Medlock Vale Medical Practice

Quality Report

58 Ashton Road
Droylsden Greater
Manchester
M43 7BW
Tel: 0161 370 1610
Website:

Date of inspection visit: 9 April 2015
Date of publication: 28/05/2015

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?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Medlock Vale Medical Practice on 9 April 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective, caring responsive and well led services, and also for all population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- 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. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- The practice had a number of policies and procedures to govern activity, but some of these were a number of years old and had not been reviewed since initial publication. Some did not have issue or review dates.
- The practice did not hold regular governance meetings but issues were discussed at ad hoc meetings.

Summary of findings

- The practice had not proactively sought feedback from staff or patients.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all required employment checks for all staff are in place.
- Ensure that all equipment is regularly calibrated and electrical equipment regularly tested for electrical safety.
- Ensure that staff receive regular supervision and appraisals to support their personal development.
- Ensure the lead for safeguarding vulnerable children is trained to level 3 and implement mental capacity act training for all staff.

In addition the provider should:

- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure all staff have access to appropriate policies, procedures and guidance that are regularly reviewed and updated, to carry out their role.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Improve the availability of non-urgent appointments.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure that there is a legionella risk assessment in place.
- Review the confidentiality arrangements in the reception area.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough 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. At the time of our inspection some equipment had not had calibration checks for a number of years and portable appliance testing had not been undertaken for over five years.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Knowledge of and reference to national guidelines was inconsistent. We saw no evidence that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Information was available to help patients understand the services available to them but not everybody would be able to understand it.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice was equipped to treat

Summary of findings

patients and meet their needs. Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a leadership structure and 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, but some of these were overdue a review. The practice did not proactively seek feedback from patients and had no active patient participation group (PPG). There was an induction process in place for staff but staff did not receive regular performance reviews. There were staff meetings but not all staff attended these.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary. Longer appointments and home visits were available for older people when needed. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. 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. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. There were 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 relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.

The practice worked with multi-disciplinary teams in the case management of vulnerable people but this was in an informal manner. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). Only some people experiencing poor mental health had received an annual physical health check. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.

Summary of findings

What people who use the service say

We spoke with six patients who used the service on the day of our inspection and reviewed 25 completed CQC comment cards. The patients we spoke with were complimentary about the service. Patients told us that they found the staff to be extremely person-centred and felt they were treated with respect. However the majority of patients were dissatisfied with the appointments system. The comments on the cards provided by CQC were also very complimentary about the service provided but also reflected dissatisfaction with the appointments system.

National GP survey results published in January 2015 indicated that the practice was best in the following areas:

- 93% of respondents say the last nurse they saw or spoke to was good at explaining tests and treatments. Local (CCG) average: 90%
- 91% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern. Local (CCG) average: 90%
- 92% of respondents say the last nurse they saw or spoke to was good at giving them enough time. Local (CCG) average: 92%

National GP survey results published in January 2015 indicated that the practice could improve in the following areas:

- 41% of respondents find it easy to get through to this surgery by phone. Local (CCG) average: 75%
- 40% of respondents describe their experience of making an appointment as good. Local (CCG) average: 72%
- 42% of respondents would recommend this surgery to someone new to the area. Local (CCG) average: 75%

There were 333 surveys sent out, 144 returned giving a completion rate of 40%.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all required employment checks for all staff are in place.
- Ensure that all equipment is regularly calibrated and electrical equipment regularly tested for electrical safety.
- Ensure the lead for safeguarding vulnerable children is trained to level 3 and implement mental capacity act training for all staff.
- Ensure that staff receive regular supervision and appraisals to support their personal development.

Action the service SHOULD take to improve

In addition the provider should:

- Ensure there are formal governance arrangements in place and staff are aware how these operate.
- Ensure all staff have access to appropriate policies, procedures and guidance that are regularly reviewed and updated, to carry out their role.
- Ensure there are mechanisms in place to seek feedback from staff and patients and this feedback is responded to.
- Improve the availability of non-urgent appointments.
- Implement mental capacity act training for all staff.
- Ensure that there is a legionella risk assessment in place.
- Review the confidentiality arrangements in the reception area.

Medlock Vale Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

CQC Inspector accompanied by three specialist advisers; a GP, practice nurse and a practice manager, and an expert by experience who isa member of the public trained by the CQC.

Background to Medlock Vale Medical Practice

Medlock Vale Medical Practice has over 8,300 patients registered and is part of Tameside Clinical Commissioning Group (CCG). There are three partner GPs and one salaried GP who are supported by locum GPs when needed. There is a practice nursing team that includes a practice nurse, nurse practitioner, assistant practitioner and healthcare assistant. There is also a practice manager supported by a reception and administration team.

The practice delivers commissioned services under the General Medical Services (GMS) contract.

The practice offers a range of services for its patient population. Medlock Vale Medical practice is registered with the CQC as a provider of primary medical services.

The Surgery is open as follows:

- Monday 08:30 – 18:00
- Tuesday 08:30 – 18:00
- Wednesday 08:30 – 18:00
- Thursday 08:30 – 18:00
- Friday 08:30 – 18:00

Patients can book appointments in person or via the phone and online. Emergency appointments are available each day. There is an out of hours service available for patients provided by Go to Doc.

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. This 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.

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?

Detailed findings

- 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We also reviewed further information on the day of the inspection. We carried out an announced inspection on 9 April 2015.

During our visit we spoke with a range of staff, including the GPs, nursing and administrative staff and spoke with six patients who used the service. We also reviewed information from the completed CQC comment cards. We observed how people were being cared for and talked with carers and/or family members.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident and accident reports and saw evidence that these were reviewed and that action was taken when necessary.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. The records of significant events that had occurred were logged in the practice meeting minutes and we were able to review these.

We saw that incidents and all details of investigations were recorded. All learning points were documented and included discussions with the patient at the centre of the incident, reviews of medication, and sharing of information internally with clinical and non-clinical staff.

National patient safety alerts were disseminated by the practice manager via email to practice staff. These are alerts issued to healthcare staff on patient safety issues that require urgent attention and/or action. We saw that one safety alert regarding blinds had been received in January 2015 however no action or risk assessment had been undertaken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that staff had received relevant role specific training on safeguarding. The practice had appointed a dedicated GP as the lead for safeguarding both vulnerable adults and children. They had been trained to level 2 safeguarding vulnerable adults and children. However they must be trained to level 3 safeguarding in respect of vulnerable children.

We asked members of medical, nursing and administrative staff about their safeguarding training. Some staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours.

There was a chaperone policy. Staff had been trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The staff we spoke with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. However one member of staff had been undertaking chaperone duties but did not have a disclosure and barring service (DBS) check or risk assessment in place. The provider must ensure that only staff who have completed a DBS check undertake chaperone duties or make sure there is a risk assessment to explain the reasoning for not undertaking a DBS check.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We also saw that the temperature of the fridges, used specifically for the storage of medicines and vaccines, were regularly checked and recorded. Cold chain protocols were strictly followed. We saw written records of these and this was confirmed by staff. The “cold chain” is the process of keeping medicines within a safe temperature range.

The practice nurse oversees the processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by the practice nursing team using protocols that had been produced in line with legal requirements and national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Requires improvement

Are services safe?

The doctor's bag was securely stored when not in use. The GPs were responsible for checking drugs held in the Doctor's bag prior to visits. Any replacement drugs needed were ordered and replaced by the GP.

The practice held a stock of controlled drugs and there was a system in place to record the issue of these to the GPs. There had been an occasion when a controlled drug had been taken by the GP when the booking in and out system was unavailable. However this had been investigated at the time and had not occurred since.

Cleanliness and infection control

There were systems were in place that ensured the practice was regularly cleaned. A GP had overall responsibility for infection control within the practice. We found the practice to be clean at the time of our inspection. A system was in place to manage infection prevention and control. We saw that a recent self-assessment audit relating to infection control had been completed to ensure actions taken to prevent the spread of potential infections were maintained.

We also saw that practice staff were provided with equipment such as disposable gloves and aprons. This was to protect them from exposure to potential infections whilst examining or providing treatment for patients. These items were readily available to staff in the consulting and treatment rooms.

We looked at the consulting and treatment rooms and found these rooms to be clean and fit for purpose. Hand washing facilities were available and storage and use of medical instruments complied with national guidance with most equipment for single use only. We looked at medical equipment and found that it was all within the manufacturers' recommended use by date.

Appropriate arrangements were in place to dispose of used medical equipment and clinical waste safely. Sharps boxes were provided for use and were positioned out of the reach of small children. Clinical waste and used medical equipment was stored safely and securely before being removed by a registered company for safe disposal.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. .

The practice had a legionella policy but did not have a legionella risk assessment in place and a current test had not been undertaken. Legionella is a form of bacteria that can grow in water and cause a potentially fatal infection. The provider should undertake a risk assessment on legionella as soon as practicable.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. Portable electrical equipment had not been routinely tested for over five years and some equipment had never been tested. We saw that calibration of relevant equipment that supported clinical practice such as spirometers to measure lung capacity had not been undertaken for a number of years. However we did see evidence that an external company had been booked to complete the calibration in May 2015.

We also saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers

Staffing and recruitment

Records we looked at contained evidence that some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However we saw that these were not consistently applied and that references were not always taken up and that some staff members had still not had a DBS check. The provider must ensure that clinical staff complete a DBS check, and also non-clinical staff who would be expected to undertake chaperone duties.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were currently not enough GP staff to meet the demands of the patient population and there was a high usage of Locum GPs. However we saw that the practice had completed the recruitment of two new partners who were due to be in place in May 2015.

Requires improvement

Are services safe?

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy.

We found checks were made to minimise risk and best practice was followed. These included monitoring stocks of consumables and vaccines to ensure they were available, in date and ready to use.

Most of the staff at the practice had been employed for many years and knew the patients well. Staff we spoke to told us they were able to identify if patients were unwell or in need of additional support, they told us that this meant that they could make arrangements for the patient to be helped accordingly.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A disaster recovery plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included loss of computer system, loss of GP availability and loss of power. The document also contained relevant contact details for staff to refer to.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Staff were skilled in specialist areas which helped them ensure best practice guidance was always being followed. The practice team ensured that patients with long term conditions were regularly reviewed by practice staff and their care was coordinated with other healthcare professionals when needed. According to the Quality Outcomes Framework (QOF) data the practice was worse than average for the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months. However the practice was rated better than average for the percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs and other staff demonstrated the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice team was making use of clinical audit tools and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved.

The practice demonstrated to us that clinical audits had been undertaken. We saw examples of completed audits around minor surgery which showed an effective response to any possible risk to patient safety. However the clinic audit cycle had not been completed for all audits.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used.

The practice had not achieved and implemented the gold standards framework for end of life care. It did not have a palliative care register or regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Effective staffing

We reviewed staff files and staff training records, and had discussions with staff. This demonstrated that all staff were able to access some training to enable them to develop professionally and meet the needs of patients effectively. New staff were provided with a programme of induction that included training relevant to their role. Initial induction included a welcome to the practice, and health and safety. It also included information on policies and procedures, communication and personal development but did not refer specifically to training that had to be completed.

We saw that no appraisals that included completion of a personal development plan had taken place. Staff we spoke with said they being supported to access some training that enabled them to confidently and effectively fulfil their role. The provider must put in a place a supervision and appraisal system for staff as soon as practicable.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where when doctors demonstrated to their regulatory body, the GMC, that they were up to date and fit to practice. All the GP's had undergone recent clinical appraisals.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, and out of hours services both electronically and by post. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice did not hold formal or minuted multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. According to QOF data the practice was rated worse than average in having regular (at least three monthly) multidisciplinary meetings where all patients on the palliative register were discussed.

Requires improvement

Are services effective?

(for example, treatment is effective)

Information sharing

There was limited communication, information sharing and decision making about a patient's care across all of the services involved both internal and external to the organisation, in particular when a patient had complex health needs. Care was delivered in a co-ordinated and integrated manner with appropriate sharing of patient sensitive data such as safeguarding information being shared with the local safeguarding authority.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hour's provider to enable patient data to be shared in a secure and timely manner.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 but had received no training in respect of this.

The 2015 national GP patient survey indicated 68% of people at the practice said the last GP they saw or spoke to was good at explaining tests and treatments, 62% said the last GP they saw or spoke to was good at involving them in decision making and 86% had confidence and trust in the last GP they saw or spoke to.

Patients we spoke with told us that they were spoken to appropriately by staff and were involved in making decisions about their care and treatment. They also said that they were provided with enough information to make a choice and gave informed consent to treatment.

Health promotion and prevention

The practice demonstrated a commitment that ensured their patients had information about a healthy lifestyle. This included providing information about services to support them in doing this. There was a range of information available for patients displayed in the waiting area and on notice boards in the reception areas. However an information leaflet for prescriptions on display was over 15 years old.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. If a patient required any vaccinations relating to foreign travel they made an appointment with the practice nurse to discuss the travel arrangements. This included which countries and areas within countries that the patient was visiting to determine what vaccinations were required.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients completed CQC comment cards to tell us what they thought about the practice. We received 25 completed cards and all were positive about the service experienced apart from the accessibility of appointments. Patients said they felt the practice offered a satisfactory service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good was 57% and that is worse than average.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. 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 / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. We noted that the waiting areas was located away from the reception desk which helped keep patient information private. This prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained. However at the time of our inspection we noted that patient letters were visible to other patients at the reception desk.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

We looked at the results of the 2015 GP patient survey. This is an independent survey run on behalf of NHS England. The survey results reflected that 60% of respondents said the last GP they saw or spoke to at the practice was good at treating them with care and concern and this is worse than average. 92% of respondents said the last nurse they saw or spoke to was good at listening to them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 62% of practice respondents said the GP involved them in care decisions and 68% felt the GP was good at explaining treatment and results.

Patients we spoke to on the day of our inspection 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 they wished to receive. Patient feedback on the CQC comment cards we received was also positive and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection told us that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. We were shown the information available for carers to ensure they understood the various avenues of support available to them.

We saw that there was a system for notifying staff about recent patient deaths. Staff told us that this was helpful when speaking to relatives and others who knew the person who had died. We were told that families who had suffered bereavement were called by the GP to offer support and condolences.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

Each patient contact with a clinician was recorded in the patient's record, including consultations, visits and telephone advice. The practice had a system for transferring and acting on information about patients seen by other doctors and the out of hour's service. There was a reliable system to ensure that messages and requests for visits were recorded and that the GP or team member received and acted upon them. The practice had a system in place for dealing with any hospital report or investigation results which identified a responsible health professional and ensured that any necessary action was taken. There was a system to ensure the relevant team members were informed about patients nearing the end of their life. There was also a system to alert the out of hour's service if somebody was nearing the end of their life at home.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services.

The premises and services had been adapted to meet the needs of people with disabilities. There was a ramp at the front of the building for wheelchair use access and also disabled toilet facilities available.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Information was available to patients about appointments in the practice on the NHS Choices website. This included how to how to book appointments

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were generally dissatisfied with the appointments system. Comments received from patients showed that those in urgent need of treatment had often been able to make appointments on the same day. However patients told us that they had to wait weeks for a routine appointment and also that no appointments in the practice were on time.

The national GP survey results published in January 2015 showed that 41% of patients said it was easy to get through to the practice to make an appointment. 54% of patients said they found the receptionist helpful once they were able to speak with them.

Listening and learning from concerns and complaints

We arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our visit and 25 patients chose to comment. All of the comment cards completed were very complimentary about the service provided apart from the appointments system.

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Patients we spoke with knew how to raise concerns or make a complaint. Information on how to complain was displayed in the reception area. We looked at complaints received and found they had been satisfactorily handled and dealt with in a timely manner.

Patients were informed about the right to complain further and how to do so, including providing information about relevant external complaints procedures. Patients we spoke with said they would be able to talk to the staff if they were unhappy about any aspect of their treatment. Staff we spoke with told us that not all verbal complaints were recorded if they could be resolved at the time.

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 statement of purpose which was to provide high quality, safe, professional primary health care services to all the patient population. The GPs we spoke with demonstrated an understanding of their area of responsibility and they took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on any computer within the practice. However some of these had not been reviewed for a number of years.

We spoke with members of clinical, nursing and administrative staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that sought to improve patient care and outcomes through the systematic review of patient care and the implementation of change. Clinical audits were instigated from within the practice We looked at several clinical audits and found they were well documented and but not all demonstrated a full audit cycle.

Leadership, openness and transparency

We saw from minutes that clinical team meetings were held regularly, at least monthly but would be convened at any time if circumstances demanded. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies which were in place to support staff. We saw that there were staff employment policies in place such as dignity at work, equal opportunities and data protection.

We were shown the information that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies that were stored on the practice computer system. Staff we spoke with were aware of the whistleblowing policy and what to do if they were concerned about any matters.

Practice seeks and acts on feedback from its patients, the public and staff

The practice and all staff recognised the importance of obtaining and acting upon the views of patients and those close to them, including carers. However the practice did not have a patient participation group (PPG) and did not proactively seek feedback on behalf of the practice.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to develop through training. However we saw that appraisals did not take place. Training completed included basic life support, safeguarding and information governance.

The practice had completed reviews of significant events and other incidents and shared with staff via practice meetings to ensure the practice improved outcomes for patients.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation: 12 Safe Care and Treatment (2) the things which a registered person must do to comply with that paragraph include — (c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely How the regulation was not being met: The registered person did not ensure recruitment arrangements include all necessary employment checks for all staff were in place that included taking up references and completing disclosure and barring service checks, in particular for a member of staff who was already undertaking chaperoning duties. Regulation 12 (2) (c)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation: 12 Safe Care and Treatment (2) the things which a registered person must do to comply with that paragraph include — (e) ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way. How the regulation was not being met: The registered person did not ensure that equipment was regularly calibrated and electrical equipment regularly tested for electrical safety. Regulation 12 (2) (e)

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation: 18 Staffing (2) Persons employed by the service provider in the provision of a regulated activity must—(a) receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. How the regulation was not being met: The registered person did not ensure that staff received regular supervision and appraisals to support their personal development. The registered person did not ensure the lead for Safeguarding was trained to level 3 safeguarding children and that all staff had not been trained or had sufficient knowledge of the mental capacity act. Regulation 18 (2) (a)