

# Denton Medical Practice

## 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.

# Summary of findings

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# Summary of findings

## Overall summary

Denton Medical Centre operated a weekday service for over 7000 patients in the Denton area. It provided extended services on a Saturday morning. Denton Medical Centre was responsible for providing primary care, which included access to GPs, minor surgery, family planning, ante and post natal care as well as other clinical services.

We inspected all regulated activities at the Centre: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury. We spent the day at the Centre and found it to be well managed and staff were keen to assist with our inspection.

Patients we spoke to and the comment cards we looked at confirmed that people were happy with the service and the professionalism of the doctors. Some patients were unhappy about the lack continuity of the doctors they saw.

We found that staff were well supported and the practice was well led with a clear vision and objectives.

We found that the practice was breaching regulation 13 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2010 as it was failing to protect service users against the risks associated with the unsafe use and management of medicines as there was no effective system in place for the recording, handling and disposal of medicines and some medicines were out of date.

There were some areas for improvement including: auditing, infection control measures and staff training.

Staff had a sound knowledge of safeguarding procedures for children; however additional training was required around safeguarding vulnerable adults.

Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner.

All the patients we spoke to during our inspection were very complimentary about the service and the manner in which they were cared for.

There was an open culture within the organisation and a clear complaints policy.

There was a strong and visible leadership team with a clear vision and purpose. Staff said that they felt well supported and could easily seek advice when required.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

Staff had a sound knowledge of safeguarding procedures for children; however additional training was required around safeguarding vulnerable adults. An effective system was in place to record, investigate and learn from significant incidents. Systems surrounding medicines management needed to be improved. Improvements were also needed at the Centre around its approach to infection control and equipment.

### **Are services effective?**

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. Staff did not receive training in some key areas, for example the Mental Capacity Act 2005 and its application, confidentiality, equality and diversity, health and safety and data protection. Other than one minor risk to patient's personal data, we did not find any impact to patients during our inspection.

### **Are services caring?**

The service was caring. All the patients we spoke to during our inspection were very complimentary about the service and the manner in which they were cared for. A satisfaction survey completed every two years produced positive results.

### **Are services responsive to people's needs?**

The service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. The practice's approach to auditing required some attention as there was a lack of monitoring of some aspects within the Centre. For example infection control measures. The provider participated regularly in discussions with local commissioners about how to improve services for patients in the area.

### **Are services well-led?**

The service was well led. There was a strong and visible leadership team with a clear vision and purpose. Staff said that they felt well supported and could easily seek advice when required. Governance structures were in place but required further clarity as to roles and protocols. There was an effective system in place for managing risks. There was no robust auditing regime in place at the practice.

# 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

All patients who were registered at the practice and were over 75 years of age were provided with a nominated GP. This meant that they could expect a higher level of consistency of who they saw at the practice. It also meant that the nominated GP was likely to have a more in depth knowledge of that individual, their personal circumstances and their general requirements. The provider regularly held meetings with other agencies to discuss patient cases where end of life care needed to be considered. These meetings were held every three months and were attended by McMillan nurses, health visitors and community nurses. The cases discussed were mainly about elderly patients, but not exclusively s

### People with long-term conditions

The practice had protocols in place for people with long term illnesses. The GPs at the practice referred regularly to these protocols to remind themselves of salient points when patient's cases were reviewed. People with long term illnesses were identified on the Centre's computer systems and their medical cases were reviewed annually. More than half the patients at the Centre were deemed to have long term illnesses

### Mothers, babies, children and young people

The practice held regular ante-natal clinics and had staff specifically trained to give advice and care around issues related to child birth. There were baby changing facilities available at the Centre. Care at pre-natal and post-natal stages of pregnancy was in place at the practice. Immunisations for Influenza and Pertussis (whooping cough) were given appropriately and according to national guidance

### The working-age population and those recently retired

The practice had recognised that people who worked during normal office hours sometimes found it difficult to attend for appointments during that time. In order to assist this group of people the provider had altered its surgery hours and provided a Saturday morning surgery. This meant that this group of people were able to attend at the Centre before their normal working day commenced as well as times during office hours, this provided them with extra flexibility to attend appointments at the Centre.

# Summary of findings

## **People experiencing poor mental health**

The provider told us that there was a low prevalence of people identified as having mental health issues. There were 67 people identified from a total patient number of over 7,000. The Centre's computer systems would automatically alert a GP if a patient had a learning difficulty so that the GP could make suitable adjustments. There were some short comings in some of the staff's knowledge around: consent, capacity and best interests.

# Summary of findings

## What people who use the service say

We spoke with 13 patients and received 17 comment cards on the day of our visit. We spoke with men and women, retired people, working people, the elderly, people with mobility difficulties, mothers with pre-school children and young people.

Almost all these patients were complimentary about the care provided by the clinical staff and the overall friendliness and behaviour of all staff. They all felt the

doctors and nurses were professional and knowledgeable about their treatment needs. The only negative comments we received related to availability of non-urgent appointments, attitude of reception staff and occasional lack in continuity of doctors seen.

Patients reported that they felt that all the staff treated them with dignity and respect.

## Areas for improvement

### Action the service **MUST** take to improve

The provider must introduce an effective medicines management system to ensure appropriate recording, replacement and disposal of medicines.

### Action the service **COULD** take to improve

The provider could review its training plan and programme, to ensure that its delivery is fit for purpose.

There was insufficient staff knowledge around 'infection control', 'consent', 'best interests' and 'whistleblowing'.

There was a lack of a robust auditing regime. There was no review of complaints to identify trends or common themes. Clinical protocols were outdated and formal supervisions between staff and their managers were not taking place.

## Good practice

Our inspection team highlighted the following areas of good practice:

The practice had adopted a system of reminding patients about their appointments by text message. To ensure that patients mobile telephone numbers were current, reception staff always checked this when they spoke to them.

# Denton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC inspector. The inspector was accompanied by another CQC inspector and two specialist advisers (a GP, and Practice Manager).

### Background to Denton Medical Practice

Denton Medical Centre is located in the middle of Denton town centre. The Centre serves the local population and has 7015 registered patients. It is serviced by five full time GPs, two trainee doctors, four practice nurses and a health care assistant. The practice provides training for new doctors. There is wheelchair access to all nine consulting rooms on the ground floor and a lift to the tenth consulting room on the first floor. The practice is open 8am to 6pm Monday to Friday and provides additional appointments on Saturday mornings from 8am to 11.30am. Out of hours service is available from Go-To-Doc.

### Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### 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 groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew about the service. We carried out an announced visit on 21 May 2014 at the Centre. During our visit we spoke with a range of staff including; partner GPs, trainee GPs, Practice Nurses, the Business Manager, the Clinical Manager and five support staff. We spoke with 13 patients who used the service, a member of the patient participation group (PPG) and a member of staff from the pharmacy located next door. We observed how patients



## Detailed findings

were cared for and reviewed policies and procedures at the Centre. We held a listening event and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Summary of findings

The service was safe. Staff had a sound knowledge of safeguarding procedures for children; however additional training was required around safeguarding vulnerable adults. An effective system was in place to record, investigate and learn from significant incidents. Improvements were needed at the Centre around its approach to infection control and equipment.

## Our findings

### Safe Patient Care

We found staff at the Centre had an effective method of recording significant incidents. These were then discussed at staff meetings and reviewed annually by the Clinical Manager to ensure that any learning could be extracted and that the practice could maintain a regime of continuous improvement. We were shown the minutes of staff meetings where current issues were discussed and saw all staff had the opportunity to contribute and make suggestions. We were able to confirm this when we spoke to staff. One member of staff told us; "I often contribute at meetings and make suggestions." The practice had two managers, one whose responsibilities were mainly clinical and the other who dealt the business issues.

When we spoke to the Business Manager, they were unaware that the practice had a responsibility to notify the CQC about certain events. For example an occurrence that would seriously reduce the Centre's ability to provide care. The Business Manager told us that they would familiarise themselves with the requirements and put systems in place to notify CQC when required.

### Learning from Incidents

We saw that the practice had an effective system in place to review and learn from any incidents. Where possible the practice took measures to prevent any adverse incidents re-occurring. One recent example provided by one of the GPs related to end of life care decisions. As a result the practice had reviewed the way it recorded the wishes of relatives to ensure there was no confusion about what was discussed between family and GP. This meant that the Centre was looking for ways to improve care and reduce risk and had identified a specific group who may be at risk.

The practice was unaware of its responsibility to notify the CCG of any serious untoward incidents. We were told that systems would be introduced to ensure this was addressed.

We talked to one of the GPs about how the practice responded to safety alerts. We were told that the GPs assessed all safety alerts and made a judgement about whether it was appropriate to disseminate information to the rest of the staff at the Centre. If it was deemed

# Are services safe?

appropriate then the information would be communicated to the staff either by email or at the monthly clinical meetings. There appeared to be no system to quality assure those judgements made by the GPs.

## Safeguarding

We found that staff had a sound understanding of how to safeguard children, but lacked knowledge around vulnerable adults. We saw that staff had recently undertaken training provided by the Clinical Commissioning Group (CCG) on safeguarding children. When we asked the Business Manager about training on safeguarding vulnerable adults they accepted that there had been no training on this and that it would be introduced as soon as possible. We saw from a training plan that refresher training for safeguarding was planned every three years. We talked to the Business Manager about the rationale used to decide the frequency of this training. They agreed that clarity was required and that a review of this and all the training requirements for staff together with the frequency of refresher training was needed. We saw that there was a “safeguarding” lead at the Centre, who took responsibility for managing safeguarding referrals and who was appropriately trained. We saw that laminated notices were displayed around the centre to remind staff of their responsibilities, the referral process and telephone numbers they could use to contact other agencies.

Some members of staff were not clear on what they should do if they had concerns about the actions of a colleague at the practice and were unaware of the term “Whistleblowing”. There were no notices about “whistleblowing” displayed around the centre which would have alerted staff to their responsibilities.

The provider had an effective system in place for identifying any child patients who may be considered vulnerable as highlighted by the local authority. The GPs were able to access this information from their computers during consultations and would feed back any relevant information to the local authority should it relate to safeguarding that child.

## Monitoring Safety and Responding to Risk

We looked at the practice staffing levels and saw that they were monitored to ensure sufficient staff were available to meet patient needs. The Business Manager told us that if there was a staff shortage due to sickness or holidays, then abstractions were covered by existing staff; this negated the need for locum doctors or bank staff.

The practice had systems in place to respond to medical emergencies and all staff were trained in basic life support. We saw that there was suitable equipment and medicines available to deal with medical emergencies. Emergency medicines were available in each treatment room and a more expansive range of medicines together with oxygen was available in a central area on the ground floor of the practice.

## Medicines Management

We looked at the doctors “home visit” bag and checked the medicines carried. These drugs were all within their “use by” date and were appropriate for dealing with emergencies that the GP may encounter.

We spoke to the nurse who was the lead for medicines management. We checked that all medicines was stored in conditions as per the directions of the manufacturer. We checked a variety of different medicines which were not required to be stored in a fridge and saw that some were beyond the date to be used by. These included emergency medicines which had expired in 2011. The system the practice used for checking this medicine was difficult to understand. The system used did not list the stock, did not show purchase or expiry date of stock or when and how it was disposed. It appeared to rely on a visual and undocumented check at some time during a two month period. This meant that the practice had no effective measure of medicine stock and their longevity. The practice was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because of the concerns about how medicines were being managed. The Business Manager agreed that the system needed to be improved and recognised that this would then assist in the audit regime. We saw that the nurse had an effective system for ensuring the fridge where medicines were stored was operating at the correct temperature.

We spoke to one of the GPs about how they ensured prescribed medicine remained effective and safe. The GP explained that medicines were reviewed when the date expired. When a repeat prescription was required, the reception staff placed it in a folder for review. The GP would then review the prescription and the potential continued need for the medicine. The review was recorded on the patient notes and where necessary the GP would make a telephone call to the patient or ask them to attend the Centre to discuss the need for ongoing medicine. The GP told us that they would also review the number of times the

# Are services safe?

repeat prescription was renewed to check for potential misuse or diversion of drugs, particularly opiates. The Business Manager showed us the provider's system for identifying the need to review all patients' medication that was prescribed four or more repeat medicines. The system automatically flagged up any such person and showed that currently 93% of such patients had been reviewed. Patients we spoke to confirmed that they had their medicines reviewed regularly. One person said; "I just received a text to say my medications were due for review."

We saw that there was an effective system in place for patient's repeat prescription. These were posted through a letter box into a receptacle behind the reception area. We noted that receptacle was located in another public area adjacent to the ground floor consulting rooms and was not secure. The receptacle contained prescriptions with people's personal details on them. This meant that people's personal data was not protected. The Business Manager agreed that the box should be locked.

We noticed an undated and unattributed entry on the whiteboard in the medication storage room which read "oxygen cylinder ran out today." The Business Manager told us that the entry had been made last week and agreed it was not an acceptable system for replacing emergency equipment. It was confirmed the oxygen cylinder had been replaced in a timely manner.

## Cleanliness & Infection Control

During our inspection we looked around all the consulting rooms, waiting areas and other areas of the Centre. We found it to be clean, tidy and uncluttered. We spoke to the Business Manager about infection control; they told us that the responsibility for this was currently changing due to a member of staff leaving. There was confusion at the Centre as to who was the infection control lead. We spoke to one nurse who did have responsibility for infection control; she told us she had received no formal training on the subject. We saw the Centre had an infection control policy, this was a generic policy and not specific to the provider. There was no infection control risk assessment completed on the centre. Two audits had been completed on the 11 March 2014 and 19 May 14, these audits lacked any depth and the nurse could give no explanation as to why they had been undertaken. We saw that the provider had suitable arrangements in place for the removal of clinical waste; this

was undertaken by an external registered company on a weekly basis. We were told that no monitoring or auditing of cleaning was undertaken and that an external cleaning company were employed to keep all areas clean.

## Staffing & Recruitment

We looked at the Centre's recruitment policy and procedures, they were clear and fit for purpose. We looked at two files relating to staff that had been recruited recently. Most of the recruitment checks we would expect to see were in place. We saw that neither staff member had provided an assurance or declaration that they were physically and mentally fit to perform their role. We discussed the provider's responsibilities under Schedule 3 of the Health and Social Care Act. This provides clear legislative rules for what checks should be undertaken by a provider before allowing a person to work for them. The Business Manager told us that they would ensure that all checks were undertaken. We saw that the most recent recruit who was a nurse had been employed in May 2013; no Disclosure and Barring Service (DBS) check had been completed until May 2014. We discussed this with the Business Manager who told us that there had been general uncertainty amongst practices about the completion of these checks. We were told that it had been decided at a recent practice meeting that all staff should have a DBS check.

Staffing levels were monitored by the provider and there was a preference not to utilise the services of locum GPs. When staffing shortfalls were identified then arrangements were made for extra shifts and appointments for the remaining staff to ensure continuity of care.

## Dealing with Emergencies

We asked about how the Centre planned for unforeseen emergencies. We were told that all staff received basic life support training and that some staff were trained to an advanced level. We were shown certificates which evidenced this and a training plan to show that all staff had been trained, refresher training was scheduled every 18 months. Staff knew what to do in event of an emergency evacuation; the Business Manager showed us fire safety measures and weekly testing of alarm systems. We looked at the Centre's business continuity plan and found it to be clear. It covered areas such as staffing, emergency procedures, access to alternative premises, disaster recovery and equipment.

# Are services safe?

## Equipment

We saw that one piece of equipment, a sphygmomanometer (a device used to measure blood pressure) had not been calibrated and was slightly damaged. We discussed this with both the GP and the

Business Manager. We discussed the introduction of an equipment inventory and regular audit of equipment which could assist in preventing the problem re-occurring. The Business Manager agreed this was a good idea and could form part of an improved audit regime.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met in a timely manner. Staff did not receive training in some key areas, for example the Mental Capacity Act 2005 and its application, confidentiality, equality and diversity, health and safety and data protection. Other than one minor risk to patient's personal data, we did not find any impact to patients during our inspection.

## Our findings

### Promoting Best Practice

We spoke to the GPs at the Centre and asked them about best practice. It was clear that they kept themselves abreast of current medical guidance and considered the National Institute for Health and Care Excellence (NICE) when making clinical decisions. We were told that regular discussions took place between the GPs and trainee doctors about individual cases and best options for treatment. We were told that dip sampling of GPs decisions and treatment plans was undertaken. "Dip sampling" is when one person takes a selection of a colleagues work and checks the quality of it. This is seen as good practice to ensure continued high quality work and decision making.

We saw that the Centre had undertaken prescription audits in conjunction with the local prescribing incentive team. An audit of patient's appropriate use of Aspirin had recently taken place. We saw that the practice had improved from 79.6% to 98.6% in appropriate patient use.

We saw from records that the Centre followed national strategies relating to caring and treating patients. For example the Centre ensured that all people who they treated aged over 75 years of age had a nominated GP.

We discussed some specific cases with the GPs at the Centre. One case involved a patient with chronic obstructive pulmonary disease (COPD). We were confident that both the NICE and British Thoracic Society (BTS) guidance had been followed. We discussed a case where an elderly patient had been diagnosed with dementia. An annual review had been arranged and completed thoroughly by the GP who visited the patient.

### Management, monitoring and improving outcomes for people

The CCG had recognised the Centre for its effective prescribing of medication. The centre had also achieved a maximum score on its Quality and Outcome Framework (QOF). The QOF was introduced in 2004 as part of the General Medical Services Contract; the QOF is a voluntary incentive scheme for GP practices in the UK, rewarding them for how well they care for patients.

We spoke with patients who regularly attended clinics to manage conditions such as diabetes and epilepsy. They spoke positively about the service they received and told us they understood the rationale and programme for

# Are services effective?

## (for example, treatment is effective)

management of their conditions. One person who attended the diabetes clinic told us the practice had a 'joined up' approach. They explained their reviews included an eye test, blood test, visit to the podiatrist and then a medicines review. They told us that this occurred every six months and there was a logical order to be followed so that all test results were available for the final medicines review with the GP.

### Staffing

The provider had systems in place to ensure staffing levels were adequate to meet patient's needs. This included forward planning for known staff shortfalls and contingency planning for those shortfalls which were not known.

The reception desk was occupied by one member of staff whose role was to deal with patients attending the desk in person. There was also an automated check in facility available for those attending for pre booked appointments. A further two members of staff were based in an office to the rear of reception. They answered the telephones to take incoming calls requesting appointments. There were times during our inspection when a queue formed at reception. We saw that at such times the receptionist requested assistance and was promptly joined by a colleague to cover the busy period. Patients confirmed this to be usual practice and that they were dealt with in a timely manner.

A comprehensive staff appraisal system was in place. We did note that no supervisions were held between annual appraisals. Supervision is a formal and documented meeting between a member of staff and their supervisor to discuss welfare, training and other issues. We spoke to the Business Manager who said that they would ensure supervisions were formally recorded in future.

### Working with other services

We were told by the GPs at the Centre that they worked effectively with other services. The Centre and adjoining pharmacy had arrangements in place whereby people could have their repeat prescriptions issued to the pharmacy which then dispensed and delivered them to their home. A number of the people we spoke with had been referred by the GP to secondary services elsewhere, for example, to counsellors or specialist services at hospitals. Everyone we spoke with expressed confidence that the practice had acted promptly to make the referral in a timely manner.

The provider regularly held meetings with other agencies to discuss patient cases where end of life care needed to be considered. These meetings were held every three months and were attended by MacMillan and community nurses, health visitors were also invited. The cases discussed were mainly about elderly patients, but not exclusively so.

### Health Promotion & Prevention

We saw there was a wealth of literature available offering guidance on conditions and issues such as cancer, diabetes, mobility, meningitis, strokes and breastfeeding. Patients were called through for their appointment using a TV screen based call system. Between calls information was displayed on subjects such as healthy eating and travel vaccination. We saw that there were links on the practice website to signpost people to a wide range of organisations that may be able to offer assistance and support with specific issues. For example, Alzheimer's and Coeliac UK. This type of information was also available in reception. This meant that the practice was good at promoting health and early identification of health problems.

New patients joining the practice were required to complete a health questionnaire. People were asked about matters such as past medical and family histories, social factors including lifestyle and medicines. They were asked if they had a carer to support them and whether they wished the carer to be able to take part in their consultations. New patients were asked to attend an assessment appointment when they first registered. A patient who had recently joined the practice confirmed that they had been asked to complete the new patients' health questionnaire and attend an assessment appointment. The clinicians held a number of regular clinics at the practice. For example, these included chronic disease management, immunisation and vaccination, smoking cessation and diabetes. During our inspection we spoke with patients who regularly attended or had experience of the anti-coagulant, diabetes and ante natal clinics. They spoke positively about the service they received and expressed confidence in the regular management of their conditions.

Not all the information at the Centre was up to date. For example, the complaints procedure contained information about organisations that no longer exist. The website referred to a private circumcision service that the Centre no longer provided.



# Are services caring?

## Summary of findings

The service was caring. All the patients we spoke to during our inspection were very complimentary about the service and the manner in which they were cared for. A satisfaction survey completed every two years produced positive results.

## Our findings

### **Respect, Dignity, Compassion & Empathy**

We spoke to 11 patients who used the Centre. All were complimentary about the way in which they were treated and cared for. One person said; “Staff are really helpful and friendly.” We noted that written literature was only available in English. The business manager told us that most people registered for whom English was not the first language were of eastern European origin. When people first registered with the practice they were asked about their first language. We saw that an interpreter service was available if required. Reception staff were responsible for making the booking arrangements. They told us the system was effective and they were able to access interpreters with ease and at short notice. We were told that some people requested the same interpreter attend throughout a course of appointments and they were usually able to accommodate this.

We discussed with the Business Manager the issue of support for bereaved relatives and carers following the death of a patient. They agreed that it in some cases consideration by the Centre of support or referral to another service would be effective in assisting those vulnerable bereaved people.

Patients who completed comments cards were very complimentary about the manner in which they were treated at the Centre. One person said; “The doctors have always been very professional and treated me with respect and dignity. I have always had good care and treatment.” The national GP Patient Survey published in December 2013 found 91% of patients said they had enough time with the GP during the consultation, 76% felt they were treated with care and concern and 82% found the receptionists helpful.

The practice had a chaperone policy in place. There were signs displayed in reception and on the door to each consultation room. These advised patients they may have a chaperone to support them during their consultation if they wished. Staff were clear on their responsibilities should they be asked to chaperone a patient.



# Are services caring?

## **Involvement in decisions and consent**

Patients who we spoke to on the day of the inspection were happy with their involvement in the care and treatment they received. They told us that everything was explained thoroughly by the GPs and often backed up with written literature explaining medical conditions and treatments.

We asked several members of clinical staff about how they managed people's best interests when they lacked the capacity to make decisions. It was clear that some members of staff lacked knowledge about this subject area. We were able to confirm from training records and by speaking to staff that no formal training had taken place on

the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These pieces of legislation are legal requirements that need to be followed to ensure decisions made about people who do not have capacity are made in their best interests. They are designed to ensure that people who are unable to give consent for certain aspects of their care and welfare receive the right type of support to make a decision in their best interest. One of the GPs that we spoke to clearly understood the ethos of the legislation but agreed they had received no formal training.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The service was responsive to people's needs. There was an open culture within the organisation and a clear complaints policy. The practice's approach to auditing required some attention as there was a lack of monitoring of some aspects within the Centre. For example infection control measures. The provider participated regularly in discussions with local commissioners about how to improve services for patients in the area.

## Our findings

### Responding to and meeting people's needs

The practice had a clear understanding of the demographics of the people in the area that it provided a service to. We were given examples including responding to people who had learning or hearing difficulties. The Centre's computer systems would automatically alert a GP if a patient had either of these difficulties so that the GP could make suitable adjustments.

We saw from the Centre's website that they published the results of their patients' satisfaction survey and responded to any issues. During the morning surgery one of the doctors was running late with their appointments. A receptionist explained this was the case to waiting patients and apologised for the delay. Patients told us that they received text messages from the practice to remind them they were due to attend an appointment. We heard staff confirming with people that the mobile phone details they held for them were accurate.

Management at the Centre regularly met with the local Clinical Commissioning Group (CCG) in formal meetings held every two weeks. The Business Manager told us that more informal communication was maintained by email and telephone conversations with members of staff working for the CCG. This meant that an effective communication regime was in place between the Centre and its commissioners, contributing to effecting changes in patient care when appropriate.

One person we spoke to told us their relative had memory problems and had struggled to manage the various medicines prescribed. The doctor had arranged for their relative's medication to be dispensed in a blister pack. A blister pack is a sealed pack containing all the tablets needed to be taken at one time. This was clearly labelled with the day and time the medication in each blister pack should be taken and this had made it easier for the person to manage. There was an independent pharmacy adjoining the Centre, the pharmacist told us that they regularly received requests from the Centre's doctors to dispense medication in blister packs.

### Access to the service

As part of the inspection process we arranged for a Care Quality Commission (CQC) comments box to be placed in the waiting area of the practice several days before our

# Are services responsive to people's needs?

## (for example, to feedback?)

visit. We reviewed the 11 comments received and they were generally very complimentary about the Centre. One person said; "Just brilliant, no worries." One person felt that the attitude of staff was poor, but this was not elaborated on.

We noted that the practice offered surgeries on Saturday morning to cater for people who found it difficult to attend during office hours. An effective triage system was in place. People we spoke to thought that the system was effective and worked well for their needs.

There was a wide range of literature available to people in the reception area. There were displays on notice boards and leaflets for people to take away. Some of the information explained the Centre's policy and procedure. For example, this included how to make a complaint, opening hours, out of hours contact details and information about the patient participation group. There was a practice information leaflet available which contained similar useful information.

There was level entry to the Centre from the street. Automatic doors allowed ease of entry for people with wheelchairs and prams. The ground floor was level throughout and corridors were wide. There was one treatment room on the upper floor which was used for antenatal clinics. A passenger lift was available. The public toilets were large enough to allow for wheelchair access and included a baby change facility. We saw that the toilets were clean and well maintained.

Patients told us the opening hours of the practice were suitable to meet their needs. We spoke with 13 people who used the service. Some used the website to make appointments whilst others preferred to use the telephone. Patients who used the website told us the facility was effective. Most people who made contact by

telephone said they were able to get through to the practice within a reasonable timescale. Patients said they were usually able to get a non-urgent appointment within two working days. Some people preferred to wait for an appointment with a GP of their choice. They said this could take up to three weeks. There was some negativity about this delay but people accepted it was their choice to wait for a particular GP and that appointments with others would be available sooner.

Three of the patients we spoke with during the inspection had made appointments on an emergency basis that day. Patients spoke highly of the emergency appointment system. One patient told us their request for an emergency appointment had been triaged. Having first spoken with reception they had been advised that a nurse would call them back to discuss their ailment and they had received the call back within an hour. They said they were reassured that they had been able to speak with a clinician as part of the booking process. Everyone we spoke with during the inspection had been seen within 10 minutes of their allocated appointment time. One patient had missed their scheduled appointment and arrived over half an hour late; the practice accommodated them.

### Concerns & Complaints

We talked with the Clinical Manager about how the Centre dealt with complaints. We were shown the complaints procedure which had last been reviewed June 2013. We looked at the complaints form and saw that various methods of feedback were offered to the complainant. We looked at one complaint from a patient, we saw that it was recorded, responded to and resolved in a timely manner.

There was no annual review or audit of complaints made which would identify any patterns or trends. Feedback to staff regarding complaints was ad hoc at team meetings.

# Are services well-led?

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

## Summary of findings

The service was well led. There was a strong and visible leadership team with a clear vision and purpose. Staff said that they felt well supported and could easily seek advice when required. Governance structures were in place but required further clarity as to roles and protocols. There was an effective system in place for managing risks. There was no robust auditing regime in place at the practice.

## Our findings

### Leadership & Culture

The provider had a clear idea of the vision and overall strategy of the Centre. One of the GPs we spoke to told us of team's desire to; "Work together to improve patient care, to continue as a training practice, whilst balancing the number of registrars with regular GPs." We were told of a "No blame" culture where an open and transparent learning environment was in place. We did note that one of the trainee doctors did not receive regular debriefing after each surgery. Senior GPs provided high levels of support to the trainee GPs and held regular meetings to discuss decisions made and treatments prescribed. They also ensured trainee GPs were able to learn by conducting "joint surgeries". Staff we spoke to had a clear understanding of their roles and responsibilities at the Centre.

### Governance Arrangements

Each GP took responsibility for a number of clinical areas. Senior GPs were involved in training and supporting trainee GPs and medical students. The senior GPs were responsible for decisions in relation to the provision, safety and quality of care and worked with the practice managers to ensure identified risks were acted upon. GPs engaged with the local Clinical Commissioning Group to discuss new pathways for care.

### Systems to monitor and improve quality & improvement

The Centre operated an open culture and actively sought feedback and engagement from staff with the aim of maintaining and improving services. There was a clear leadership and management structure and staff we spoke to knew who to contact for specific advice and support. The provider had a number of clinical protocols in place; some of these had not been reviewed for some time. For example; Asthma protocol reviewed 2009 and COPD protocol reviewed 2007.

Auditing systems were in place but could be improved upon to ensure they were more robust and effective. Medicines audits had not identified the shortfalls in medicines management.

### Patient Experience & Involvement

The practice had a small patient participation group comprising seven members. The Business Manager told us they were proactive in trying to recruit new members but

# Are services well-led?

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there was little uptake. There were invitations to join the patient participation group and information about its work displayed in the reception area and on the practice website. All new patients were asked if they would like to join and GPs also wrote letters to patients asking if they would be interested. We spoke with a member of the group; they said they had joined after seeing information displayed in the reception. There had been no group meetings held to date. The practice maintained contact with the individual participants by telephone and email. The group member we spoke to regarded this as positive as it allowed flexibility for people to participate in the group in line with their work and family commitments.

## **Staff engagement & Involvement**

We were told and confirmed from records that regular staff meetings were held. A monthly clinical meeting was held to discuss issues relating to the clinical matters at the Centre. A similar business meeting was held with the same regularity. We saw from minutes of meetings that appropriate staff members attended these meetings and contributed to the running of the Centre. Staff told us they were encouraged to make suggestions and contribute to improving the way the services were delivered.

## **Learning & Improvement**

Managers and GPs at the practice were very supportive of staff's personal development and provided them

with extra support to achieve clinical qualifications. This in turn increased the staff member's effectiveness and that of the Centre. Trainee doctors with whom we spoke told us they were well supported and able to seek advice from the senior GPs quickly and effectively. One of the patients that we spoke to did express concern about the number of times a trainee doctor had left their consultation to seek advice.

One of the GPs told us about how the practice had learned from "significant events". One example given related to a patient with low Sodium levels. The event had produced learning for staff at the Centre and staff from the out of hours service linked to the Centre.

## **Identification & Management of Risk**

Although an effective system was in place for the recording, investigation and learning from significant events, there was a lack of auditing of these events. We discussed this with the Business Manager and they agreed that an annual audit of all significant events would be helpful in identifying any trends and learning from them. They told us that they would focus their attention on improving the identification of risks at the Centre.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures

#### Regulation

The registered provider was failing to protect service users against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for recording, handling and disposal of medicines used for the purposes of the regulated activity. This is contrary to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

#### Regulated activity

Family planning services

#### Regulation

The registered provider was failing to protect service users against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for recording, handling and disposal of medicines used for the purposes of the regulated activity. This is contrary to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

#### Regulated activity

Maternity and midwifery services

#### Regulation

The registered provider was failing to protect service users against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for recording, handling and disposal of medicines used for the purposes of the regulated activity. This is contrary to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

#### Regulated activity

#### Regulation

This section is primarily information for the provider

## Compliance actions

Surgical procedures

The registered provider was failing to protect service users against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for recording, handling and disposal of medicines used for the purposes of the regulated activity. This is contrary to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

The registered provider was failing to protect service users against the risks associated with the unsafe use and management of medicines by means of making appropriate arrangements for recording, handling and disposal of medicines used for the purposes of the regulated activity. This is contrary to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.