Metheringham Surgery

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Metheringham Surgery on 15 December 2015. Overall the practice is rated as requires improvement.

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. Incidents and near misses were discussed in monthly practice meetings.
- Risks to patients were assessed and well managed, the provider had a risk register in place to identify risk and an action plan to address risks identified.
- Information about services and how to complain was available and easy to understand.
- The practice encouraged patient feedback using different methods to ensure the practice provided high quality services for patients and planned to make improvements for the benefit of its patients. The practice did not have an active patient participation group (PPG).
- Data showed patient outcomes were low compared to the locality and nationally. As the provider had taken over the contract for this practice on 1 April 2015, a key objective was to improve patient outcomes and improve the quality and provision of services for patients.
- Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A practice nurse was responsible for the coordination of all PGDs.

Summary of findings

- Not all staff acting as a chaperone had completed the relevant training to fulfil the role.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures in place to govern activity.

The areas where the provider must make improvements are:

- Ensure all staff who act as a chaperone are competent to fulfil the role.

In addition the provider should:

- Carry out a disability access audit to assess disabled access for patients and identify reasonable adjustment measures to be taken.
- Ensure infection control lead receives an appropriate level of infection control training.
- Ensure members of staff who act as a chaperone receive an appropriate level of training.
- Improve the frequency of multi-disciplinary meetings to discuss patients care and needs.
- Ensure all significant events reported are reviewed in a timely manner, ensuring lessons learned and actions to be taken are recorded following review.
- Ensure appropriate records and evidence of staff training are held by the practice.
- Ensure there is a clinical leadership structure in place within the practice.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting significant events however, not all significant event reports had lessons learned or actions agreed recorded following review.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had a risk register in place and various risk assessments including an assessment for the control of Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was robust infection control procedures and cleaning schedules in place.
- There was a GP lead for safeguarding, we were told that all staff had received safeguarding training and all staff we spoke with understood their roles and responsibilities in relation to safeguarding however, there was no evidence of safeguarding training records at the time of our inspection.
- Not all staff acting as a chaperone had attended relevant training.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were below average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- The practice held three monthly multi-disciplinary meetings to review palliative patients' needs.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Staff were provided with updates and were required to sign that they had read and understood them.

Are services caring?

Requires improvement

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

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several 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 for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered various on-line services for patients which included ordering repeat prescriptions, updating personal details such as address or telephone number, cancelling or booking of routine appointments and ability to view summary care record.
- The practice was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice employed two practice nurses who were undergoing training in cervical smear taking and chronic disease management to improve the range of services being offered to patients.
- The practice employed the services of locum GPs to ensure there was adequate appointment availability for patients.

Are services well-led?

Requires improvement 

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

- The provider had taken over the contract for this practice on 1 April 2015 and were going through major transformational change. The provider attended monthly meetings with NHS England to monitor the progress of the contract.
- The provider and practice had a clear mission statement in place to run safe, caring, effective and responsive primary care services. To make a difference to the lives of people the practice serviced and to build resilience in local communities, working with patients, staff and stakeholders. Staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure in place however due to the recent changes in leadership and management and a full workforce review, staff did not always feel supported by management. We did not see evidence of an effective clinical leadership structure in place within the practice to give leadership and support to GPs, locums and members of the nursing team.
- The practice had a number of policies and procedures to govern activity and held monthly practice meetings which all staff were invited to attend.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients through different methods.
- The practice did not have an active patient participation group (PPG) however the practice were in the process of setting up a PPG.

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. The provider was rated as good for providing safe care and being responsive. However it was rated as requires improvement for being caring, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments were available for older people when needed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as good for providing safe care and being responsive. However it was rated as requires improvement for being caring, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff did not have lead roles in chronic disease management however members of the nursing team were undergoing training in chronic disease management at the time of our inspection.
- The percentage of patients with diabetes having regular blood pressure tests was 78.7% which was lower than the CCG average of 85.2% and national average of 89.2%.
- Longer appointments and home visits were available when needed.
- The practice held regular multi-disciplinary meetings and worked with relevant health and care professionals to deliver a multi-disciplinary package of care for those patients with the most complex needs such as patients at end of life.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good

Summary of findings

for providing safe care and being responsive. However it was rated as requires improvement for being caring, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Appointments were not available outside of school hours.
- 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.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- There was a weekly health visitor clinic held at the practice.

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 provider was rated as good for providing safe care and being responsive. However it was rated as requires improvement for being caring, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including appointment booking and cancellation, ordering repeat prescriptions and ability to view summary care record.
- The practice offered a range of health promotion and screening that reflects the needs for this age group.

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 provider was rated as good for providing safe care and being responsive. However it was rated as requires improvement for being caring, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability and offered longer appointments for these patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as good for providing safe care and being responsive. However it was rated as requires improvement for being caring, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was 53.84% which was lower than the CCG of 90.5% and national average of 92.8%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on 2 July 2015. The results showed the practice was performing below local and national averages in a number of areas. 130 survey forms were distributed and 57 were returned. This represented a 44% response rate.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 89% and a national average of 87%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 71% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 61% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 89%, national average 86%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was negative about the care received by the practice.

We spoke with one patient during the inspection. This patient was happy with the care received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure all staff who act as a chaperone are competent to fulfil the role.

Action the service SHOULD take to improve

- Carry out a disability access audit to assess disabled access for patients and identify reasonable adjustment measures to be taken.
- Ensure infection control lead receives an appropriate level of infection control training.
- Ensure members of staff who act as a chaperone receive an appropriate level of training.
- Improve the frequency of multi-disciplinary meetings to discuss patients care and needs.
- Ensure all significant events reported are reviewed in a timely manner. Ensuring lessons learned and actions to be taken are recorded following review.
- Ensure appropriate records and evidence of staff training are held by the practice.
- Ensure there is a clinical leadership structure in place within the practice.

Metheringham Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Metheringham Surgery

Metheringham Surgery provides primary medical services to approximately 1,718 patients in Metheringham.

Metheringham Surgery is a member of a group of four GP practices run by Universal Health Ltd who are a venture between Lincolnshire and District Medical Services and Lincolnshire Partnership NHS Foundation Trust. Universal Health Ltd took over the contract for this location on 1 April 2015. At the time of our inspection, Universal Health Ltd had recently completed a full workforce review and re-structure of the practice management structure and administrative and reception roles.

The practice has a higher distribution of patients between the ages of 25-49 years and an even distribution of male/ female patients.

At the time of our inspection the practice employed: three salaried GPs, a primary care manager, two practice nurses, two receptionists, a health care support worker, a lead administrator, and a healthcare administrator. The primary care manager was also supported by an interim practice manager.

The practice has an Alternative Provider Medical Services (APMS) contract. The APMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice is one of four locations of which the provider is Universal Health Ltd, each location is registered separately with the Care Quality Commission (CQC), the address for this location is Metheringham Surgery, High Street, Metheringham, Lincoln, LN4 3DZ.

The practice is open from 8am to 6.30pm Monday to Friday. Pre-bookable appointments and on the day 'urgent' appointments are available. Pre-bookable appointments can be booked up to two weeks in advance. The practice provides telephone consultations for patients and a home visit service from GPs. The practice offers on-line services for patients such as on-line appointment booking, ordering repeat prescriptions, access to summary care record and electronic prescription service (EPS).

The practice lies within the NHS Lincolnshire West Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015. During our visit we:

- Spoke with a range of staff including a GP, director of strategy, primary care manager, interim practice manager, practice nurse, health care assistant, lead administrator and members of the reception team.We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the GP lead of any incidents and there was a recording form available on the practice's computer system. Completed significant event records were taken to practice meetings for discussion. Staff told us significant events were discussed in practice meetings and staff were invited to attend.
- We saw evidence of significant event report forms which contained information about all incidents reported.These forms recorded the date the event was discussed in a practice meeting however, not all significant event forms had lessons learned or actions agreed recorded following discussion.

During our inspection we looked at four significant events. We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed. We saw evidence of meeting minutes where significant events were discussed. We also saw evidence of significant event reports which was available to all practice staff. All significant events were reported to Lincolnshire West Clinical Commissioning Group (LWCCG).

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice however, not all lessons learned and actions agreed were recorded following discussion in practice meetings.

A primary care manager was responsible for the dissemination of non-clinical related national patient safety alert information. A GP lead was responsible for the dissemination of all clinical alerts and alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) by email and also in paper format to all clinical staff. Action was taken to improve safety in the practice. The GP lead was also responsible for ensuring all alerts were actioned. All staff were expected to sign that they had read and understood the alerts.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead that was responsible for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training relevant to their role however, we were unable to find evidence of safeguarding training during our inspection for staff who had contact with vulnerable adults and children including the Safeguarding lead.
- A notice in the waiting room advised patients that chaperones were available if required. Chaperone information was also advertised on the practice website and in the practice leaflet. During our inspection we were told that not all staff who acted as a chaperone had received training for the role, we saw evidence during our inspection that chaperones had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).We saw evidence of a chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place however this policy did not contain the details of the infection control lead. The infection control lead was new to this role and had not received up to date training however

we were told that training had been planned. The infection control lead attended local infection control link nurse meetings, was competent to carry out this role and carried out monthly infection control audits. We saw evidence of a recent infection control audit covering all areas of the practice, we saw evidence that action was taken to address any improvements identified as a result.

- Each consulting room was cleaned on a daily basis, we saw records that daily checks had been carried out and records were signed and dated. We also saw records of regular clinical equipment checks and cleaning records.
- There was a cleaning manual in place which included guidance on topics such as infection control, handling and storage of clinical waste and guidance for the use of bodily fluid spillage kits. The practice held a stock of bodily fluid spillage kits.
- We saw evidence of a control of substances hazardous to health (COSHH) manual which included data sheets held on file and on display for all substances used in the practice.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use. We saw evidence of a cold chain policy and procedure. Staff were able to tell us what they would do in the event of a fridge failure. We saw evidence that minimum and maximum fridge temperatures were checked and recorded on a daily basis. A process was in place to ensure all vaccinations and immunisations expiry dates were checked on a regular basis.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A practice nurse was responsible for the coordination of all PGDs.
- We reviewed four personnel files and found appropriate 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available dated February 2015. There was a health and safety poster in the reception office which identified local health and safety representatives.
- The practice carried out annual fire audits which included a fire risk assessment and a review of emergency and evacuation procedures. We saw evidence of the last fire audit carried out which was due to be reviewed following our inspection. The practice carried out regular fire drills, the last fire drill was carried out in October 2015. The practice also carried out weekly fire alarm system checks and regular emergency lighting checks by an approved contractor. All fire safety equipment had been serviced on an annual basis.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. During our inspection we saw that all clinical equipment was last checked in January 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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. The provider was in the process of recruiting additional staff to support the team to ensure adequate staffing levels at all times.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

Good

Are services safe?

- 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. We saw evidence of a comprehensive resuscitation policy which was in line with the resuscitation council guidelines. This policy also included training requirements for all clinical and non-clinical members of staff.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We saw evidence that daily checks were carried out and recorded for all emergency equipment.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw evidence of NICE updates which were made available to all staff within the reception office in paper format. Staff also received updates via email alerts.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 77.6% of the total number of points available which was significantly lower than the CCG average of 95% and the national average of 94.8%. This practice was an outlier for areas of QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients with diabetes having regular blood pressure tests was 78.7% which was lower than the CCG average of 85.2% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.4% which was lower than the CCG average of 94.9% and national average of 89.2%.
- Performance for mental health related indicators was 53.84%which was lower than the CCG of90.5% and national average of 92.8%.

During our inspection we looked at three clinical audits completed by the practice, one of these was a completed audit where the improvements made were implemented and monitored.

The practice had carried out a prescribing audit which had highlighted a number of patients who no longer required prescribing of a particular medication. The practice invited these patients to see a GP who carried out a full review of their medication needs.

There was no audit schedule in place however, the provider told us they would be implementing a robust audit schedule as a priority as part of their future development places for this practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence of a comprehensive staff handbook for all new employees.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. A member of the nursing team was undertaking role specific training in taking samples for the cervical screening programme. This training would include an assessment of competence as part of this process.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. All staff had received a one to one meeting after the provider took over the contract for the practice on 1 April 2015.
- Staff received training that included: safeguarding, fire procedures, basic life support and information

Requires improvement

Are services effective?

(for example, treatment is effective)

governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We saw evidence of training records during our inspection.

- At the time of our inspection, the practice had gone through a major workforce review, the practice was in the process of recruiting additional staff to ensure adequate and safe staffing levels were in place. A lead administrator had also been appointed from within the existing practice team shortly before our inspection and was undergoing training for this role.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary gold standard framework meetings took place on a three monthly basis to discuss palliative patients and that care plans were routinely reviewed and updated. Members of the district nursing team and a Macmillan nurse also attended these meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and provided various clinics for patients.

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation, sexual health, minor ailments and family planning. Patients were also signposted to relevant services.

At the time of our inspection, a practice nurse was undergoing training in cervical smear taking to improve the range of and access to services for its patients. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Only one patient Care Quality Commission comment card was received which was not positive about the service experienced. Patients said they felt the practice did not offer a caring service.

Results from the national GP patient survey showed that not all patients felt they were treated with compassion, dignity and respect. The practice was mostly below average for its satisfaction scores on consultations with GPs and in line with its satisfaction scores on consultations with nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 89%, national average 87%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 96%, national average 95%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 91% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they did not always feel involved in decision making about the care and treatment they received. They also told us they did not always feel listened to and supported by staff or have sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available from Language Line for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice offered information to patients in numerous languages and formats which included Braille, large print and audio.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. However, not all staff we spoke with were aware of the services that were available for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Telephone consultations were provided for those who requested this.
- The practice provided regular health visitor clinics in-house.
- There were children's toys available in the waiting room.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- A hearing loop, and translation services were available.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- There was various health promotion information available to patients in the waiting room.
- Patient information leaflets were available in numerous languages for those patients whose first language was not English.
- Patient information leaflets were available in different formats including Braille, audio and large print.
- There was a dedicated telephone line for patients identified as at risk of unplanned admission to hospital.
- The practice offered various on-line services for patients which included ordering repeat prescriptions, updating personal details such as address or telephone number, cancelling or booking of routine appointments and ability to view summary care record.

Due to age and location of the practice, there were limitations to disability access, for example, the patient toilet was not adequate for disabled persons or those using a wheelchair. The entrance doors were not fitted with automated door openers however, members of the reception team told us that they would open the doors for patients in wheelchairs and disabled persons. The reception desk did not have a lowered desk at an appropriate height for patients in wheelchairs. All consulting rooms were located on the ground floor to ensure disabled persons and those with mobility problems could access consulting rooms easily.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended surgery hours were not offered to patients. Routine appointments could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly above local and national averages. Results were above average for ease of getting through on the telephone and waiting times to be seen. Results were below average for satisfaction of opening hours.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 79% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 72% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 65% and national average of 58%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- We saw evidence of a complaints policy which included a verbal concern and complaints form for patients. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was available in the waiting room for patients. There was

Good

Are services responsive to people's needs?

(for example, to feedback?)

also a suggestion box for patients in the waiting room. Information was also available on the practice website and in the practice leaflet. Patients we spoke with understood the complaints procedure.

We found that complaints were satisfactorily handled, dealt with in a timely way, there was openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice held monthly meetings with all practice staff. Complaints received including outcomes of the complaint were discussed during practice meetings to ensure all staff were aware.

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 to deliver high quality care and promote good outcomes for patients.

- The provider had taken over the contract for this practice on 1 April 2015 and were going through major transformational change. The provider attended monthly meetings with NHS England to monitor the progress of the contract.
- The provider and practice had a clear mission statement in place to run safe, caring, effective and responsive primary care services. To make a difference to the lives of people the practice served and to build resilience in local communities, working with patients, staff and stakeholders.
- The provider told us that staff morale was low due to the practice going through major transformational change, a full workforce review and recent staffing changes. It was apparent during our inspection that staff morale was low, however, staff we spoke with knew and understood the vision and values of the practice and the provider.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The provider had a board of directors in place. There was a GP lead in place for the practice. This GP was also a member of the board of directors.
- At the time of our inspection, we did not see evidence of an effective clinical leadership structure in place within the practice to give leadership and support to GPs, locums and members of the nursing team. However, as the provider had taken over the contract for this practice on 1 April 2015, the provider was still in the process of developing management and leadership frameworks for the practice.
- There was a clear staffing structure in place and staff were aware of their own roles and responsibilities. The provider had recently completed a workforce review and new non-clinical staffing structure for the practice, this included the recruitment of a primary care manager and a lead administrator.
- Policies were implemented and were available to all staff however at the time of our inspection, all policies were under review. During our inspection we looked at 12 policies including whistleblowing, safeguarding adults and children, complaints and recruitment and selection. We also saw evidence of various clinical protocols.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held a risk register which had identified levels of risk, control measures in place and actions taken to reduce risk in various areas including reputational, financial, and clinical risk.
- The practice held monthly meetings for all staff to attend. Items for discussion included significant events and serious incidents, complaints and clinical items for discussion, staff were encouraged to suggest items for discussion at future meetings.

Leadership and culture

The provider had the experience, capacity and capability to run the practice and ensure high quality care. A GP lead was responsible for the practice and prioritised safe, high quality and compassionate care. The GPs were visible in the practice however, due to recent changes in the management and leadership of the practice, not all staff felt supported however staff were hoping this would improve when when the restructure was complete.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence. A verbal concern and complaints form was available for patients as part of the complaints process.

Are services well-led?

Requires improvement

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

- Staff told us the practice held monthly practice meetings which all staff were invited to attend.
- During our inspection we saw minutes of practice meetings and numerous topics were discussed including practice performance, complaints and significant events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.
- Staff were encouraged to participate in training and develop their skills. The provider was in the process of implementing a new on-line training system for all practice staff to use.

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

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

- The practice had gathered feedback from patients through a 'tell us about your experience' form which was available for patients to complete. The practice also gathered feedback from patients through a suggestion box which was available in the waiting room and also from complaints received. The practice was in the process of setting up a patient participation group (PPG) and was actively advertising for members via the practice leaflet at the time of our inspection.
- Staff told us there was an open door policy and that the GPs, management team and colleagues were approachable. As the management and leadership team had recently changed at the time of our inspection, staff were hoping that they would continue to feel involved and engaged to improve how the practice was run.

Continuous improvement

The practice encouraged staff to participate in training and encouraged staff to develop their skills. At the time of our inspection, two practice nurses were undertaking training in cervical smear taking and chronic disease management to improve the range of services offered to patients in the future.

The provider told us that they were facing concerns regarding the financial sustainability of the practice and that the age, size and layout of the premises had limited the services the practice was able to provide including access for disabled persons.

The provider had a number of key objectives for the future of the practice including improving the Qof achievement to ensure better standards of patient care.

There was also a strong focus on stabilising the current workforce and recruiting additional members of staff to ensure appropriate and safe staffing levels to enable the safe delivery of services to its patients and to ensure current staff were not under pressure due to staff shortages that were apparent at the time of our inspection.

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 **The provider was not able to provide evidence that all staff who carried out chaperone duties were competent.** **These matters are in breach of regulation** **19(1) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**