

Stonyhill Medical Practice

Quality Report

South Shore Primary Care Centre, Lytham Road,
Blackpool. FY4 1TJ

Tel:

01253 956655

Website: www.stonyhillmedicalpractice.co.uk

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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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stonyhill Medical Practice on 3 October 2016. Overall the practice is rated as requires improvement.

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

- Staff were clear about reporting incidents, near misses and concerns but there was no evidence that actions taken as a result of those incidents were reviewed in a timely way.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Audits were conducted but there was no evidence of reaudits to ensure improvements had been made and were effective.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- There was no mandatory training programme for staff and no evidence of training in key areas such as safeguarding, infection control or chaperones. There was no overview of staff training.
- Risks to patients were not always assessed and well managed.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- Implement systems to ensure staff are appropriately trained and updated for their roles.
- Ensure that policies and procedures available to staff are relevant and updated as required.
- Implement systems to ensure safety alerts and actions identified from significant events have been actioned in a timely manner.
- Undertake two cycle audits to ensure improvements to care and treatment have been achieved.
- Carry out risk assessments to ensure the safety of staff and patients in particular in the areas of; staff acting as chaperones, electrical appliance testing, emergency medication, doctor's bags and lone working outside of the practice.

The areas where the provider should make improvement are:

- Put systems in place so that all items of communication received by the practice were seen by the GPs or senior clinical staff before being filed.
- The practice should follow its recruitment policy and obtain references for all new staff employed.
- Ensure there is a system to log the use of black prescriptions
- Offer health checks to all newly registered patients.

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.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Significant events were discussed and analysed. However, reviews were not conducted to ensure actions had been taken and were effective.
- Some risks to patients and staff who used services were assessed, however there were risks which had not been identified.
- Patient safety alerts were circulated to appropriate staff but there was no evidence that they were reviewed to ensure they had been actioned.
- Safeguarding information was available to staff but the policy did not contain contact numbers for agencies to report concerns about vulnerable adults. There was a lack of evidence of safeguarding training for staff of all levels.
- Non clinical staff were acting as chaperones with no training or appropriate DBS checks or risk assessment in place.
- We observed the practice to be clean and tidy. However staff had not received training in infection prevention and control.
- Prescription pads were stored securely however there was no system to monitor the use of blank prescriptions.
- Some appropriate recruitment checks had been undertaken prior to employment. However references had not been sought.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were conducted however there was no evidence that this was driving improvement in patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- GPs did not see all pieces of clinical correspondence therefore there was a risk that important information would be missed.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

Requires improvement



- The practice had a vision but most staff were unaware of this. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were out of date or were not followed.
- The practice did not maintain an overview of staff training to ensure staff had training appropriate to their role.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had a named GP and were offered a health check.
- Older patients at risk of hospital admission and in vulnerable circumstances had personalised care plans.
- The practice maintained a palliative care register and held monthly meetings attended by a multidisciplinary team to enable sharing of information relating to patients to improve palliative and end of life care

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions.

This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
 - Performance for diabetes related indicators was generally better when compared to the local and national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 90% compared to the local average of 83% and national average of 78%. The percentage of patients with blood pressure readings within recommended levels was 85% compared to the local average of 84% and national average of 78%.

Requires improvement



Summary of findings

- Patients were offered an insulin initiation service which meant that only the most complex patients needed to be referred to the hospital services for diabetic patients.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable for all standard childhood immunisations
- 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.
- The practice's uptake for the cervical screening programme was 78%, which was lower than the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A daily triage service was implemented and all children were guaranteed an appointment on the day.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- A Sexual Health Clinic was available to the local population and was not restricted to patients.

Requires improvement



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). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

Requires improvement



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours surgeries were offered until 8pm every Tuesday and Thursday for working patients who could not attend during normal opening hours. Telephone consultations were also available.

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. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns. However the practice policy for vulnerable adults did not state who to contact with concerns. The practice did not produce certified evidence of training at appropriate levels for staff.

Requires improvement



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). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. However, there were examples of good practice.

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Requires improvement



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

- The practice carried out advance care planning for patients with dementia. However, there was no evidence of Mental Capacity Act training for staff.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 277 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients commented that they felt listened to by staff and they were treated with respect and compassion.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Implement systems to ensure staff are appropriately trained and updated for their roles.
- Ensure that policies and procedures available to staff are relevant and updated as required.
- Implement systems to ensure safety alerts and actions identified from significant events have been actioned in a timely manner.
- Undertake two cycle audits to ensure improvements to care and treatment have been achieved.

- Carry out risk assessments to ensure the safety of staff and patients in particular in the areas of; staff acting as chaperones, electrical appliance testing, emergency medication, doctor's bags and lone working outside of the practice.

Action the service **SHOULD** take to improve

- Put systems in place so that all items of communication received by the practice were seen by the GPs or senior clinical staff before being filed.
- The practice should follow its recruitment policy and obtain references for all new staff employed.
- Ensure there is a system to log the use of blank prescriptions
- Offer health checks to all newly registered patients.

Stonyhill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stonyhill Medical Practice

Stonyhill Medical Practice is based in Blackpool, Lancashire. The practice is part of Blackpool Clinical Commissioning Group (CCG) and delivers services under a Personal Medical Services contract with NHS England.

The practice is located on the first floor of South Shore Primary Care Centre on the outskirts of the town. There is easy access to the building and disabled facilities are provided. There is a car park and disabled parking places. There are four GP partners working at the practice, three male and one female. The practice also employs a salaried GP. The practice is a training practice for medical students including student nurses. There are three female practice nurses and two nurse practitioners, two health care assistants and a practice pharmacist. There are two practice managers and a team of administrative and reception staff.

The practice is open between 8am and 6.30pm, Monday to Friday. Extended hours are available until 8 pm on Tuesday and Thursday evenings.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

There are 8538 patients on the practice list. The majority of patients are white British. The largest population group (21% of patients) within the practice are aged over 65. Low numbers of patients are working status (48.3% compared to 61.5% nationally). A high number of patients have long term health conditions (64.3% compared to 54% nationally).

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 October 2016. During our visit we:

- Spoke with a range of staff
- Spoke with four patients who used the service.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the practice's policies and procedures.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again. There was no evidence of written apologies but we saw that verbal apologies were documented.

The practice analysed significant events and presented these at clinical or whole practice meetings. However, there was no evidence that the outcomes and actions identified were later reviewed which meant there was a risk of reoccurrence.

- The practice policy stated reviews would be conducted three to six months after the event. The practice manager told us they planned to hold significant event meetings and that reviews would be incorporated into these meetings.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However there was not an effective system in place to ensure that these had been completed.

Overview of safety systems and processes

There were some shortfalls in the practice processes to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. A

safeguarding children and vulnerable adults policy was accessible to all staff. The policy outlined who to contact for further guidance if staff had concerns about a child's welfare, however it did not state who to contact in the event of concern about a vulnerable adult. The GPs told us they did not attend external safeguarding meetings but would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training, however one member of staff was unsure who to contact with concerns and told us they had never received training. We asked to see evidence that staff had received training on safeguarding children and vulnerable adults. On the day of our inspection no certificates were available, including for the practice safeguarding leads. Following the inspection we were sent one certificate which showed an Advanced Nurse Practitioner was trained to child protection or child safeguarding level 3. The practice did not demonstrate that all staff were trained to the appropriate levels.

- Nursing staff used a 'Spotting the Signs' questionnaire to determine and act upon any concerns of child sexual exploitation.
- A notice in the waiting room advised patients that chaperones were available if required. Non clinical staff told us that when nursing staff were unavailable that they acted as chaperones. However they were not trained for the role and the majority had not received a Disclosure and Barring Service (DBS) or had a risk assessment in place (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place. Annual infection control audits were undertaken. We were told that these audits had not identified any areas for improvement. However we found staff, including the lead, had not received training and that the lead had not liaised with the local infection prevention teams to keep up to date with best practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Some emergency medicines were not held at the practice, for example which is used in the event of. The practice had not documented the risk assessment for this decision. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however there were no systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines against a patient specific direction from a prescriber.

- There was low staff turnover at the practice and most staff members had been in post for a number of years. We reviewed the staff file for the newest member of non clinical staff employed 12 months ago. Some appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification and qualifications. However no references had been taken. The practice manager confirmed that references were not routinely obtained (and no risk assessment completed) despite the practice policy which stated they would request references covering the last five years of employment history. DBS checks were in place for all clinical staff and those non clinical staff who assisted at baby clinic.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills.

Clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- However the practice had not assessed a number of risks to patient and staff safety including; which emergency medications were held in the practice, the decision not to use doctor's bags, or lone working arrangements out of the practice.
- Electrical equipment was not portable appliance tested to ensure the equipment was safe to use.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the back reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had systems in place to keep all clinical staff up to date and these were discussed in clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.8% of the total number of points available. Exception reporting figures for the practice were slightly higher than the clinical commissioning group (CCG) and national averages (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice exception reporting figure overall was 13% compared to the CCG average of 11% and the national average of 9.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was generally better when compared to the local and national average. For example, the percentage of patients who had their blood sugar levels well-controlled was 90% compared to the local average of 83% and national average of 78% and the percentage of patients with blood pressure readings within recommended levels was 85% compared to the local average of 84% and national average of 78%.
- Performance for mental health related indicators was comparable or higher than the local and national average. For example, 92% of people experiencing poor mental health had a comprehensive, agreed care plan

documented in the record compared to the local average of 93% and national average of 88% and 98% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the local average of 88% and national average of 84%.

There was little evidence of improvement to care and treatment from clinical audits.

- We reviewed a number of clinical audits completed in the last two years. None of these were completed audits and improvements to care and treatment could not be demonstrated.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. However, this did not cover some topics such as safeguarding and infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant clinical staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received regular training that included: fire safety awareness, basic life support and information governance. They had access to and made use of e-learning training modules and in-house training. However there was no overview of what training was relevant to staff roles.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings had recently begun with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

When clinical correspondence was received by the practice not all of it was seen by a GP. Some correspondence which indicated no action to be taken was dealt with by administrative staff. There was a risk that important clinical information was not adequately assessed.

Consent to care and treatment

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

- Staff we spoke to understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However there was no evidence of training in this area
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- The nursing team provided a sexual health clinic. This service was offered to anyone in the local area and was not restricted to patients registered at the practice.

A number of outside agencies attended the practice. A substance misuse support service and citizens advice attended the surgery each week. Age concern also provided a hand and foot care service for a small charge for those patients who fell outside the remit of podiatry and chiropody services.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening by promoting this in the reception area. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 76% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with long term conditions and NHS health checks for patients aged 40–74. The practice manager told us they would restart offering health checks for all new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Two isolated negative comments were received relating to a specific appointment time request and a request for repeat prescriptions.

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in the reception area

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 171 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them if appropriate and gave them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had developed an effective system to review patients who had unplanned admissions to A and E. The template had been adopted by the CCG and was incorporated into the current GP plus scheme.

- The practice offered extended hours appointments on Tuesday and Thursday evenings until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. A notice in the reception area highlighted the availability of such appointments, and encouraged patients to make reception staff aware if appropriate.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. A lift and staircase were available.

Access to the service

The practice was open between 7.30 and 6pm Monday to Friday. Extended hours appointments were offered until 8pm Tuesday and Thursdays. In addition to pre-bookable appointments that could be thirty days in advance, urgent appointments were also available for people that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 92% describe their experience of making an appointment as good compared to the national average of 73%

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

The practice had an effective triage system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

We found that complaints were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints. However the practice did not analyse trends in complaints and did not routinely share complaints with the whole staff team.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

The practice provided us with their mission statement prior to the inspection.

- Staff demonstrated the values but were unaware of an official statement.
- Following the inspection the practice sent us their documented business plan.

Governance arrangements

The practice governance framework did not always support the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However there were shortfalls in the management of clinical correspondence and chaperoning duties.
- Practice specific policies were available to all staff. However, some policies were out of date, for example the recruitment policy. The Safeguarding policy did not give contact details when staff had a concern about a vulnerable adult. Some policies were not followed, for example the recruitment policy stated five years' worth of references would be obtained but the practice confirmed these were not sought. The infection control policy stated staff would receive annual training but this did not occur.
- Patient safety alerts were circulated to relevant staff and significant events were reported, discussed and analysed. However there was not an effective system in place to ensure that they agreed actions had been completed.
- The practice did not have a programme of continuous clinical audit to monitor quality and to make improvements. There were no two-cycle audits where improvements were implemented and re-audited. A recent infection control audit had failed to identify that no staff had completed infection control training despite the practice policy stating this would be conducted annually.

- There was no training matrix in place to give an overview of staff training and no training programme for staff. Staff were working without suitable training for their role such as non clinical staff undertaking chaperone duties.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice and to progress their own careers.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and the practice manager attended each meeting with clinical staff present when appropriate. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team which were actioned appropriately. For example, the practice had produced literature on yellow paper for visually impaired patients. The practice manager had recently written to the local bus company about a change in bus route which effected patients travelling to the practice, this route was reinstated.

- The practice produced a monthly newsletter which kept patients up to date with practice information, changes and survey results.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous Improvement

The practice was a training practice and provided support and mentorship to medical students, student nurses and GP trainees at different stages of their learning.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users:</p> <ul style="list-style-type: none">• There was no risk assessment relating to emergency medication, doctors bags or lone working outside of the practice.• Safety checks of electrical equipment had not been conducted. <p>The practice did not assess, monitor and improve the quality and safety of the services provided:</p> <ul style="list-style-type: none">• The practice procedure for reviewing significant incidents and safety alerts was not effective to ensure action had been taken• The practice was not undertaking any re-audit of services which meant that where improvements were identified they were not monitored or then assessed to be effective.• Policies and procedures were not well managed. They were not always updated or followed appropriately. <p>This was in breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

The practice did not ensure that persons providing care and treatment to service users had the qualifications, competence, skills and experience to do so:

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- There was a lack of evidence of staff training or training plan. There was no certified evidence to show staff had received safeguarding training appropriate to their role or infection control training.
- Non clinical staff were working as chaperones without a DBS check or appropriate training.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.