Gladstone Medical Centre - M Salahuddin

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

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 Gladstone Medical Centre on the 11 February 2016. Overall the practice is rated as inadequate. The practice is rated inadequate for providing safe, effective caring and well led services and requires improvement for providing responsive services.

Our key findings were as follows:

- There was a lack of systems in place to safeguard children and vulnerable adults from abuse.
- Recruitment systems did not protect patients from receiving inappropriate care and treatment.
- There was a lack of overview of the infection control systems at the practice.
- The practice did not have a system in place to securely store and audit the use of prescription pads. Non-clinical staff were adding medication changes to patient records following receipt of hospital letters. There was no evidence that clinicians had reviewed and assessed the medication changes and were responsible for the reauthorisation process.
- There were no systems in place to share learning from significant events to promote service improvement and safety.
- Regular clinical and team meetings did not take place as part of an improvement agenda to improve patients' outcomes.
- The practice did not have a system in place that monitored best practice guidelines and guidelines were not followed through risk assessments, audits and random sample checks of patient records.
- There was no system in place to ensure lessons were learnt from complaints and that action was taken including an open and transparent response to patients.
- The national GP patient survey showed the practice performed worse than local and national averages for consultations with GPs and nurses. The last two

Summary of findings

national patient survey results show a downward trend with regard to the practice's performance in relation to patients experiences with consultations with GPs and Nurses.
- 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 had arrangements in place to deal with emergencies and major incidents
- Patients were positive about their interactions with both clinical and non-clinical staff and said they were treated with compassion and dignity.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Develop appropriate procedures for recording, acting on and monitoring significant events, incidents and near misses. Ensure that all incidents are fully investigated and any learning from these is applied and shared with all staff.
- The practice must ensure that learning from complaints is shared with staff and any changes to working practices as a result of learning are implemented.
- Take action to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held securely and can be produced when required. All policies in relation to recruitment must be updated to reflect current legislation.
- Develop appropriate procedures for the safe management of medications and storage of prescriptions.
- Ensure suitable arrangements are in place to safeguard vulnerable adults and children from abuse.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Including the implementation of regular clinical and non-clinical meetings, the use of clinical and non- clinical audits and patient survey results to drive improvement in the practice.

On the basis of the ratings given to this practice at this inspection, I am placing the service into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

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. Although the practice carried out some investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. People did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes were not in place with regard to recruitment, medicines management and infection control.
- There was insufficient attention to safeguarding children and vulnerable adults. Systems and processes were not in place to effectively monitor vulnerable patients.
- The practice employed a practice nurse who worked three days per week and cover for the remaining days and annual leave were provided by nursing staff from another practice owned by the senior partner.

Are services effective?

Inadequate

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

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable or higher than to local or national averages. However the practice's cancer screening programme uptake was significantly lower than the local and national averages.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- There was no evidence through clinical meetings or a system to monitor compliance with safety alerts that staff assessed needs and delivered care in line with current evidence based guidance.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care.

Summary of findings

For example, 68% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- Feedback from patients at the inspection were positive about their care and treatment.
- Information for patients about the services was available in the waiting area and on the website which also had a translate the page facility for patients whose first language was not English.

Are services responsive to people's needs?

Requires improvement

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

- The practice had a system in place to review the needs of its local population. There was evidence that they engaged with the NHS England Area Team and Clinical Commissioning Group (CCG).
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- 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.
- The practice was equipped to treat patients and meet their needs.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was a leadership structure however, there was a lack of oversight of the organisational and clinical governance of the practice.
- The practice had a number of policies and procedures to govern activity however, some of these such as the recruitment policy did not reflect best practice.
- The practice did not hold regular governance meetings and there was no evidence that clinicians and the practice management team met regularly to discuss the performance and quality of the service provided.

Summary of findings

- The practice had carried out a survey in 2015/16 and also had links to the friends and family test on their website.
- The practice did not hold regular clinical or team meetings.

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

Inadequate

The provider is rated as inadequate for providing safe, effective, and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for older people.

- The practice did not routinely use information held in medicines audits to review older patients' medication
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice offered care to meet the needs of the older people in its population.

People with long term conditions

Inadequate

The provider is rated as inadequate for providing safe, effective, and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for people with long-term conditions.

- The practice nurse had the lead role in chronic disease management.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the national average of 88%.
- The maximum appointment time for practice nurse appointments was 15 minutes this would not provide enough time for the nurse to carry out an effective review of patients if they had more than one long term condition.
- All these patients had a named GP and there was a system in place to check their health and medicines needs were being met. However, records showed this was not always done in a timely manner.
- 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.

Summary of findings

Families, children and young people

Inadequate

The provider is rated as inadequate for providing safe, effective, and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for families, children and young people.

- There were limited systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively lower for some standard childhood immunisations.
- Data from 2014-2015 showed that women aged 25-64, attending cervical screening within a target period (3.5 or 5.5 year coverage) was 64% compared to the national average of 74% and local average of 73%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Inadequate

The provider is rated as inadequate for providing safe, effective, and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for Working age people (including those recently retired and students).

- The practice offered extended opening hours for appointments from Monday to Thursday and patients could order repeat prescriptions and book appointments on-line.
- The practice offered a full range of health promotion and screening programmes however, data from the showed that patients, 60-69, screened for bowel cancer within 6 months of invitation was 40% which was significantly lower that the CCG average of 53% and the national average of 55%.

People whose circumstances may make them vulnerable

Inadequate

The provider is rated as inadequate for providing safe, effective, and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for people whose circumstances may make them vulnerable.

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

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- 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, there were gaps in the systems and processes to ensure vulnerable patients clinical and social needs were appropriately monitored and action taken.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider is rated as inadequate for providing safe, effective, and well- led services. Concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for people experiencing poor mental health (including people with dementia).

- The practice engaged a retired psychiatrist to carry out annual reviews of all patients on their mental health patient registers. However, the practice did not have a recruitment folder for this clinician and was unable to demonstrate they had checked their skills and competencies or that they were registered with the GMC to practice.96% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016(from 103 responses which is approximately equivalent to 2.4% of the patient list) showed the practice was performing slightly higher in some areas and significantly lower in other areas compared to the local and national averages.

- 83% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 91% and the national average of 87%.
- 71% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average 86%).
- 68% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 89%, national average 85%).
- 84% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (CCG average 93%, national average 90%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 77%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 84%).
- 92% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards of which 30 were positive and three raised issues with regard to access to the service.

We spoke with two patients during the inspection. They said they were very happy with the standard of care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Develop appropriate procedures for recording, acting on and monitoring significant events, incidents and near misses. Ensure that all incidents are fully investigated and any learning from these is applied and shared with all staff.
- The practice must ensure that learning from complaints is shared with staff and any changes to working practices as a result of learning are implemented.
- Take action to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held securely and can be produced when required. All policies in relation to recruitment must be updated to reflect current legislation.
- Develop appropriate procedures for the safe management of medications and storage of prescriptions.
- Ensure suitable arrangements are in place to safeguard vulnerable adults and children from abuse.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Including the implementation of regular clinical and non-clinical meetings, the use of clinical and non- clinical audits and patient survey results to drive improvement in the practice.

Gladstone Medical Centre - M Salahuddin

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 and practice manager specialist advisors.

Background to Gladstone Medical Centre - M Salahuddin

Gladstone Medical Centre is situated in a deprived area of Wirral and is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post-natal care.

The practice has a General Medical Services (GMS) contract with a registered list size of 4593 patients (at the time of inspection). The practice has one female and one male GP partners, male and female GPs, a practice nurse and a healthcare assistant. The practice also has a practice manager and a number of administration and reception staff. The practice is a teaching practice.

The practice is open between 8.30 am to 8pm Monday to Thursday and 8.30am to 6pm Friday with appointments bookable in person or by telephone. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients received urgent medical assistance when the practice was closed. Out of hours patients are asked to contact the NHS 111 service to obtain healthcare advice or treatment.

During the inspection we discussed with the practice the need to ensure that the all members of the legal GP partnership are registered with the Care Quality Commission.

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 11 February 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Looked at records.
- Observed how patients were being cared for and talked with carers and/or family members.

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was no effective system in place for reporting and recording significant events.

The information provided by the practice prior to the inspection visit indicated there had been 12 significant events recorded in 2013/14. However, the practice sent no information with regard to significant events that occurred in 2015/16. We asked the practice to provide this information, none was received. During the inspection visit we were made aware of a significant event that had occurred early in 2015. A GP partner provided details and confirmed that a verbal apology had been provided to the patients and that the significant event analysis (SEA) had been documented. We asked for copies of the SEA and the clinical meeting minutes when this incident had been discussed to support shared learning and patient safety. These documents were not provided.

There was a system in place to ensure national patient safety alerts were centrally disseminated however there was no system in place to monitor compliance.

Overview of safety systems and processes

The practice did not have defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Areas identified that required improvement were:

- The practice had arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a lead GP for safeguarding however, staff were not clear who the clinical safeguarding lead was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. However, records showed that the practice did not add requests for information or attendance at meetings to patient records in a timely manner. This meant patient records did not provide a contemporaneous account of engagement with or about patients. The practice monitored patients' attendance at other healthcare services such as A&E departments. However, they did not use this information as part of a system to monitor and if appropriate act on vulnerable children's attendance at or none attendance at healthcare services. Staff demonstrated some understanding of their roles and responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Reception and administrative staff who acted as chaperones were trained for the role, however, they had not 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).
- An external infection control audit was carried out in December 2015 the practice scored 88%. The practice manager had an action plan in place that they were working to complete. We observed that overall the premises to be clean and tidy. However, we found a significant number of single use instruments stored in the minor surgery room that their date for use had expired. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- There were safe arrangements for managing emergency drugs and vaccinations. The practice did not have a system in place to securely store and audit the use of prescription pads. The practice worked with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice employed an independent pharmacist two days per month to carry out audits and medication review audits. We looked at one medication review audit from 2014/15 and found that the practice did not routinely follow up the actions of the audit. We asked for the patients identified on this audit to be reviewed by a clinician. The practice confirmed six days after the inspection that all patients had been reviewed. We observed a non-clinical member of staff adding medication to a patient's record following a hospital letter being received. The member of staff also made the decision as to how many times the medication would

be issued prior to a medication review being required. There was no evidence that a clinician had reviewed and assessed the medication changes and had taken responsibility for the reauthorisation process.

- We reviewed nine personnel files, six clinicians, two administrators and an associated healthcare employee and found not all appropriate checks had been carried out with regard to an associated healthcare employee.
- 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.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice had not carried out a test for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice manager told us she would discuss this issue with the GP partners.
- The practice monitored 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. The practice employed a practice nurse who worked three days per week and cover for the remaining days and annual leave were provided by nursing staff from another practice owned by the senior partner.

Arrangements to deal with emergencies and major incidents

The practice had 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. Records showed that there had been an incident with an aggressive patient this information had not been appropriately placed as an alert to support all clinicians in the management of this patient.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and overall 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 a system in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Staff had access to guidelines from NICE and there was evidence that individual clinicians used this information to deliver care and treatment that met peoples' needs.

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 525 of the total number of points available, with 5.2% exception reporting. (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). This practice was not an outlier for any QOF however, was an outlier for or other national clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the national average. For example: The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 12 months was 92% which was similar to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was higher than the national average of 78%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 96% which was significantly higher than the national average of 84%.
- The percentage of female patients aged 50-70 years screened for breast cancer in last 36 months (3 year coverage) was 65% which was significantly lower than the CCG of 72% and the national average of 74%.
- Clinical audits were carried out. There was evidence that individual clinicians had changed their prescribing habits following medicines audits. However, there was no system in place to formally discuss and disseminate audit results to ensure practice wide improvement to patient care. The minutes of the two clinical meetings that took place in 2015 showed that the results of audits were not discussed or documented and there was no reference to how information would be disseminated practice wide.
- The practice participated in local audits with the CCG medicines management team.

There was limited evidence that information about patients' outcomes was used to make improvements to the service.

Effective staffing

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals 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. The majority of staff had had an appraisal within the last 12 months. The nurse had not had an annual appraisal in the last twelve months.

Inadequate

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support. Staff had not received information governance training but the practice manager told us it was booked for March 2016. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment for example safeguarding information was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- Medical records and investigation and test results were available on patient records. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and that care plans were reviewed and updated.

Consent to care and treatment

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

- Staff had some understanding of 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 practice did not monitor the process for seeking consent through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counsellor was available on the premises.

The practice's uptake for the cervical screening programme was 77%, which was lower than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice performance was lower than national averages for uptake of national screening programmes. For example, patents aged, 60-69, screened for bowel cancer within 6 months of invitation was 40% compared with the CCG average of 53% and the national average of 55%.

Childhood immunisation rates for some of the vaccinations given were lower than the national average. For example, childhood national immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 75% to 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made.

Inadequate

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.
- 83% of patients said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 90% and the national average of 87%.

Thirty of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Three patients commented on the difficulty of making appointments to see their preferred GP. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. 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.

However, results from the national GP patient survey showed that some practice scores were below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 87%.
- 71% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 90%, national average 86%).
- 68% said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 89%, national average 85%).
- 84% said the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (CCG average 93%, national average 90%).
- 90% of patients said they had confidence or trust in the last GP they saw or spoke (CCG average 97% national average 95%).

However,

- 96% said they found the receptionists at the practice helpful (CCG average 90%, national average 86%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed that practice scores were comparable or below average to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 65% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 84%).
- 80% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice website had an application to translate the page to enable patients when English was not there first language to select a language of their choice.

Patient and carer support to cope emotionally with care and treatment

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

Inadequate

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had 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, The practice contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a system in place to review the needs of its local population. There was evidence that they engaged with the NHS England Area Team and Clinical Commissioning Group (CCG).

- The practice offered a 'Commuter's Clinic' on Monday to Thursday evenings until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 8pm Monday to Thursday and 8.30am to 6pm Friday. Appointments were from 9am to 11.30am every morning and 4pm to 8pm Monday to Thursday and until 6pm 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. Patients were able to book appointment using the practice's on-line facility.

On the day of the inspection patients were waiting six days for a routine appointment.

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

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 74%.
- 92%patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 70% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 60%).

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

Listening and learning from concerns and complaints

The practice had a 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 were designated responsible persons who handled complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there was a complaints poster in the waiting area and information about how to complain was available on the practice website.

We looked at two complaints received in the last 12 months and found they had not been dealt with in an open and transparent manner. Lessons were not learnt from concerns and complaints and there was limited evidence to show that action was taken as a result to improve the quality of care.

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

The practice had a vision to deliver high quality care and promote good outcomes for patients.

Governance arrangements

The practice had a no overarching governance framework which supported the delivery of the safe care. For example:

- Significant events were not acted upon. The practice provided no evidence of any significant event occurring in 2015 however a clinician shared details of an incident that occurred in early 2015. There was no recorded evidence to show this had been actioned or that practice wide learning had been taken place.
- There was no system in place to disseminate safety alerts and to monitor compliance.
- Records showed that a medicines audit carried out in 2014 had not been appropriately actioned.
- Audits were not used to promote practice wide improvement.
- The practice did not have a system in place to securely store and audit the use of prescription pads. We observed a non-clinical member of staff adding medication to a patient's record following a hospital letter being received. The member of staff also made the decision as to how many times the medication would be issued prior to a medication review being required. There was no evidence that a clinician had reviewed and assessed the medication changes and had responsibility for the reauthorisation process.
- The systems in place to safeguard vulnerable patients were inadequate as the practice did not effectively monitor and record all engagements with or about vulnerable patients appropriately. Safeguarding was not a standard item on the clinical meeting agenda.
- The practice did not have regular clinical or team meetings to enable discussion and learning from significant events and complaints.
- The practice had no system in place to review complaints and share learning from them.
- Recruitment processes were inadequate. For example staff who carried out chaperone duties were not DBS checked, the practice had undertaken no checks on a clinician carrying out sessional work and there was no evidence that the practice required proof of identification as part of the recruitment process.

Leadership and culture

The registered manager and GP partners worked part time and were supported by a full time practice manager. There was a lack of leadership to drive improvements both clinical and organisational within the practice. For example:

- Staff told us the practice did not hold regular team meetings.
- Staff told us they would discuss any concerns with the practice manager.
- There were no systems in place for staff to be involved in discussions about how to run and develop the practice.

The lack of systems to support learning from significant events and complaints made compliance with the requirements of the Duty of Candour difficult to achieve.

The practice was a teaching practice and supported the training and development of doctors. We identified issues with regard to some of the working practices of the placement. We referred these issues to Health Education England (North West)

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

The practice sought feedback from patients through the NHS friends and family test and also gathered feedback from patients through the patient participation group (PPG) and through surveys. The most recent practice survey was carried out in 2015/16 and there were links to the friends and family test on the practice website. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How the regulation was not being met: There was no evidence that the practice learnt from complaints and took appropriate action to minimise the risk of similar incident happening in the future. There was no evidence that practice staff had reviewed any themes and patterns that had emerged within their complaints.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Staff files did not hold the necessary checks required to show safe recruitment and selection procedures. Some files had no evidence of that appropriate checks had been made to determine the safety and suitability of persons working at the practice including, disclosure and barring checks and confirmation of professional registration.

This section is primarily information for the provider

Enforcement actions

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered provider did not have suitable arrangements in place for the proper and safe management of medicines. A medication review from 2014/15 with action points had not been appropriately reviewed and actioned by the clinicians. The practice did not have a system in place to securely store and audit the use of prescription pads. Non-clinical staff were adding medication to a patient records following receipt of hospital letters. There was no evidence that clinicians had reviewed and assessed the medication changes and were responsible for the reauthorisation process. There were no systems in place to share learning from significant events to promote service improvement and safety. The was no system in place to monitor that NICE guidelines were followed through risk assessments, audits and random sample checks of patient records. There was a lack of overview of the infection control systems at the practice.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The registered provider did not have systems or processes which were established and operated effectively in order to demonstrate good governance. There was a lack of leadership to drive improvements both clinical and organisational within the practice.

This section is primarily information for the provider

Enforcement actions

There was no evidence that when things went wrong, reviews and investigations were carried out lessons learned were not communicated to support improvement. There was no systematic process to review and look at any themes or risks regarding significant events.

There was a lack systems in place to safeguard vulnerable children and adults from abuse.

There were no systems of continuous clinical audit cycles within the practice to help demonstrate improvement to patient treatment and outcomes. Regular clinical and team meetings did not take place as part of an improvement agenda to improve patients' outcomes.

The National GP Patient Survey results had not been effectively managed to identify areas of improvement.