

Dr P Rigby and Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P Rigby and Partners on 29 November 2016. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and health and safety risks including those relating to infection control and fire safety were not well managed.
- Staff were not suitably trained in safeguarding vulnerable adults and children.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Safety alerts were received and acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients said they could make appointments easily and urgent appointments were available the same day for all children and those patients who needed them.
- Staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Staff were proud of the practice and enjoyed working there.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review and others needed localising to reflect policies that were specific to the practice.

Summary of findings

- Improvements were needed to governance systems and processes to ensure that health and safety risks to patients were assessed, monitored and mitigated.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that risks are assessed, monitored and mitigated including health and safety, infection control, environmental and fire.
- Ensure that fire safety drills are undertaken on a regular basis.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive safeguarding training at a level relevant to their role and which is updated regularly.
- Ensure that health and safety and other relevant policies and procedures are implemented, specific to the practice, dated and are regularly reviewed.

- Ensure staff are trained and updated appropriately in core topics such as health and safety, infection control, safeguarding and fire safety.
- Ensure effective governance arrangements are in place and monitored to ensure they remain effective.

The areas where the provider should make improvement are:

- Review significant events annually in order to identify themes and trends.
- Review patient record storage to minimise the risk of loss or damage due to environmental factors.
- Review the documentation and recording of staff induction.
- Review the recording/documentation of all meetings including multi-disciplinary meetings.
- Review the system for monitoring clinical staff's professional registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Risks, including health and safety and infection control were not assessed or well managed. Fire evacuation drills were not undertaken regularly as required.
- Improvements were needed to the recruitment process to ensure all necessary checks were carried out and information held in respect of those working at the practice.
- Staff were not appropriately trained in safeguarding of vulnerable adults and children
- There was a system in place for reporting and recording significant events; however these were not reviewed annually or more frequently in order to identify themes and trends. Safety alerts were received and acted upon.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



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 around average and higher than others for several aspects of care. For example, 98% of respondents to the survey said the last GP they saw or spoke to was good at treating them

Good



Summary of findings

with care and concern (compared to a national average of 85%) and 99% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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. For example in care pathways, dementia and elderly care.
- Patients said they had no problems making appointments and urgent appointments were available the same day for all children and those patients who needed them.
- Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders. The complaints policy was in need of review to update it and for it to be specific to the practice.

Good



Are services well-led?

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

- The practice had a vision and strategy, considered future developments and identified challenges. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff were well supported by management.
- There was a high level of staff satisfaction with some staff having worked there for long periods of time. Staff felt proud of the practice and enjoyed working there.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and needed revision to ensure they were specific to the practice.

Requires improvement



Summary of findings

- They held a variety of regular meetings which included governance issues as an agenda item. However some of these meetings had not been documented.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a lack of a staff training policy or plan in place to ensure that staff at all levels received training appropriate to their roles and updated at regular intervals
- There was a lack of governance procedures to support the delivery of good quality care.
- There was a lack of robust systems and processes in place to monitor and improve quality, including identifying, assessing and mitigating risks, such as health and safety risks.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

The practice had an elderly population around the national and local Clinical Commissioning Group (CCG) average number of elderly patients with 16% over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 84% and comparable to the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation therapy was 100% and higher than the CCG and national average.
- All the older patients (over the age of 75) had a named GP who coordinated their care.
- The practice had a GP lead for elderly care who liaised with the local elderly care network in caring for patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for patients with long term conditions were around or above the CCG and National average. For example:

Requires improvement



Summary of findings

The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 82%. The CCG average was 82% and the national average was 78%.

The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions was 83% (compared to the CCG average of 79% and national average of 75%).

- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement in the safe and well led domain overall 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, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were good for all standard childhood immunisations with immunisations uptake for all children aged five and under on average around 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to other practices at 77%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requires improvement in the safe and well led domain 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.
- For example, it offered online bookings of appointments and prescription requests and offered early morning appointments. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and all children.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, those with substance or alcohol misuse and those with a learning disability.
- The practice promoted “No Barriers” to accessing GP services and people were able to register without fear of stigma or prejudice.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However they had not all received appropriate training and updates relative to their role.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was above the national average of 94% and CCG average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- The practice had a system in place to follow up patients with poor mental health who did not attend appointments.
- Longer appointments were offered to those patients with poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 332 survey forms were distributed and 112 were returned (a 33.7% response rate). This represented 1% of the practice's patient list. Results showed, for example;

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% 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%.
- 90% of patients described the overall experience of this GP practice as very good, good or fairly good compared to the national average of 85%.
- 89% 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 47 comment cards (views gathered during

October and November 2016) which were all positive about the standard of care received. Comments told us patients found they received a very good service in all aspects of care, good access to appointments, staff who were responsive to their needs, helpful, kind and professional.

We spoke with two patients during the inspection (including a member of the patient participation group). They said they were satisfied with the care they received and thought staff were helpful, professional, caring and treated them with dignity and respect.

The practice took into account comments from the Friends and Family Test (FFT). We saw a number of very positive comments and the vast majority of the results demonstrated patients were likely and very likely to recommend the practice to their friends and families. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS).

Areas for improvement

Action the service **MUST** take to improve

- Ensure that risks are assessed, monitored and mitigated including health and safety, infection control, environmental and fire.
- Ensure that fire safety drills are undertaken on a regular basis.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive safeguarding training at a level relevant to their role and which is updated regularly.
- Ensure that health and safety and other relevant policies and procedures are implemented, specific to the practice, dated and are regularly reviewed.

- Ensure staff are trained and updated appropriately in core topics such as health and safety, infection control, safeguarding and fire safety.
- Ensure effective governance arrangements are in place and monitored to ensure they remain effective.

Action the service **SHOULD** take to improve

- Review significant events annually in order to identify themes and trends.
- Review patient record storage to minimise the risk of loss or damage due to environmental factors.
- Review the documentation and recording of staff induction.

Summary of findings

- Review the recording/documentation of all meetings including multi-disciplinary meetings.
- Review the system for monitoring clinical staff's professional registration.

Dr P Rigby and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Dr P Rigby and Partners

Dr P Rigby and Partners is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 8500 patients living in and around Knowsley. It is situated in a purpose built medical centre. The practice has three female GPs, three male GP, three practice nurses, administration and reception staff and a practice manager. It is a training practice and has GP registrars working at the practice. Dr P Rigby and Partners holds a General Medical Services (GMS) contract with NHS England.

The practice surgery hours are:

Monday, Tuesday, Wednesday and Friday 7am – 11am and 3pm – 5pm. Thursday they are open 7am – 11am and closed in the afternoon. 7am - 8am appointments are offered as extended hour's access to GPs.

Telephone lines are open from 8am to 6.30pm Monday to Friday.

Patients can book appointments in person, via the telephone or online. The practice provides pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Knowsley Clinical Commissioning Group (CCG) and is situated in a deprived area with the population having above averages rates of premature mortality, high chronic disease burden and a low healthy life expectancy. Fifty five percent of the practice patient population has a long standing health condition. The practice population is made up of around national average population groups with 22% of the population under 18 years old and 16% of the population aged over 65 years old. Life expectancy for both males and females is lower than the CCG and national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service (via NHS 111). Information regarding out of hours services was displayed on the website and in the practice information leaflet.

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.

Detailed findings

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 29 November 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, reception and administration staff and the practice management team) and spoke with patients who used the service including patient participation group (PPG) members.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, 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.
- The practice carried out a thorough analysis of the significant events however this did not include reviewing them annually to identify themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, implementation of new a process to have two staff members check a person's notes when giving flu vaccinations.

Patient safety alerts were received by relevant staff and we saw evidence of action taken where relevant, for example review and revision of the policy for prioritisation of home visit requests.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, some of which needed improvement.

- Safeguarding policies were up to date and included recent national guidance and policy requirements. Policies were accessible to all staff and what to do in the event of concerns flowcharts were displayed in clinical and non-clinical areas for reference. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There were clinical leads for both adult and child safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs were trained to child protection or child safeguarding level 3. Clinical staff demonstrated they understood their responsibilities in relation to safeguarding; however we found that nurses were not suitably trained as they had received only level one or level two training and this was out of date. Non clinical staff had not received any update training in safeguarding since 2011. Following the inspection we received evidence that demonstrated one of the nurses had completed an update in level two safeguarding of children the day following the inspection.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had 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. A basic cleaning schedule was in place; however there was no evidence of monitoring of the schedule and it did not reflect the (primary care medical and dental premises) guidance
- The practice used the local NHS Trust's infection control policy and procedures. This was dated 2011 and we saw no evidence of it having been reviewed or updated since its implementation. Other local practice specific policies were in place for example waste management, safe use of sharps and a protocol for needlestick injuries. However, some of these were in need of review (dated 2011) and some important related policies and procedures (such as the biological substances protocol) were lacking.
- We saw evidence of an infection control audit having been undertaken this year by the practice with a recorded score of 100% compliance with the audit. However, the audit did not identify some evident issues such as a lack of a wall mounted paper towel dispenser in one of the treatment rooms. The practice were aware this needed addressing and were awaiting a dispenser to be fitted.

Are services safe?

- The arrangements for managing vaccinations and other temperature sensitive medicines in the practice were safe. The medicine fridges were monitored to ensure medicines were stored within the correct temperature range and findings were documented. Staff monitoring the fridges were aware of the protocol to report any out of range temperatures and address any risks to medicines.
- The arrangements for managing medicines, including emergency medicines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four staff personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, there were no interview records, contracts, proof of identification, references, qualifications, registration with the appropriate professional body for three out of the four files seen. Clinical staff and two non-clinical staff (who had also trained as chaperones) had a Disclosure and Barring Service (DBS) check documented. Other staff did not have a DBS check and there was no evidence of a risk assessment having been undertaken for these. Evidence submitted following the inspection demonstrated professional registration was up to date for all clinical staff; however there was no system in place to monitor this.
- The practice told us they occasionally used the services of a GP locum. There was no evidence of any recruitment checks having been undertaken, the practice told us they knew the GP personally and felt they did not need to carry out formal checks.
- Patient records were stored in open metal shelving and were not safe from environmental damage such as fire.
- Procedures for assessing, monitoring and managing risks to patient and staff safety were not safe. The practice had a health and safety poster in the staff room however this was not complete and did not identify local health and safety representatives. There was a lack of risk assessments in place with no evidence of infection control, environmental, workplace or lone worker risk assessments. There was no evidence of an up to date fire risk assessment and the practice did not carry out regular fire drills.
- At the time of the inspection we did not see evidence to assure us that systems were in place to check the safety of electrical, gas and firefighting equipment. Evidence was submitted to us following the inspection which demonstrated regular checking and testing of the fire alarm system and emergency lighting. Portable electrical appliances had been checked in January 2015 with rechecks due in January 2016 not having been undertaken.
- A Legionella risk assessment had been undertaken in 2014 and evidence submitted following the inspection demonstrated regular water temperature checks had been undertaken in order to minimise risks
- 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 enough staff were on duty.

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 and panic button alarms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the office and treatment rooms.
- 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.

Monitoring risks to patients

Risks to patients were not assessed or well managed.

Are services safe?

- 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.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results in October 2016 (for the period April 2015 – March 2016) showed the practice had achieved 96.9% of the total number of points available (this was higher than the CCG and national averages; however it was lower than the previous year's figure of 99.8%). Exception reporting was 12.5% for the clinical domain and above the local CCG (8.7%) and national (9.8%) average. (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).

Data that we had from 2014/2015 showed:

- Performance for diabetes related indicators was above and comparable to the national average. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 82% compared to the national average of 78% and CCG average of 82%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the national average of 88% and CCG average of 78%.

- Performance for mental health related indicators was above and comparable to the national average. For example:

98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the national average of 88% and CCG average of 94%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 79% compared to the national and CCG average of 84%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were undertaken according to national and local priorities/guidelines and included re auditing of annual audits which demonstrated improvements and clinical outcomes.
- There had been a number of clinical audits completed in the last two years (seven); most of these were completed audits where the improvements made were implemented and monitored. Examples of audits seen included methotrexate monitoring, urinary tract infection treatment, hypertension and gold standards framework.
- Improvements in practice were seen as a result of audits undertaken, for example in the prescribing of anticoagulation for the treatment of atrial fibrillation.
- Findings were used by the practice to improve services. For example, recent action taken as a result included new systems for the monitoring of prescribing by all doctors to ensure guidelines were adhered to.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as practice ways of working, fire safety and confidentiality. However we did not see evidence of completed inductions in staff records.
- 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 and diabetes care.
- 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 and took cervical smears could demonstrate how they stayed up to date for example by access to on line resources, face to face training and discussion at meetings.
- 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, however this was not always up to date for example some non-clinical staff had not received any update training in safeguarding since 2011.
- Staff received training that included: basic life support, carers awareness, administration tasks and information governance. However some training was not evident such as health and safety, infection control and fire safety awareness.

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.
- 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.

A team approach was adopted in the practice for caring for patients with a terminal illness at the end stage of their life, for example six weekly multi-disciplinary meetings took place involving the district nurses, palliative care nurses, and community matron where required updates and information was shared with all professionals. There was a lead GP for palliative care at the practice and systems were in place to liaise with the out of hours GP service provider.

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.

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. The practice was able to signpost patients to local support groups for example, smoking cessation and weight management.

The practice's uptake for the cervical screening programme was 77%, which was slightly lower than the CCG average of 81% and the national average of 81%. The practice was working to improving uptake and could demonstrate that this year's figures had increased at 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was

Are services effective?

(for example, treatment is effective)

available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were slightly below the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 40% (national average 58%, CCG average 49%) and females (aged 50-70) screened for breast cancer in the last 36 months at 58% (national average 72% and CCG average 66%). The practice were aware of their performance and were taking action to try to improve uptake.

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 99% and five year olds ranged from 92% to 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 helpful to patients and treated them with dignity and respect.

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

All of the 47 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, polite, caring and treated them with dignity and respect.

We spoke with two patients including one member 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 around and above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% 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%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 100% 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%.

- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also 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 higher than local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and 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.

Are services caring?

- Various information leaflets were available including a practice information leaflet and a leaflet on how to complain.
- Disabled accessible toilet facilities were available.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 315 patients as carers (3.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice had staff who had received training around carer awareness.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example in helping reduce avoidable unplanned admissions to hospital. They had personalised care plans which were completed by the named GP. Care plans were reviewed at regular intervals and any admissions were flagged up for review. Other examples showing how the practice had responded to meetings patients' needs were as follows:

- The practice offered extended hours access to doctor appointments from 7am each day.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered online access such as appointment booking and prescription requests.

Access to the service

The practice surgery hours are:

Monday, Tuesday, Wednesday and Friday 7am – 11am and 3pm – 5pm. Thursday they are open 7am – 11am and closed in the afternoon. 7am - 8am appointments were offered as extended hour's access to GPs.

Telephone lines are open from 8am to 6.30pm Monday to Friday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was around and slightly lower than local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 73%.

People we spoke to told us that they were able to get appointments when they needed them. A small number of the 47 comment cards received (four) commented they sometimes had difficulty getting an appointment.

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. 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 a system in place for handling complaints and concerns.

- The complaints policy and procedures were basic in detail and were not in line with recognised guidance and contractual obligations for GPs in England. Following the inspection the practice sent us a revised policy and procedures however these were not specific to the practice in that they were produced by a management support company and had not been localised to the practice.
- 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 for example a specific complaint information leaflet and information on the website.

We reviewed the complaints the practice had received in the last 12 months; we found these had been dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and

Are services responsive to people's needs?

(for example, to feedback?)

also from an analysis of trends. Action was taken to as a result to improve the quality of care, for example, a revised protocol for issuing prescriptions in certain circumstances was implemented.

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 mission statement, values and a vision of which staff were aware and articulated.
- They had a future development plan, set out in 2016, which included improving IT, training and staffing.

Governance arrangements

The practice lacked good governance arrangements to support the delivery of the strategy and good quality care.

- There was a clear staffing structure with clinical staff taking lead roles
- Staff were aware of their own roles and responsibilities.
- A programme of clinical audit was in place.
- Policies and procedures had been implemented. However, some of the policies were not local and specific to the practice as they were generic templates from a supporting management company or policies of another organisation such as the local NHS mental health trust. Some were in need of revision and review to reflect up to date guidance and legislation such as the infection control policy and complaints policy.
- The practice lacked systems and processes for identifying and managing risks relating to the health and safety of patients, public and staff, for example in relation to infection prevention and control and fire safety.
- The practice held regular team, clinical and business meetings; however some multi-disciplinary meetings were not documented. The practice told us they would do so in future.
- Records relating to staff did not include all the required information relevant to their role.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff. They were encouraged and felt able to contribute to the practice, improvements to service and service developments.

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). The partners encouraged a culture of openness and honesty. 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 a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff were well supported by management.

- There was an evident open culture within the practice and staff had the opportunity to raise any issues at appraisals and meetings.
- Staff were respected, valued and supported, particularly by the partners and management in the practice.
- Some staff had worked at the practice for long periods of time with a low staff turnover rate. Staff told us they were happy and proud to work at the practice.

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 the active patient participation group (PPG), through the national GP patient survey, friends and family test results and complaints received. The PPG were valued and worked well with the practice. They met regularly with the practice management team.
- Action plans were in place following the review of survey results. We saw that a review of the appointment system was on-going following some lower than average results in some areas regarding appointment access.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

Are services well-led?

Requires improvement



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

The practice was a training practice and valued the addition of trainee GPs (GP registrars). The practice supported staff in their professional development and revalidation.

However there was limited evidence of continuous learning and improvement at all levels within the practice.

- The practice did not monitor staff training sufficiently to ensure staff received training that was appropriate to their role and updated as required. Some core training was not evident for some non-clinical staff such as health and safety, infection control and fire safety awareness. Staff inductions were not documented.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not assess, monitor, manage and mitigate risks to the health and safety of patients, public and staff.</p> <p>They had failed to identify the associated risks by the lack of health and safety procedures, systems and processes including those associated with infections and fire safety.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have full systems and processes in place to prevent abuse in that staff were not suitably trained or updated at a level suitable to their role.</p> <p>This was in breach of regulation 13 (1), (2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor, manage and mitigate the risks relating to the health, safety and welfare of patients and others.</p> <p>The provider did not have effective systems in place to ensure their governance systems remained effective.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17 (1), (2), (b), (d,) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

The provider did not have suitable recruitment procedures in place to ensure that suitable persons were employed. They did not have full required information and checks held for staff, including locum GPs, in relation to their role.

This was in breach of regulation 19 (1,) (2), (3), (4)