

J Musil & Partner

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at J Musil & Partner on 6 and 14 October 2015.

Overall the practice is rated as requires improvement.

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

- Staff were not clear about their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and monitored. Incidents were not appropriately reviewed and addressed.
- The practice had good facilities including disabled access which included a lift to allow access to first floor waiting area and consulting rooms.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity. However, we found these were not always followed, relevant to the practice or implemented. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Policies and procedures for incident reporting must be implemented and incidents formally documented with learning recorded with clear action dates, including a system for disseminating alerts and methods for checking follow up and completion.
- Recruitment arrangements must include all necessary employment checks for all staff.

Summary of findings

- Risk assessments must be completed for the control of substances hazardous to health (COSHH). Domestic cleaning equipment must be stored safely in line with infection control guidelines.
- Systems must be in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.
- Emergency oxygen must be available in the practice to support patients in the event of an emergency situation.
- Policies and procedures must be accessible to staff, relevant to the practice and followed by the practice.

- There must be mechanisms in place to seek feedback from staff and patients and this feedback is responded to.

In addition the provider should:

- Infection control and hand washing audits should be completed and up to date.
- Legionella risk assessments should be completed and records of cleaning checks maintained.

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 as there are areas where it should make improvements. Staff were not clear about their responsibilities to raise concerns and to report incidents and near misses. Lessons were learned but not communicated widely to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, oxygen was not available for dealing with emergencies, infection control was not effectively carried out and recruitment checks had not been completed for all staff.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE). However, it was not clear how the practice confirmed alerts were followed up for completion. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff training needs had been identified however there were some gaps in training for example; manual handling and display screen equipment. The systems for monitoring training were not effective which resulted in the practice failing to identify that staff had not completed certain required training. There was evidence of staff appraisals and personal development plans.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed that staff treated patients with kindness and respect and maintained confidentiality. Data from the National GP Patient Survey showed that patients rated the practice as slightly above others for several aspects of care when compared to local and national averages.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups.

Good



Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

The practice is rated requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. A documented leadership structure was not in place. Most staff felt supported by management but at times they were not sure who to approach with issues. The practice had a number of policies and procedures to govern activity however these had not been implemented fully, not always followed and some were not always relevant to the practice. The practice did not proactively seek feedback from staff and patients and did not currently have an active patient participation group (PPG). Not all staff had received an induction.

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 practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population group. The practice offered home visits and usual doctor appointments to improve continuity of care. The practice had regular contact with community nurses and participated in meetings with other healthcare professionals to discuss any patient concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. These patients had a regular review with either the GP and/or the nurse to check their health and medication. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients were encouraged to manage their conditions and were referred to health education and other in-house services when necessary, for example a dietician. Longer appointments and home visits were available when needed. Patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible. For example, the practice opened evenings until 8.00pm for those people who

Good



Summary of findings

could not attend during normal opening hours. A dedicated on-call GP was available for emergency telephone advice. The practice also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of patients experiencing poor mental health 92% 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 advanced care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. 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. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the National GP Patient Survey July 2015 (from 131 responses which is a response rate of 41.3%) demonstrated that the practice was performing in line or above local and national averages.

- 91% of respondents say the last GP they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 82% and national average of 86%.
- 83% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 82% and national average of 85%.
- 94% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 85% and national average of 88%.
- 93% of respondents say the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92% and national average of 91%.

- 96% of respondents say the last nurse they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 91%.
- 72% of respondents described their experience of making an appointment as good compared with a CCG average of 73% and national average of 73%.
- 90% of respondents find the receptionists at this surgery helpful compared with a CCG average of 85% and national average of 86%.
- 97% of respondents had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 93% and national average of 95%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 (which is 0.24% of the practice patient list size), comments on the cards were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with dignity and that staff and GPs were polite, courteous and professional.

Areas for improvement

Action the service **MUST** take to improve

- Policies and procedures for incident reporting must be implemented and incidents formally documented with learning recorded with clear action dates, including a system for disseminating alerts and methods for checking follow up and completion.
- Recruitment arrangements must include all necessary employment checks for all staff.
- Risk assessments must be completed for the control of substances hazardous to health (COSHH). Domestic cleaning equipment must be stored safely in line with infection control guidelines.

- Systems must be in place for identifying and monitor the completion of training for all staff in order for them to carry out their duties effectively and safely.
- Emergency oxygen must be available in the practice to support patients in the event of an emergency situation.
- Policies and procedures must be accessible to staff, relevant to the practice and followed by the practice.
- There must be mechanisms in place to seek feedback from staff and patients and this feedback is responded to.

Action the service **SHOULD** take to improve

- Infection control and hand washing audits should be completed and up to date.

Summary of findings

- Legionella risk assessments should be completed and records of cleaning checks maintained.

J Musil & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a Practice Manager and an Expert by Experience.

Background to J Musil & Partner

J Musil & Partner's practice is located in a residential area of Hull and serves the surrounding areas of Hull city centre. There are 5,764 patients on the practice list and the majority of patients are of multi-ethnic background. There are two GP partners which are male. The practice also arranges for further consultations by regular locum GPs one of which is female. There is one practice nurse, one healthcare assistant and a nurse practitioner. They are supported by a practice manager, reception and administrative staff. The practice is supported by cleaning duties from an internal staff member.

The practice is in a comparatively deprived area and has a higher than average number of patients with health related problems in daily life and patients in receipt of Disability Allowance.

The practice is open for appointments on extended hours 8.00am to 6.00pm Monday to Friday. Extended hours surgeries were offered at the following times on 6.00pm to 8.00pm weekdays by appointment. Out of Hours services are provided via the 111 service.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; childhood

vaccination and immunisation scheme and timely diagnosis and support for people with dementia. The practice does not currently have an active patient participation group (PPG).

Why we carried out this inspection

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

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

How we carried out this inspection

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

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

Detailed findings

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

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

The inspector :-

- Reviewed information available to us from other organisations e.g. NHS England and Healthwatch.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 6 and 14 October 2015.
- Spoke to staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.
- Observed how staff handled patients and their information securely during telephone calls into the practice.

Are services safe?

Our findings

Safe track record and learning

Staff were not fully engaged in the significant event process. Staff were not aware of the policy arrangements nor did they access any incident recording form to submit the incident formally to the nominated person in the practice. We were told that any incident was read-coded and put directly to the patients record. Significant event management was not effective. Staff were not clear about their responsibilities to raise concerns and to report incidents and near misses. Lessons learned from incidents were not communicated widely to support improvement.

Overview of safety systems and processes

The practice could not fully demonstrate a safe track record regarding, health and safety, safeguarding and infection control.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The safeguarding lead attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- A notice was displayed in the waiting room, advising patients that appropriate staff would act as chaperones, if required. Reception and clinical staff who acted as chaperones had received a disclosure and barring check (DBS). However, we were told that reception staff completed chaperoning duties and we saw that they had not received an up to date DBS check. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There was a health and safety policy available but this was not being followed. The practice had up to date fire risk assessments and fire drills had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had not completed risk assessments to monitor safety of the premises, such as control of substances hazardous to health and infection control.

- Suitable arrangements were not in place to manage cleanliness and hygiene within the practice. It was not clear who the practice lead was for infection control. Records showed that not all staff had received up to date training regarding infection control. In addition infection control training did not form part of the new staff induction process. The practice had no evidence to show that they had completed a recent infection control and hand washing audit. Evidence looked at during the inspection confirmed the last infection control audit was completed 13/02/2013 by Hull Community Health Care Partnership. The practice did not have a Legionella risk assessment in place.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were issued electronically and were signed by the GP before being given to the patient or pharmacy. At the time of our inspection visit we observed a treatment room and a nurses room left unlocked when not in use. The treatment room included a fridge which held medication which was left unlocked. Cupboards had keys left in them which had medical equipment stored in them. The nurse's room also had medical equipment available in cupboards left open. On our second inspection visit on 14 October, we observed these rooms to be secured.
- The four staff recruitment files we sampled showed that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However we found in a key member of staff's file that pre-employment checks had not been carried out in respect of obtaining references from previous

Are services safe?

employers. The practice had a recruitment policy that was clear in the arrangements for completing recruitment checks but this demonstrated it had not been followed.

- We saw there were some gaps in the training completed by staff to provide assurance that staff had the competence, skills and experience to provide care and treatment safely. There was no evidence of some staff having completed training in infection control (including GPs), manual handling, and control of substances hazardous to health (COSHH). The majority of training was out of date, for example fire training was due renewal in February and July 2015, infection control training was due for renewal in November 2014. Safeguarding, and health and safety refresher updates were required for staff.
- 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 in particular at busier periods and at times of staff absence.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises. The practice did not have any oxygen available to use in emergency situations. This had been raised with the practice at a previous inspection in November 2013. 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. There was also a first aid kit and accident book available

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However, this required to be implemented as part of the practice plans of its policy deployment programme.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. However there was no checking mechanism in place to ensure that alerts were appropriately disseminated or followed up to the appropriate people.

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned into patient's medical records.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 88.0% to 100% and five year olds from 90.0% to 96.9%. These results were all marginally below the local CCG and national averages.

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

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their internal systems. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs, and to assess and plan ongoing care and treatment. This included when people moved between services, when they were referred, or after they were discharged from hospital.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they all attended health reviews. The practice had achieved 88.6% of the total number of points available compared to the national average of 92%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for cancer assessment and care related indicators was higher than the local CCG and national averages. (100% compared to 98.4% locally and 95.5% nationally).
- Performance for heart failure related indicators was better than the local CCG and national averages. (100% compared to 97.9% locally and 97.9% nationally).
- Performance for mental health assessment and care related indicators was better than the local CCG and worse than national averages. (92.3% compared to 92.2% locally and 92.7% nationally).

Are services effective?

(for example, treatment is effective)

- Performance for public health for example, blood pressure related indicators was better than the local CCG and national averages. (100% compared to 98.6% locally and 98.0% nationally).
- Performance for dementia diagnosis related indicators was better than the local CCG and the national averages. (100% compared to 93.1% locally and 94.5% nationally).

The practice could evidence quality improvement with a number of clinical audits. We saw records of at least two clinical audits that had been completed in the last year and were completed audit cycles that demonstrated improvements had been implemented and reviewed. The practice participated in local CCG audits such as antibiotic prescribing and stroke reduction. Both audits had actions to improve the overall clinical care for patients.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, there were some gaps in the training completed by staff to provide assurance that they had the competence, skills and experience to provide care and treatment safely. There was no evidence of some staff having completed infection control (including GPs), manual handling, display screen equipment and control of substances hazardous to health (COSHH). The majority of training was out of date and refresher updates were required for staff. There were no processes in place for monitoring training which resulted in staff not completing some training.
- All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff. Staff had completed their annual appraisal in-line with the practice policy arrangements.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in July 2015 and patient satisfaction questionnaires completed by patients when attending the practice. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed that they could offer them a private room to discuss their needs. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. 90.2% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.3% and national average of 86.8%.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood 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.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with care and concern. The practice was 97.5% compared to the CCG average of 91.8% and national average of 90.4% for its satisfaction scores on consultations with nurses.

All of the 14 patient CQC 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. 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.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard and telephone system was located away from the reception desk which also had a screen which helped keep patient information private.

Data from the National GP Patient Survey published in July 2015 showed from 131 responses that performance in some areas was higher or in-line with local CCG and national averages for example,

- 94.1% said the GP was good at listening to them compared to the CCG average of 85.0% and national average of 88.6%.
- 91.8% said the GP was good at explaining tests and treatments compared to the CCG average of 82.7% and national average of 86.0%.
- 97.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.2% and national average of 95.2%.
- 93.6% said they found the nurse they saw was good at giving them enough time compared to the CCG average of 92.9% and national average of 91.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we received was also positive and aligned with these views.

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

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- 90.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.0% and national average of 81.4%.
- 96.7% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.0% and national average of 89.6%.

- 94.9% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86.2% and national average of 84.8%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice was considering joining a Federation with existing practices which would allow patients a wider scope of choice and support.

The practice manager was considering plans to re-introduce a PPG in the future which was not currently active.

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

- The practice offered a designated telephone service for patients on 'avoiding unplanned admissions' care plans.
- There were longer appointments available for people with a learning disability.
- An extended hours evening surgery was in place by arrangement between 6pm and 8pm.
- Home visits were available for elderly patients and those in residential care.
- Patients identified as requiring 'end of life care' were included in 'gold standard meetings'.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided regular health care visits to a range of residential and nursing homes in the area and worked closely with a neighbouring care home to provide continuity of care for patients.

Access to the service

The practice was open between 8.00am and 6.00pm Monday to Friday. Extended hours surgeries were offered at the following times on 6.00pm to 8.00pm weekdays by patients arranging these directly with reception staff. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.1% and national average of 74.9%.
- 75.5% patients said they could get through easily to the surgery by phone compared to the CCG average of 70.6% and national average of 73.3%.
- 72.2% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73.3%.
- 63.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70.9% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Information about how to make a complaint was available in a practice leaflet and on their website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been three formal complaints in the previous twelve months which had been satisfactorily handled and dealt with in a timely way. Each complaint had an individual log, learning points were recorded for each complaint and they were discussed at an annual complaints meeting.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. A documented leadership structure was not in place. Most staff felt supported by management but at times they were not sure who to approach with issues.

Governance arrangements

Governance arrangements were not in place to outline structures and procedures for example: risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. The practice did not currently have a PPG to allow patient views to be sought.

Governance systems in the practice required further establishing:

- A clear staffing structure and a staff awareness of their own roles and responsibilities had not been established.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents was not fully implemented.
- The practice did not proactively seek staff and patients views to improve outcomes for patients.
- The practice had obtained policies from an external source and had not yet implemented these fully within

the practice. They were not personalised to the practice. Policies, procedures and contracts were not always followed. For example infection control audits, cleaning checks and legionella testing.

- The practice manager was the identified person for the management and handling of safety alerts from sources such as MHRA and NICE. We did not see any evidence that alerts were appropriately disseminated to the appropriate person or followed up for completion.
- Arrangements were not in place to ensure recommendations for improvement were not acted on. For example, security arrangements, legionella testing and oxygen availability.
- We saw that patient paper records were not stored securely and access to confidential information was not controlled.

Other governance systems in the practice were underpinned by:

- A system of continuous audit cycles which demonstrated improvement in patients' care.
- The GPs were all supported to address their professional development needs for revalidation and all staff had appraisals and continuing professional development.

Leadership, openness and transparency

Although The practice was aware of future challenges of general practice, they had not taken into account any future succession planning for professional GPs staff leaving or retiring from the practice.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users because:</p> <ul style="list-style-type: none">• The provider did not have suitable arrangements in place to take appropriate action if there is a clinical or medical emergency.• The provider was not ensuring that persons providing care or treatment had the qualifications, competence, skills and experience to do so safely.• The provider was not doing all that is reasonable practicable to mitigate risks.• The provider was not ensuring that the premises used by service provider were safe to use for their intended purpose and used in a safe way.• The provider did not assess the risk of, and prevent, detect, and controlling the spread of, infections, including those that are health care associated. <p>Regulation 12(1)(2)(b)(c)(d)(h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance.• The provider did not assess, monitor and improve the quality and safety on its services provided.

This section is primarily information for the provider

Requirement notices

- The provider did not maintain records securely in relation to the regulated activity.

Regulation 17(2)(a)(d)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

- The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.

Regulation 19(2)