

Newcastle Medical Centre

Quality Report

Within Boots the Chemist
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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 Newcastle Medical Centre on 13 October 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients and staff were assessed and managed.
- Data showed patient outcomes were below average for the locality. Although some audits had been carried out, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.
- Cervical screening and childhood immunisation rates were both below national averages.
- Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was above or in line with local and national averages for its satisfaction scores on consultations with GPs and below local and national averages for nurses.
- Information about services and how to complain was available and easy to understand. The practice had received six formal complaints within the last 12 months.
- The practice held a walk-in surgery Monday to Friday. Every patient who presented at the practice between 8am and 9am were guaranteed to see a GP the same day.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity. The practice held regular meetings and issues were discussed at staff and clinical team meetings.

Summary of findings

- There was a limited approach to obtaining the views of patients and other stakeholders. The practice did not have a patient participation group (PPG).
- The practice's mission statement, as stated on the practice website, was not embedded among the staff who worked there.

The areas where the provider must make improvements are:

- The practice must ensure that patients identified as needing an agreed care plan have them in place and that it meets their specific needs. This includes patients with mental health needs and those with complex needs.
- The practice must take immediate action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure

necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.

The areas where the provider should make improvements are:

- Ensure that fire drill procedures become embedded among staff and that staff complete fire safety training.
- Ensure that accurate records are maintained regarding prescription forms for audit trail purposes.
- Ensure records are maintained to demonstrate the maintenance, servicing and calibration of equipment in the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where improvements should be made. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Risks to patients were assessed and managed. There was enough staff to keep patients safe. Appropriate arrangements were in place to manage risks associated with infection prevention and control and the safe management of medicines.

Fire drill procedures were not embedded among staff and that staff had not completed fire safety training. Records of serial numbers of boxed prescription forms received into the practice were not kept and records were not able to be provided for the maintenance, servicing and calibration of equipment. The practice must take action to ensure Disclosure and Barring Service (DBS) checks are completed for those staff that require them.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Cervical screening rates for those patients who were eligible were very low compared to national averages. There was some evidence of completed clinical audit cycles to improve patient outcomes. However, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes. We were told care plans were in place for patients who required them; however we were unable to see evidence of this. The practice must ensure that patients identified as needing an agreed care plan have them in place and that it meets their specific needs. This includes patients with mental health needs and those with complex needs. We saw evidence that clinical team meetings took place on a regular basis, although attendance by other healthcare professionals such as health visitors or district nurses was not always evident.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for several aspects of care. Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was

Good



Summary of findings

above or in line with local and national averages for its satisfaction scores on consultations with GPs and below local and national averages for nurses. We saw that staff treated patients with kindness and respect, and maintained confidentiality. Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. They attended meetings with the clinical commissioning group (CCG); however no examples of improvements made to services provided as a result were given. Patients said they found it easy to make an appointment with a GP, with urgent appointments available the same day. The practice ran a walk-in surgery Monday to Friday. Every patient who presented at the practice between 8am and 9am was guaranteed to see a GP that day. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. The practice had received six formal complaints in the last 12 months and these had been handled in line with their complaints policy.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a mission statement on the practice website; however this was not fully embedded among the practice staff. The staff we spoke with said providing a good service for patients was their main priority. There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. The practice sought feedback from patients and had completed their own patient survey in 2014. They did not have a patient participation group (PPG); however had identified three patients who had expressed an interest in this. Staff had received inductions, performance reviews and attended staff meetings and events.

Good



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 practice was rated as requires improvement for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had a lower than average percentage of older people registered. Nationally reported data showed that outcomes for patients were in line with national averages for conditions commonly found in older people. They offered care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs.

They offered flu vaccinations to older people. The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the national average.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Staff had roles in chronic disease management. Longer appointments and home visits were available when needed. Patients were offered a structured review at least annually to check that their health and medication needs were being met. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for providing safe and effective care. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were below local averages for most standard childhood

Requires improvement



Summary of findings

immunisations. The systems the practice had in place to ensure children were immunised were not always effective. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. Patients we spoke with said the practice had told them to attend without an appointment if their child was unwell in the knowledge they would be seen.

Cervical screening rates for those patients who were eligible were low at 24.12%; compared to the national average of 81.88%. The lead GP said the practice's performance in this area had been low historically and they had tried a number of initiatives to improve this. Based on the performance data we saw, these initiatives had not resulted in improvements in the delivery of preventative care for these patients.

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 practice was rated as requires improvement for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice population included a large number of students. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online services as well as a walk-in surgery in the mornings on Monday to Friday. Patients who registered with the practice were not routinely offered a new patient health check.

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 practice was rated as requires improvement for providing safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Three patients were on the learning disability register; however they did not receive annual health checks routinely. The practice offered

Requires improvement



Summary of findings

longer appointments for people whose circumstances may make them vulnerable. The practice did not hold a register of patients with caring responsibilities; however the lead GP said they knew which patients were cared for and those who had caring responsibilities.

The practice had signposted 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. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

The practice had identified patients experiencing poor mental health; however we were unable to see any evidence of care plans in place to support these people. They had 33 patients on a mental health register, of which 26 were eligible for care planning. We randomly sampled five patient records to review and saw that all five patient records were flagged with an alert that stated 'mental health care plan outstanding'. We asked the practice to send us some redacted evidence of care plans in place for these patients within three working days of the inspection. The practice did not provide us with the information we requested. We were therefore unable to find any evidence of care plans the practice had in place for some of their most at risk patients.

Requires improvement



Summary of findings

What people who use the service say

We spoke with nine patients on the day of the inspection. Most said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two of the patients we spoke with felt less satisfied with the way they had been treated by some of the reception staff in the past. We did not see any evidence of this during the inspection; however we shared this information with the lead GP.

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with or above local and national averages in some areas and below the local and national averages in others. The results relating to access to the service can be found below, with those relating to consultations with the GPs and nurses reported under the 'caring' section of the report. There were 463 surveys sent out and 23 responses received, which represents a return rate of 5%. The low response rate should be taken into consideration when viewing these results. Of patients who responded to the survey:

- 49% find it easy to get through to this surgery by phone compared with a CCG average of 76% and a national average of 71%.
- 61% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 87%.
- 68% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 52% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.

- 75% say the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 17% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 73%.
- 62% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 71% and a national average of 68%.
- 57% feel they don't normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

The practice had completed their own survey in 2014 on patient access and had received 164 responses. The results were:

- 71.6% of respondents said they were very or fairly satisfied with the hours the surgery was open.
- 69.5% of respondents replied very or fairly good to how easy it was to get through on the phone.
- 71.9% of respondents described their experience of making an appointment as very or fairly good.
- 80.5% of respondents said last time they wanted to see or speak to a GP or a Nurse they were able to get an appointment.
- 36% of respondents said they got to see or speak with their preferred GP always, almost always or a lot of the time.
- 75.6% of respondents described their experience of the GP surgery as very or fairly good.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card in total which was wholly positive about the service experienced.

Areas for improvement

Action the service MUST take to improve

- The practice must ensure that patients identified as needing an agreed care plan have them in place and that it meets their specific needs. This includes patients with mental health needs and those with complex needs.

- The practice must take immediate action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure

Summary of findings

necessary employment checks are in place for all staff. Specifically, this includes completing Disclosure and Barring Service (DBS) checks for those staff that need them.

Action the service SHOULD take to improve

- Ensure that fire drill procedures become embedded among staff and that staff complete fire safety training.
- Ensure that accurate records are maintained regarding prescription forms for audit trail purposes.
- Ensure records are maintained to demonstrate the maintenance, servicing and calibration of equipment in the practice.

Newcastle Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of practice management.

Background to Newcastle Medical Centre

The practice is located in the centre of Newcastle upon Tyne within Boots the Chemist in the Eldon Square Shopping Centre. The practice serves the centre of Newcastle upon Tyne and some of the surrounding areas. The practice provides services from the following address and we visited here during this inspection:

Within Boots the Chemist, Hotspur Way, Eldon Square, Newcastle upon Tyne, NE1 7XR.

The practice provides all of its services to patients at lower-ground floor level within a large retail store in Eldon Square shopping centre. It can be accessed by the stairs, an in-store escalator or by a passenger lift. On-site parking is not available due to the practice's city centre location; however public car parks are available within the city centre. The practice provides services to around 13,500 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The practice has a full time lead GP, and four regular locum GPs; one of whom is full time with the other three being part time. In total the practice has three male and two female GPs. The practice also has two nurse practitioners

(one full time, one part time), one part time practice nurse, two full time healthcare assistants, a part time practice manager and ten full and part time administrative support staff.

The practice is open between 8.00am and 6.30pm Monday to Friday and on Saturdays between 8.30am and 5.30pm. The practice ran a walk-in clinic Monday to Friday. Every patient who presented at the surgery between 8am and 9am was guaranteed to see a GP that day. Appointments with the GP were also available at the following times during the week of the inspection:

- Monday – 9.20am to 11.50am and from 2.00pm to 4.30pm
- Tuesday – 9.00am to 11.30am and from 12.30pm to 4.30pm
- Wednesday – 9.00am to 11.30am and from 1.00pm to 3.30pm
- Thursday – 9.00am to 11.30am and from 1.00pm to 4.30pm
- Friday – walk-in clinic (am) and from 2.00pm to 4.30pm

Information taken from Public Health England placed the area in which the practice was located in the fifth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted heavily towards a younger population than national averages. The practice has a significant number of students registered with it.

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Northern Doctors Urgent Care Limited.

Detailed findings

Why we carried out this inspection

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

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

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

How we carried out this inspection

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

- 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)

Before visiting, we reviewed a range of information that we hold about the practice. We also asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England (NHSE).

We carried out an announced inspection on 13 October 2015. We visited the practice's surgery in Newcastle upon Tyne. We spoke with nine patients in total and a range of staff from the practice. We spoke with the practice manager, three GPs, a nurse practitioner and some of the reception and administrative support staff on duty. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed one Care Quality Commission (CQC) comment card where a patient from the practice had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff said they would inform the senior receptionist of any incidents and there was a recording form available on the practice's computer system. The senior receptionist would then record the incident and raise it with the practice manager. People affected by significant events received an apology and were told about actions taken to improve care.

We reviewed safety records and incident reports. GPs we spoke with said these were reviewed at opportunistic meetings as part of the incident review process, at staff and clinical meetings. The minutes we saw reflected this. We saw eight significant events had been recorded in the last 12 months. We saw events had been investigated and any learning to be taken from it identified. For example, we saw an incident recorded where the practice had been unable to access IT support on a Saturday. As a result, the practice had gathered the information required to be able to access IT support at these times and kept this information easily accessible to staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. We saw examples of drug and device alerts issued by the Medicines & Healthcare Products Regulatory Agency (MHRA) that had been circulated by the practice manager to clinicians.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard adults and children from abuse. There was a lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities. We were told staff had completed training relevant to their roles and we saw some certificates to support this. We asked the provider to send us within three working days, copies of the training certificates that we were unable to review at the inspection. We received these from the provider. Safeguarding policies were in place for both adults and children; however the policy for adults included a contact list for local service providers that had not been

populated. This information was available separately within the practice. After the inspection the provider sent us an updated policy with this information embedded.

- Appropriate arrangements were in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy with a health and safety law poster on the wall in the reception office. The poster had not been updated in the designated place with the details of the practice's health and safety representative or any other health and safety contacts. We asked to see the latest fire risk assessment for the practice. It was not made available for us to review. We asked the provider to send their fire risk assessment to us within three working days. We received a copy of a fire safety assessment completed on 15 October 2015. Staff we spoke with and records we reviewed of training completed showed staff had not completed fire safety training.
- All electrical equipment was checked to ensure the equipment was safe to use. We asked to see records to show that clinical equipment was checked to ensure it was working properly. The practice manager was unable to provide us with these. We asked the provider to send this information to us within three working days of the inspection. We did not receive the information requested.
- We observed the premises to be clean and tidy. Domestic cleaning schedules were in place and records were maintained by the cleaning staff to show the schedules were being followed. The practice nurse was the nominated infection control lead. There was an infection control protocol and policies in place; however not all staff had completed infection control training. We saw sharps boxes (boxes used to safely dispose of used needles and other sharp objects) in treatment rooms had been signed and dated on construction as required; however there was no information displayed next to them to guide staff on how to respond to a needle stick injury. We asked the practice manager to show us some evidence of infection control audit activity and they were unable to provide us with evidence of this. After the inspection they sent us a copy of a hand hygiene

Are services safe?

audit completed on 15 October 2015. We asked to see the latest Legionella risk assessment completed for the practice and were told this was held by the company of the store the practice was located in.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Medication audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Pre-printed prescription pads were kept securely and there were systems in place to monitor their use. Boxes of blank, loose-leaf prescriptions were stored securely; however records of the first and last serial numbers on the prescription forms within each box were not recorded on receipt. A range of emergency medicines was kept and regular checks of these medicines were completed to ensure they remained safe to use.
- Recruitment checks were carried out and the staff files we reviewed showed appropriate checks had been undertaken prior to employment. One exception to this was one of the nurses had not been Disclosure and Barring Service (DBS) checked by the practice prior to commencing employment. For other staff we saw proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We asked the practice to send us some further information to support this within three working days of the inspection. The information we requested was received. This included evidence to show that one of the nurses now had appropriate medical indemnity insurance in place. Policies and procedures were in place to support the recruitment of staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff was on duty.

There was one area where the practice must make improvements to keep people safe and safeguarded from abuse:

- A notice was displayed in the patient waiting area advising patients that they could request a chaperone, if required. Information to this effect was also provided through the practice's website. The nurses and healthcare assistants carried out this role. One of the

nurses had not had a DBS check completed by the practice to check they were safe to do this. 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. They had had a DBS check completed in 2014 in relation to previous employment they had held elsewhere. All the other staff who acted as chaperones had a DBS check completed to check they were safe to chaperone.

Arrangements to deal with emergencies and major incidents

There was a messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff had completed basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.

We asked the practice manager if the practice had a business continuity plan in place for major incidents such as power failure or building damage. They said the practice had a plan and copies were kept at home by themselves and the lead GP. We asked to see the business continuity plan and the practice manager was unable to show us this. We asked the provider to send us a copy of the plan within three working days of the inspection. We received the information requested.

On the day of the inspection a full evacuation of the practice took place at 9.16am due to a reported fire within the Eldon Square shopping centre. This was not managed appropriately. It was not clear who was acting as the designated fire warden or marshal for the practice. At 9.20am the CQC lead inspector asked the lead GP who the practice's fire warden or marshal was and they said it was them. We saw a register of staff, visitors and patients known to be in the practice at this time was not taken to ensure they were all safe and accounted for. The fire procedures the practice sent us after the inspection made reference to the following: 'The Practice Fire Marshalls will be visible as he/she will be wearing high visibility jacket, to make them noticeable. The high visibility jacket is located in the Data

Are services safe?

Administrators office along with an updated staff rota to enable the fire marshal to account for all staff'. The practice should ensure these procedures become embedded and are followed at all times.

We asked the practice manager when the last fire drill had been completed, prior to the evacuation on the day of the inspection. They said the practice never carried out routine fire drills due to the location of the surgery within a retail outlet.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered. There was some monitoring of adherence to guidelines through the use of audit.

Arrangements were in place for monitoring patients prescribed high risk medicines. For example, systems were now in place to monitor patients prescribed disease-modifying anti-rheumatic drugs (DMARDs).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice registered with the Care Quality Commission (CQC) in November 2014; therefore the most recent publicly available QOF data covered the period of the practice's previous registration with CQC in 2013/14. We reviewed this data ahead of the inspection and it suggested there were some areas that required follow-up.

We asked the lead GP to give us some examples of care planning for patients registered with the practice. They said care plans were in place, including for those patients with complex and mental health needs. Other staff we spoke with, including locum GPs, were not as sure that care plans were used in the practice. Our GP special advisor, with the support of practice staff, looked at the practice's electronic patient records system for evidence of care planning. We saw the practice had 33 patients on a mental health register, of which 26 were eligible for care planning. We randomly sampled five patient records to review and saw that all five patient records were flagged with an alert that stated 'mental health care plan outstanding'. We looked at the records of a patient the lead GP told us had a 'very detailed care plan'. We could see no evidence of this care plan recorded within their records. We asked the practice to send us some redacted evidence of care plans in place for their patients within three working days of the inspection.

The practice did not provide us with the information we requested. We were therefore unable to find any evidence of care plans the practice had in place for some of their most at risk patients.

We saw some evidence of clinical audit activity to improve care, treatment and patient's outcomes. For example, a clinical audit had been completed titled 'Depression Review'. The audit had been prompted by poor practice QOF performance. The audit had been through three complete cycles and figures indicated that there has been some improvement in following the NICE guidelines; especially around the time of initial diagnosis. However, we saw limited evidence that audits were driving improvement in performance to improve patient outcomes.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. There were also some areas where the practice should make improvements.

- The practice had an induction programme in place for newly appointed non-clinical members of staff. It covered such topics as an introduction to the practice, terms and conditions of employment and the organisation's rules. A locum pack was also in place to support locum GPs to carry out their role as smoothly as possible.
- The learning needs of staff were identified through a system of appraisals. Staff we spoke with said appraisals had been completed. We looked at a sample of staff files and saw each person had received an appraisal. Objectives had been discussed and agreed, along with training plans for the next 12 months. We saw some of the training planned had already been completed. An e-learning training system had been purchased to enable regular learning and updates to training to be completed.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. There were no certificates to show staff had completed fire safety training and this was confirmed by the staff we spoke with.

Co-ordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and

Are services effective?

(for example, treatment is effective)

accessible way through the practice's patient record system and their intranet system. This included medical records and test results. Information such as NHS patient information leaflets was also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that clinical team meetings took place on a regular basis, although attendance by other healthcare professionals such as health visitors or district nurses was not always evident.

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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice; however it was not always evident they received this. This included patients in the last 12 months of their lives, carers, those with learning disabilities and those at risk of developing one or more long-term conditions.

For example, the practice had three patients included on its learning disability register; however we were told these patients did not receive annual health checks. We saw the practice had 33 patients on a mental health register, of which 26 were eligible for care planning. We randomly sampled five patient records to review and saw that all five patient records were flagged with an alert that stated

'mental health care plan outstanding'. We also looked at the records of a patient the lead GP told us had a 'very detailed care plan'. We could see no evidence of this care plan recorded within their records.

The practice had a screening programme in place; however performance in this area was well below the national average. We checked the real time data on this with the practice manager at the inspection. The practice's uptake for the cervical screening programme was 24.12%; 644 out of 2,670 patients that were eligible had been screened in the last five years. This was well below the national average of 81.88%. The lead GP said the practice's performance in this area had been low historically and they had tried a number of initiatives to improve this. They said these included going out into the local Chinese and Muslim communities to raise awareness. Based on the performance data we saw, these initiatives had not resulted in improvements in the delivery of preventative care for these patients.

Childhood immunisation rates were mostly lower than the local clinical commissioning group (CCG) averages. For example, childhood immunisation rates for five year olds in 2014/15 ranged from 41.2% to 70.6% (CCG averages ranged from 91.0% to 96.7%). The practice had a relatively low number of children under the age of 5 years old registered. We asked the lead GP about the low immunisation rates. They said families with young children registered with the practice regularly took their children out of the country with them for extended periods of time. They said this had an effect on their immunisation rates. The systems the practice had in place to ensure these children were immunised on their return to the country were not effective.

The practice population included a large number of students. This resulted in the practice having a high turnover of patients, which the lead GP estimated at between 1,500 and 1,800 per year. Patients who registered were not routinely offered a new patient health check with the practice. The lead GP said they felt this was not required due to the younger practice population.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. During the day some of the GPs were running up to 20 minutes behind their allocated appointment times. We saw the reception staff kept patients informed of this at regular intervals. The patients we spoke with told us they appreciated being kept informed.

The one Care Quality Commission (CQC) comment card we received was wholly positive about the service experienced and did not raise any concerns around respect, dignity, compassion or empathy.

We spoke with nine patients on the day of the inspection. Most said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two of the patients we spoke with felt less satisfied with the way they had been treated by some of the reception staff in the past. We did not see any evidence of this during the inspection; however we shared this information with the lead GP.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Although staff were aware this was available to them, we did not see a notice informing patients of this. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The results from the latest National GP Patient Survey showed 61% of patients who responded said they found the receptionists at the practice helpful; compared to the clinical commissioning group (CCG) and national averages of 87%. These results were based on a very low response rate of 5%, with only 23 of the 463 surveys issued returned. The practice had completed their own patient survey in 2014; however this was not one of the questions asked.

Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The practice was generally above or in line with local and national averages for its satisfaction scores on consultations with GPs and below local and national averages for nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%;
- 92% said the GP gave them enough time compared to the CCG average of 86% and national average of 85%;
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 92%;
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 83%;
- 70% said the nurse was good at listening to them compared to the CCG average of 80% and national average of 78%;
- 63% said the nurse gave them enough time compared to the CCG average of 82% and national average of 79%;
- 76% said they had confidence and trust in the last nurse they saw compared to the CCG average of 86% and national average of 85%;
- 74% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 77%.

The practice's own patient survey in 2014 had focused on access to the service. The results of this can be found in that section of the report.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey we reviewed showed patients were generally happy with their

Are services caring?

involvement in planning and making decisions about their care and treatment. Again, results for GPs were above or in line with local and national averages and for nurses were below the local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 81%;
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 74%;
- 66% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 76%;
- 61% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 68% and national average of 65%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system had the facility to alert GPs if a patient was also a carer; however the practice did not have a carers register. The lead GP said they were aware of patients who were also carers and of those patients who were cared for. As this information had not been coded into the patient's notes, there was a risk this would not be identified if the patients concerned saw a different GP or nurse. The practice manager said patients were asked about this on registering with the practice; however they said the practice was not actively identifying patients who were carers or cared for. Some leaflets were available for carers to pick up in the patient waiting area.

Staff told us that if families had suffered bereavement, the lead GP contacted them out of concern to check on the remaining family. They were also given advice on how to access support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice manager, lead GP and other staff we spoke with said the practice had not reviewed the needs of its local population. The lead GP said they attended meetings with the local clinical commissioning group; however no examples of improvements made to services provided as a result were given.

Staff we spoke with said the practice planned for the influx of new patients registering with the practice at the start of each academic year. Arrangements were in place for staff to take leave so as not to impact on the level of service provision at these times.

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered appointments with nursing staff on a Saturday between the hours of 8.30am and 5.30pm for patients who could not attend during normal opening hours.
- The practice operated walk-in clinics from 8am Monday to Friday. Any patient who presented at the surgery between 8am and 9am were guaranteed to see a GP that day.
- Appointments with the GP could be booked online.
- There were longer appointments available for people who required or requested them.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available. The reception desk had a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday, and between 8.30am and 5.30pm on Saturdays. The practice ran a walk-in clinic Monday to Friday. Every patient who presented at the surgery between 8am and 9am were guaranteed to see a GP that day. Appointments with the GP were also available at the following times during the week of the inspection:

- Monday – 9.20am to 11.50am and from 2.00pm to 4.30pm
- Tuesday – 9.00am to 11.30am and from 12.30pm to 4.30pm
- Wednesday – 9.00am to 11.30am and from 1.00pm to 3.30pm
- Thursday – 9.00am to 11.30am and from 1.00pm to 4.30pm
- Friday – walk-in clinic (am) and from 2.00pm to 4.30pm

In addition to appointments that could be booked in advance, urgent same day appointments were also available.

We looked at the practice's appointments system in real-time on the afternoon of the inspection. Routine appointments to see the GP were available to be booked in a week's time. Appointments to see the nurse practitioner were 'book-on-the-day' (ring up on the day) appointments, as they were for the practice nurse. Appointments to see a healthcare assistant were available later that day and the following day too. The practice could also offer their patients' access to nurse appointments on Saturdays. This helped to improve access for the practice's patients.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 47% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 49% patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 71%.
- 17% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 62% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 68%.

The results above related to the 23 responses received from 463 surveys sent out; a response rate of 5%. The practice had completed their own patient survey in 2014; 164 questionnaires had been completed giving the following results:

- 71.6% of respondents said they were very or fairly satisfied with the hours the surgery was open.

Are services responsive to people's needs?

(for example, to feedback?)

- 69.5% of respondents replied very or fairly good to how easy it was to get through on the phone.
- 71.9% of respondents described their experience of making an appointment as very or fairly good.

The practice provided us with a summary of the results and some actions taken as a result. These included installing an improved telephone system, to enable them to handle calls in a more efficient and timely manner. The practice had also implemented a walk in surgery, in order to cut down waiting times for appointments and therefore improve patient care. At the time of the inspection, the results of the survey were on display in the practice but not the actions taken in response.

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 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. This included information in the patient waiting area and on the practice's website. One of the nine patients we spoke with was aware of the process to follow if they wished to make a complaint. The other patients said they would speak with staff on reception or a GP about this in the first instance. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received six formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed with staff. An annual review of complaints received was completed by the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice's mission statement, as stated on the practice website was:

'At all times we aim to:

- Treat our patients with courtesy and respect.
- Thoroughly discuss the care and treatment we can provide for our patients.
- Provide full information on the services we can offer.
- Provide patients with emergency care when it is needed.
- Refer patients for further opinions when they/we deem it necessary.
- Give patients access to their health records subject to any limitations in the law.
- Keep patient records confidential.
- Give patients a full and prompt reply to any complaints they make about the service.'

Staff we spoke with described to us what the practice's vision or priorities were. They said to provide a good service for patients, good patient care and customer service. None of the staff we spoke with demonstrated an awareness of the practice's mission statement, as stated on the practice website. This was not embedded across staff working within the practice.

After the inspection, the practice sent us a business plan overview with included some aims for the future. These included:

- To set up a Patient Reference Group;
- Continue to monitor services offered;
- To monitor staffing levels and adapt accordingly; and
- To review the document (business plan) on a yearly basis.

Governance arrangements

The practice had a governance framework which supported the delivery of care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and staff were aware of their own roles and responsibilities;
- Practice policies were implemented and were available to all staff;
- Clinical audit activity and reviews of data was used to monitor quality and to make improvements;

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions;
- Named members of staff took on lead roles. For example, the lead GP led on safeguarding and the nurse practitioner led on infection control;
- There were methods of communication that involved the whole staff team to disseminate guidelines and other information.

Although suitable governance arrangements were in place, these systems, policies and processes had failed to pick up the concerns we identified around care planning for patients and the DBS checking of staff who required it.

Leadership, openness and transparency

The lead GP was visible in the practice and staff told us they were approachable and took the time to listen to members of staff. The practice manager and senior receptionist shared the responsibility for the day-to-day management of the practice's reception and support staff.

The lead GP and practice manager encouraged openness and honesty. Staff told us that regular meetings were held. These included meetings of the whole staff team, nurses meetings and clinical team meetings. We saw minutes of the various meetings held that supported this.

Staff told us they felt there was an open culture within the practice and they had the opportunity to raise any issues at any time, were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported in the practice.

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

The practice had gathered feedback from patients through their own patient survey. They had analysed the results and displayed these within the practice patient waiting area. At the time of the inspection, there was no information on display in the practice to say what they had done in response to the results. After the inspection, the practice provided us with a summary of actions and also posted this information alongside the results of the survey on their website. For example, the practice has implemented a walk in surgery, in order to cut down waiting times for appointments.

The practice did not have a patient participation group (PPG); however they had canvassed their patients on this and had three patients who had expressed an interest. The

Are services well-led?

Good 

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

practice had responded to concerns and suggestions for improvement made by their patients. For example, they were looking to improve the telephone system in place in the practice as patients had reported it could be difficult to get through at times.

The practice participated in the 'Friends and Family Test' (FFT). Information for patients on how to take part in this was posted on the practice website and in the patient waiting area. The forms for patients to fill in were kept in a leaflet rack on the wall to the right hand side of the

entrance to the practice. The practice manager told us FFT results were not publicised within the practice or on the practice's website, and were not shared or discussed with staff. Information on the NHS Choices website showed 51% of patients who had completed the FFT would recommend the practice. This was based on 35 responses.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>How the regulation was not being met:</p> <p>The care and treatment of service users was not meeting their needs. It was not evident that the registered person had carried out, collaboratively with the relevant person, an assessment of the needs and preferences for their care and treatment. It was also not evident that care or treatment had been designed with a view to achieving their preferences and ensuring their needs were met.</p> <p>Specifically, we did not see any evidence to show that care planning had been completed for patients with identified needs, including for patients with mental health and complex care needs.</p> <p>Regulation 9(1),(3)(a) and (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The information as specified in Schedule 3 was not available in relation to each such person employed for the purposes of carrying on the regulated activities.</p> <p>Specifically, the practice had not completed a Disclosure and Barring Service (DBS) check for one of the nurses employed.</p> <p>Regulation 19(3) (a).</p>