

# The Village Medical Centre

## 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

<b>Overall rating for this service</b>	<b>Inadequate</b> 
Are services safe?	<b>Inadequate</b> 
Are services effective?	<b>Inadequate</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Requires improvement</b> 
Are services well-led?	<b>Inadequate</b> 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Medical Centre on

5 September 2016. Overall the practice is rated as inadequate.

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

- Patients were at potential risk of harm because systems and processes were not in place to keep them safe. For example not all appropriate recruitment checks on staff had been undertaken prior to their employment, there had been no risk assessments carried out in relation to health and safety, fire safety, infection control or legionella since 2012, there were no records to show whether staff were immunised against infectious diseases such as Hepatitis B.
- The practice was mostly carpeted including the treatment room used by the practice nurse and no spill kits available.
- There were no clear records to show that staff had received mandatory training such as

safeguarding, infection control, Information Governance or fire safety.

- All reception staff acted as chaperones but had received no formal training and were not DBS checked.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were hard to identify as no reference had been made to audits or quality improvement for three years and there was no evidence that the practice was comparing its performance to others either locally or nationally.
- The practice had no clear leadership structure, insufficient leadership capacity, no day to day supervision and support of staff and no formal governance arrangements.
- There were no policies and procedures which had been personalised to the practice. There was no repeat prescribing policy available and no policy or process for dealing with safety alerts.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The lead GP was working with GP locums due to a difficulty in the recruitment of new partners.

# Summary of findings

We identified regulatory breaches within the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection . They are Regulation 12 Safe Care and Treatment, Regulation 17 Good Governance, Regulation 18 Staffing and Regulation 19 Fit and Proper Persons. The Care Quality Commission is unable to take enforcement action against the provider regarding these breaches as they are registered with us as a partnership but should be registered as a sole provider. We have made NHS England and the Clinical Commissioning Group aware of this position.

I am placing this service in special measures. Services placed in special measures will be inspected again within

six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the service from operating. Special measures will give people who use the service the reassurance that the care they get should improve. The provider must take urgent action to become registered.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made.

Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.

- Patients were at risk of harm because systems and processes were not in place. For example not all appropriate recruitment checks on staff had not been undertaken prior to their employment such as references, employment history, application forms and CVs. There had been no risk assessments carried out in relation to health and safety, fire safety, infection control or legionella since 2012, there were no records to show whether staff were immunised against infectious diseases such as Hepatitis B. After the inspection the GP told us of his Hepatitis B status but we were unable to evidence this on the day.
- All reception staff acted as chaperones but had received no formal training and had not received a check with the Disclosure and Barring Service or carried out a risk assessment to justify their reason. (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).
- There was no repeat prescribing policy available to staff and no policy or process for dealing with safety alerts. A new member of staff was requesting prescriptions but didn't understand questions asked about alerts on the clinical system when issuing prescriptions.
- There were no clear records to show that staff had received mandatory training such as safeguarding, infection control, Information Governance or fire safety.
- One of the treatment rooms used by the practice nurse was carpeted and we were told by the nurse and some members of staff that there was no spill kits available. After the inspection the GP told us that there were spill kits but we were unable to evidence this on the day.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

Inadequate



# Summary of findings

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally. There had been no clinical audit carried out for three years.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services

- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs
- The practice did not have a hearing loop available but told us that the CCG were in the process of purchasing one for each practice that did not have one.

Requires improvement



## Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.

Inadequate



# Summary of findings

- There was no clear recruitment or induction process.
- There was no clear leadership structure and staff did not feel supported by management.
- The practice had a number of policies and procedures to govern activity, but these were not personalised to the practice and were not regularly reviewed.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff. The practice had an active patient participation group.
- Staff told us they had not received regular performance reviews and did not have clear objectives.
- The practice had no clear leadership structure, insufficient leadership capacity, no day to day supervision and support of staff and no formal governance arrangements.

# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for providing safe care and inadequate overall. The issues identified affected all patients including this population group.

- All patients over the age of 75 had a named GP.
- All elderly patients were offered a care plan.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.
- The practice offered dementia screening and appropriate referral to secondary care.

Inadequate



### People with long term conditions

The provider was rated as inadequate for providing safe care and inadequate overall. The issues identified affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- The percentage of patients with diabetes whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88% and above the CCG average of 82% and the national average of 78%. However the practice exception rate was 13% compared to the CCG average of 6%.
- Longer appointments and home visits were available when patients needed them.
- Structured annual reviews were undertaken to check that patients' health and care needs were being met.
- Performance for mental health related indicators showed that, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%, however the practice exception rate was 40% compared to the CCG average of 12.55%

Inadequate



# Summary of findings

## Families, children and young people

The provider was rated as inadequate for providing safe care and inadequate overall. The issues identified affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were 100% take up for most of the standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 83% of women aged between 25 and 64 had their notes recorded that a cervical screening test had been performed in the preceding five years which was similar to the national average of 82%.
- The practice offered open access for all children.
- The practice offered a confidential chlamydia screening service.

Inadequate



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

The provider was rated as inadequate for providing safe care and inadequate overall. The issues identified affected all patients 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 as well as a range of health promotion and screening that reflects the needs for this age group.
- Advice and support was offered to patients regarding smoking cessation, alcohol consumption and weight management.
- Telephone consultations were available for those patients that required them.
- Extended hours were offered two mornings each week.

Inadequate



## People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe care and inadequate overall. The issues identified affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Inadequate





# Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Although staff had not received training in safeguarding they knew how to recognise signs of abuse in vulnerable adults and children. Clinical 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)

The provider was rated as inadequate for providing safe care and inadequate overall. The issues identified affected all patients including this population group.

- The practice recorded on a patient record if they were a carer but they did not have a register of carers therefore they were unable to tell us how many carers were registered with the practice.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%. The practice exception rate was 5% compared to the CCG average of 8%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations
- Performance for mental health related indicators showed that, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%, however the practice exception rate was 40% compared to the CCG average of 12.55%.

Inadequate



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January and results showed the practice was performing in line with or above local and national averages. 303 survey forms were distributed and 110 were returned. This was a return rate of 36% and represented 2.58% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff.

We spoke with four members of the patient group who were all positive about the practice.

# The Village Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Village Medical Centre

As part of the Care Quality Commission (Registration) Regulations 2009: Regulation 15 we noted GP partners registered with the Care Quality Commission as the partnership did not reflect the GP partners currently at the practice. We were told this would be addressed following the inspection and the appropriate applications and notifications submitted.

The Village Medical Centre provides primary medical services in Littleborough near Rochdale from Monday to Friday. The practice is open between 7.30am and 6pm Monday and Tuesday and 8.30am until 6pm, Wednesday, Thursday and Friday. The first appointment of the day with a GP is 9:00am and the last appointment with a GP is 6pm with the last two appointments for emergencies.

The Village Medical Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Village Medical Centre is responsible for providing care to 4259.

The practice consists of one male GP currently being supported by locum doctors as two salaried GPs had recently left the practice. There is one practice nurse and one phlebotomist. The practice is supported by a practice manager and an administration team that includes receptionists.

When the practice is closed patients were directed to the out of hour's service which is provided by BARDOC.

The practice belongs to a group of local practices who provide access to a GP and practice nurse at evenings and weekends.

## Why we carried out this inspection

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 5 September 2016. During our visit we:

- Spoke with a range of staff including the lead GP, practice manager, practice nurse and members of the reception and administration team.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- 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.

# Are services safe?

## Our findings

### Safe track record and learning

There was ineffective system in place for reporting and recording and learning from significant events.

- Staff told us they were not clear about reporting incidents, near misses and concerns and there was no evidence of learning throughout the practice or communication with staff.
- We saw one example of when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not carry out a thorough analysis of the significant events.

Safety records, incident reports, patient safety alerts and minutes of meetings were not always recorded or discussed. We were told by staff that lessons were not shared with them therefore we could not see that action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had limited 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. These arrangements reflected relevant legislation and local requirements. There was a policy in place but it was not personal to the practice (it had another practice name on it) and it was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding although staff did not know who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Although staff demonstrated they understood their responsibilities they said they had not received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Reception staff

who acted as chaperones had not been formally trained for the role and had not received a Disclosure and Barring Service (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 observed the premises to be clean and tidy. The practice nurse had been employed by the practice for a few weeks and was unsure who the infection control lead was. There was an infection control protocol in place but staff had not received up to date training and there had not been infection control audit undertaken for three years.
- There were some arrangements for managing medicines, including emergency medicines and vaccines, in the practice which kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a repeat prescribing policy but it was not available to members of staff handling repeat prescriptions and it did not include the review of emergency medicines. The CCG pharmacy team carried out some medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had not carried out any other clinical audit for three years. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use.
- The practice had a small fridge where the practice were able to store vaccinations and medicines however this would not be sufficient when the practice were to take delivery of additional vaccines such as during the flu season.
- The surgery was mostly carpeted including the treatment room used by the practice nurse and no spill kits available. After the inspection the GP told us that spill kits were available but we were unable to evidence this on the day.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed personnel files and found appropriate recruitment checks had not 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 were not in place.

# Are services safe?

## Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice did not have a health and safety policy available or a poster in the reception office to identify local health and safety representatives. The practice did not have up to date fire risk assessments and did not carry out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had not carried out other risk assessments to monitor safety of the staff or 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). One member of staff was on maternity leave and there was no maternity risk assessment in her personnel file.
- The practice did not have arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Some staff told us they were expected to often work more than twice their contracted hours in order to provide cover for the reception area.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- It was unclear what training staff had received regarding basic life support training as the sheet provided by the practice was undated and there were no records in staff personnel files.
- There were emergency medicines available in the treatment room.
- 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.
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice could not demonstrate that they 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 did not have systems in place to keep all clinical staff up to date. The lead GP had access to on line guidelines from NICE and used this information to deliver care and treatment that met patients' needs. There were no copies held either in paper form or on the practice computer system that enabled other members of the practice team to view these guidelines.
- The practice did not monitor that these guidelines were followed and did not carry out risk assessments, audits or any 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 97% of the total number of points available. The practice exception rate reporting was higher than the CCG and national averages in several of the clinical domains. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example the practice rate for mental health was 32% compared to the CCG average of 10% and the national average of 11%.

Data from 2014/2015 showed:

- Performance for diabetes related indicators showed that, for example, the percentage of patients with diabetes whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88% and above the CCG average of 82% and the national average of 78% however the practice exception rate was 13% compared to the CCG average of 6%.
- Performance for mental health related indicators showed that, for example, the percentage of patients

with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the national average of 88%, however the practice exception rate was 40% compared to the CCG average of 12.55%.

There was no clear explanation of the high level of exception reporting.

There was no evidence of quality improvement or clinical audit during the last three years. The lead GP told us that he had planned to carry out some audits during the current year.

### Effective staffing

- The practice did not have an induction programme for all newly appointed staff. We looked at personnel files and did not see any paperwork relating to a formal induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as the practice nurse who held a portfolio of her up to date training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurse forum meetings.
- There was no formal process to carry out appraisals and review staff training needs. They held very few non clinical staff meetings. The practice submitted minutes to show that staff meetings were held annually, the last one being April 2016. After the inspection the GP told us that there were appraisal records but we were unable to evidence this on the day. After the inspection the GP told us that ad hoc meetings were held but did not provide supporting evidence.
- Not all staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules but they told us that they were not given time to access this.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## 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 patient records.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Weight management and smoking cessation advice was available from the practice nurse or a local support group.

The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds 100%

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



# 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.

20 of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient gave a negative comment about a member of staff that had since left the practice and one patient was not happy about medication that had been prescribed.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

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

Patient information leaflets and notices were available in the patient waiting area which 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. The practice marked this detail on the

## Are services caring?

patients' medical record but were unable to count the number of carers on the patient list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS, those only available privately were referred to other clinics.
- There were disabled facilities and translation services available. The practice did not have a hearing loop available but told us that the CCG were in the process of purchasing one for each practice that did not have one.

### Access to the service

The practice was open between 7.30am and 6pm Monday and Tuesday and 8.30am until 6pm on Wednesday, Thursday and Friday. Appointments were from 9am to 11.20am every morning and 3.30pm to 6pm daily, the last two appointments available for emergencies. In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 80% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Details of the home visit request would be passed to the GP who would make the decision if a visit was necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information leaflets were available at the reception desk to help patients understand the complaints system.

We looked at four complaints received in the last 12 months and found these had been dealt with in a timely way, however, there was no evidence that learning from individual concerns and complaints had been shared with staff

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

- There was no vision or strategy for the future documented and staff were unaware of the vision and values for the practice.

### Governance arrangements

The practice did not have any formal governance arrangements in place to support the delivery of the good quality care.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- There were few practice policies which were not personalised to the practice and they had not been reviewed regularly. We saw one policy that had not been reviewed since 2000 and another since 2009.
- The practice had not carried out any clinical audits in the last three years.
- The practice did not have a programme of identifying, recording and managing risks, there had been no risk assessments carried out in relation to health and safety, fire safety, infection control or legionella since 2012, there were no records to show whether staff were immunised against infectious diseases such as Hepatitis B.

### Leadership and culture

The provider is registered with the Care Quality Commission as a partnership. We were told prior to the inspection that one GP had left in 2014. The remaining GP had contacted CQC with the intention of applying to become an individual provider. An application to become an individual provider had not been received prior to the inspection. There was only one permanent GP who took the lead for everything, for example safeguarding adults and children, governance, recruitment and continuous quality improvement. The GP told us this was an issue and they had prioritised the areas for immediate action. This arrangement was not sustainable for the future.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Although the lead GP told us the practice encouraged a culture of openness and honesty some staff told us they did not feel that they would be supported should they bring any issues to the attention of the management.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and they told us a verbal apology but not a written one.

There was a limited leadership structure in place. Some staff told us that they did not feel supported by management.

- Staff told us the practice rarely held team meetings.
- Some staff told us the culture in the practice was one where they felt afraid of management and they would not raise concerns for fear of repercussions. Other members of staff told us they would raise concerns.
- Some staff said they did not feel respected, valued and supported by management.
- Staff were not involved in discussions about how to run and develop the practice and were not encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice obtained feedback from patients from the national survey and had an active patient group.

- The PPG met regularly and felt the practice listened to them and acted on suggestions if they are able. The practice have responded to a suggestion from the group for example, they are going to introduce a practice newsletter in the near future.
- The practice did not gather feedback from staff, they did not hold regular practice meetings and staff told us they were not involved in how the practice was run.