as requiring improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. 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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requiring improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children but updated safeguarding training had not been completed. 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.

**Requires improvement**



## **People experiencing poor mental health (including people with dementia)**

The provider was rated as requiring improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice. All of the patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The

**Requires improvement**



## Summary of findings

practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice had a good working relationship with the local Mental Health Liaison Nurse, validating the disease registers and providing physical health checks.



# Summary of findings

## What people who use the service say

The results from the National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages. There were 396 survey forms were distributed and 98 were returned, this is a completion rate of 25% and represents 4% of the practice patient population. The survey results were higher than the local and national figures. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 94% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 90% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 85% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 92% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

The survey showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 80% of patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 84% of patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.

The survey showed improvements were required for waiting times for patients:

- 47% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 62% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards and spoke with four patients during the inspection. All were positive about the standard of care received. Patients commented positively about access to the nurse clinician, the friendliness of reception staff, the caring nature of staff and all staff and how well their needs had been met.

## Areas for improvement

### Action the service MUST take to improve

- The provider must ensure recruitment arrangements include all necessary employment checks for all staff.
- Arrangements for ensuring all staff, including the clinicians, received appropriate support, supervision and appraisal must be reviewed.

# Summary of findings

## Action the service **SHOULD** take to improve

- All staff should undertake vulnerable adult safeguarding training and the practice lead for safeguarding should complete Mental Capacity Act 2005 training.
- All clinicians should ensure that at risk children who fail to attend hospital appointments are followed up by the practice.
- Records to show that all equipment has been maintained, tested, serviced and calibrated should be available for inspection.
- Infection control training should be completed for the practice infection control lead.
- The provider should monitor the quality of service patients receive by having a robust system of clinical audits in place. The provider should consider how the results of these can be used to monitor and improve patients outcomes.
- Regular meetings should take place with the local health visiting service to review and update information held about children and vulnerable families with safeguarding risks.
- The staffing arrangements should be reviewed to ensure that patients can access a GP on a daily basis.
- Minutes should be taken for staff meetings.

# Colby Medical Centre Ltd

## 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 an Expert by Experience.

## Background to Colby Medical Centre Ltd

Colby Medical Centre Ltd is registered with the Care Quality Commission to provide primary care services. The practice is a nurse led practice and is owned and managed by a senior nurse clinician. The practice provides nurse and GP services for 2200 patients living in the Huyton and Knowsley areas, which have higher than average levels of deprivation. The practice has one GP working four sessions each week, has a practice nurse, nurse clinician, a practice manager, and administration and reception staff. Locum doctors are used to work on a self employed basis for the purposes of the practice and through a locum agency. The practice holds a Primary Medical Services (PMS) contract with NHS England.

The practice is open 8am - 6.30pm on weekdays. Extended hours are available on a Wednesday evening till 7.30pm. There are urgent appointment slots reserved for emergencies on a daily basis. There are bookable nurse appointments offered throughout the day. The practice treats patients of all ages and provides a range of primary medical services. The practice is part of Knowsley Clinical Commissioning Group (CCG). The practice population has a higher than national average patient group aged 25 to 45 years.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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:

# Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

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

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.

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. We saw some good examples of significant events that had been reported. For example an incident form had been completed when the manager noticed an Epipen which would be used for emergency situations was out of date. Discussions took place with staff as well as designating the responsibility to monitor this drug to a staff member to ensure it would be fit for use at all times. Lessons had been shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. However not all the incidents discussed with the inspection team had been formally reported. The practice did not keep a log of all safety incidents or carry out an analysis of the significant events on an annual basis. The day after the inspection the provider contacted CQC to show this system had been implemented.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, but some of these required improvements. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The clinicians attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities but at the time of our inspection updated safeguarding training for administration staff had not taken place. Clinicians were trained to safeguarding level 3 but the lead for safeguarding had not completed training for the Mental

Capacity Act 2005. The practice did not routinely ensure that at risk children who fail to attend hospital appointments were followed up by the practice. Failure to attend appointments may be an indication that the carers of the child are failing to engage with health professionals and can be an indication that they are not meeting the health and welfare needs of their child.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but they had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The office manager was the infection control clinical lead and had completed training specifically to give her the skills to fulfil this role. There was an infection control protocol in place and staff had received up to date on line training. An external annual infection control audit was undertaken in November 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription 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 five personnel files and found a lack of information to show that appropriate recruitment checks had been undertaken prior to employment. For example, there was no evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

## Are services safe?

- There were 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.

### Monitoring risks to patients

Risks to patients were assessed and managed by the practice team, however improvements were required as follows:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Formal maintenance records for example the calibration of medical equipment was not available at the inspection. The practice had a formal comprehensive risk assessment in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. At the time of our inspection the administration team had a vacancy and a number of staff were on sick leave. This meant that roles and responsibilities had changed for the remaining staff and at the time of our visit they were settling into these. We found that the low levels of administration staff was having an impact on ensuring enough time was available for all tasks to be completed. The provider

confirmed that the vacancy had been advertised and was about to be filled the week after the inspection. At the time of our visit the practice did not have enough practice nurse and nurse clinician time to meet the demands of the service. This was due to the recent departure of key members of staff in this role. After the inspection CQC were notified of the recruitment efforts of the provider and their successful attempts at recruiting to these positions.

### Arrangements to deal with emergencies and major incidents

The practice had 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 used an automated defibrillator and oxygen which was stored in the reception area of the main public building. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 peoples' 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 were 95.4% of the total number of points available, with 4.7% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% compared to 78% nationally.
- Performance for mental health assessment and care was similar to or slightly above the national averages. For example the percentage of patients with

schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 96% compared to 89% nationally.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was slightly lower at 80% compared to 81% nationally.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea

scale in the preceding 12 months was 100% compared to 89% nationally.

Clinical audits were carried out to demonstrate quality improvement but these were not full, completed and repeated audits. Mostly these had been carried out by the medicines management team and there was no evidence the clinicians working at the practice had undertaken any audit activity. We looked at one of the medicines reviews and found it was related to patients who were in receipt of prescriptions at seven day intervals and determined if there was a documented, clinical justification for this prescribing trend. This was a CCG imitative and in line with recommendations made by the Department of Health. The practice undertook a search of these patients and identified that generally seven day prescriptions were not given and those who were known had their prescriptions changed to 21 days if it was possible.

The clinicians had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The aim was to meet with multi-disciplinary meetings to discuss the needs of patients with complex needs on a monthly basis but over 2015 this



# Are services effective?

## (for example, treatment is effective)

had only been achieved on two occasions. The practice did not meet the health visiting service on a regular basis to discuss the needs of younger children and those who were registered with a safeguarding risk.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, at the time of our inspection some staff had not completed an annual appraisal. We looked closely at the support available for the senior nurse clinician who provided most of the care and treatment at the practice. We found only an informal support arrangement in place whereby support and advice could be gained from a neighbouring practice. There were no arrangements in place to access an annual appraisal and no opportunities for this staff member to talk through any issues about their role and the care and treatment they provided to patients when necessary from a medical colleague on a daily basis. The senior nurse clinician was aware of this and had plans to talk with the CCG about how this could be achieved.
- Staff received training that included: fire procedures, and basic life support and information governance awareness. Staff told us they had access to and made use of e-learning training modules and in-house training. The training records for staff had gaps in terms of certificates to show this had taken place.

### 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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included other providers within the primary care building such as district nurses and pharmacy staff. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However, monthly multi-disciplinary team meetings had not taken place. The practice had a procedure for dealing with incoming pathology results to ensure timely action was taken when needed.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However the practice safeguarding lead had not completed training for the Mental Capacity Act 2005. 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.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12



# Are services effective?

(for example, treatment is effective)

months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was slightly lower at 80% compared to 81% nationally. They were aware of this and the practice had a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

The practice provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided

patients with information about other health and social care services such as carers' support. Staff we spoke with, were knowledgeable about other services, how to access them and how to direct patients to relevant services.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

# 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 during examinations, investigations and treatments. 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 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We heard that reception staff were always kind and helpful, they had worked at the practice for a long time and we saw patients were approaching them on first names terms. Patients told us they valued the work of the nurse clinician, that she was always supportive and caring and access was good when appointments were needed in an emergency. Examples of the support and compassionate care given by the nurse clinician were discussed with us. We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Data from the National GP Patient Survey published in January 2016 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 96% said the GP was good at listening to them (CCG average of 89%, national average of 89%).
- 91% said the GP gave them enough time (CCG average 87%, national average 88%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 94% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 90%, national average 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 on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with or above local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments (CCG average of 91%, national average of 90%).
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%)
- 78% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Written information was available to direct carers to the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP

contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed and responded to 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. For example:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 6.30pm daily. Extended hours where the practice stayed open till 7.30pm was available each Wednesday evening. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. We found the GP working at the practice worked four sessions across the working week but not including all days. On these days patients did not have access to a GP.

Results from the National GP Patient Survey published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 85% of patients were satisfied with the practice's opening hours (CCG average of 80%, national average of 75%).  
84% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 65%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them. We were shown how closely the practice worked with the Winter Pressures Service and the GP divert scheme in operation across the CCG. Patients would be diverted to these services if an appointment could not be gained at the practice and if urgent care was needed.

### 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. We saw that information was available to help patients understand the complaints system including a complaints leaflet and posters in the patient waiting area. At the time of our inspection there had been no formal written complaints made by patients. Informal complaints were usually written in patient records. After our inspection the provider confirmed that systems had been put into place to ensure all informal complaints would be logged to identify themes and trends annually.

# 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 an unwritten vision to deliver good patient care and staff were engaged with this. A formal and written patient strategy was not in place. There was a clear leadership structure and staff felt supported by management. We spoke with a number of staff across the visit, they all knew and understood the vision and values and knew what their responsibilities were in relation to these. They shared the same ethos which was to deliver patient centred care in a compassionate and caring way to patients and their families.

### Governance arrangements

The practice did not have an overarching governance framework to support the delivery of good quality care for patients. At the time of the inspection there were a number of management and staffing gaps known to the practice and the provider had been dealing with these with the support of an independent consultant who worked at the practice one day each week. The practice manager was not available and we were told the independent consultant was overseeing a number of the responsibilities of the practice manager roles. The practice had recently seen the departure of a senior nurse clinician who supported the provider on a daily basis. With this departure the provider had to take on more clinical sessions to ensure patients' needs were being met. This meant that leadership and management responsibilities and tasks had lapsed for a few months prior to our inspection.

We found there was a staffing structure but because of the changes to roles due to staff vacancies, staff had to take on different roles and responsibilities and these had not been embedded at the time of the inspection. For example a new staff member had been identified as an infection control lead, however they had not been supported well enough to develop in this role. Practice specific policies were in place but locating these during the inspection was difficult and some policies and procedures were missing or had not been updated. The provider had a good oversight of the performance of the practice, but a programme of continuous clinical and internal audits were not taking place or being used to monitor quality and to make

improvements. There were systems in place for identifying, recording and managing risks, issues and implementing mitigating actions but not all incidents described to us could be located during the inspection.

### Leadership and culture

The practice was managed and run by a senior nurse clinician who was also the registered provider and contract holder for the service. A GP worked at the practice for four sessions each week, but did not attend this inspection. Previously the practice had more sessions undertaken by a GP but they had left the practice before our inspection. We found that the senior nurse clinician had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care and were visible in the practice.

The provider was open and transparent about the recent challenges the practice had experienced in terms of staff recruitment and the demands these challenges had on their own time to provide effective leadership to the practice team. We found the impact of these changes meant that the provider was undertaking additional roles and responsibilities without the full support of a management and clinical team. Despite this staff told us they were approachable and always took the time to listen to all members of staff. We found a culture also that was centred on the needs and experiences of patients who use the service and feedback to us during the inspection was extremely positive.

The provider was responsible for human resource policies and procedures with support from the independent consultant. We reviewed a number of policies, for example disciplinary procedures, induction policy and management of sickness which were in place to support staff. Staff we spoke with knew where to find these policies if required. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

After the inspection the provider sent to CQC a number of policies, procedures and supporting evidence to confirm that staff vacancies and the recent challenges faced by the practice would quickly improve.

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

# Are services well-led?

Requires improvement 

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

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. There was an active Patient Participation Group (PPG) which met regularly and suggested proposals for improvements to the practice. For example, the group reviewed the service available for younger patients with mental health problems at a recent PPG meeting with the aim of improving this service by operating an open door surgery for this population group. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (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 for the last three months showed that a high number of patients would recommend the practice to family and friends.

Meetings with staff were found to be generally informal and minutes were not always taken. Because of staff pressures over recent months practice meetings had not always taken place on a monthly basis. Evidence was sent to us after our inspection to show that dates had been set for the next 12 months. Staff told us there was an open culture within the practice and they had the opportunity to raise

any issues on a daily basis and they felt confident in doing so. We found the practice administration team worked together with the provider to resolve problems and to review performance but these arrangements needed to be more formal. Staff said they felt respected, valued and supported, particularly by the provider and they were willing to support them through what was perceived as a difficult time for the practice.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The provider worked closely with the local CCG to develop and strengthen service such as with the local Mental Health Nurses to continually review the needs of this population group to ensure continuous improvements in their care. Current discussions were taking place with the local mental health trust regarding a planned pilot scheme involving coffee mornings, support group and skills workshops within the building for patients suffering with mild to moderate depression.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>The provider did not operate robust recruitment procedures and this included undertaking all the relevant fitness checks for staff.</b>  Reg 19 (1) (2) (3) (4)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>Arrangements for ensuring all staff, including the clinicians, received appropriate support, supervision and appraisal were not in place.</b>  Reg 18 (2)