Hazeldene Medical Centre

Quality Report

Hazeldene Medical Centre
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Date of inspection visit: 21st October 2015
Date of publication: 10/12/2015

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hazeldene on 21st October 2015.

Overall the practice is rated as requires improvement. We found the practice to be good for providing caring and responsive services. It required improvement for providing safe, effective and well-led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Although information about safety was recorded, monitored and appropriately reviewed, the practice did not have a clear process for reporting and acting on significant event audits (SEAs) and near misses
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Urgent appointments were available the same day but not necessarily with a GP of their choice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a clear leadership structure and staff felt supported by the practice manager.
- The practice had hearing loops, easy read format information and translation facilities.
- Information about services and how to complain was available. The practice sought patients' views about improvements that could be made to the service, including having a patient participation group (PPG).
- Not all staff had a clear understanding of their roles and responsibilities in line with their job description, understood capacity and consent, received regular appraisals or followed policy and procedure.
- There was an inconsistent approach to infection control, medicines management and waste disposal.

There were areas where the provider must make improvements.

Importantly the provider must:

Summary of findings

- Ensure significant events and near misses have a clear process and policy, with a designated lead. Sharing learning from significant events process is implemented and shared with all relevant staff.
- Ensure infection control procedures and audits are fully implemented
- Ensure clinical staff have regular appraisals
- Ensure a safe practice environment is maintained, this includes assessment of all risks associated with legionella.
- Ensure there is a designated lead with a clear protocol for all emergency medication and emergency equipment.

In addition the provider should:

- Embed access and knowledge of all practice's governance policies and procedures
- All staff have a clear understanding of their role and responsibilities in line with job description.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. Learning from significant events was not effectively disseminated. Infection control procedures were not effectively recorded or audited. Premises were clean but risks of infection were not managed consistently for example, we found the arrangements for identifying different types of waste was hard to differentiate.

We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment had been checked however we did identify out of date medical equipment, which was removed immediately.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services as there are areas where it should make improvements.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation.

There was a programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing, for example the practice has just been awarded the "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay and bisexual patients within your local community. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice.

We identified gaps in training and appraisals to support staff to carry out their role effectively, for example the practice manager had not received any appraisals.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. The practice reviewed the needs of its local population and engaged with North Manchester local Clinical Commissioning Groups (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs.

There was a complaints system and evidence showed the practice responded quickly to issues raised. Urgent appointments were available for patients the same day as requested but not necessarily with a GP of their choice.

The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. The practice had adapted its telephone access number to meet the needs of patients in response to patients' comments.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. The practice had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt very supported by the practice manager but clinical staff weren't sure who was responsible for certain areas for example checking and replacing medication or infection control audits.

The practice had a number of policies and procedures to govern activity, but these were not all read and understood by the staff. Also one member of staff did not know how to access the safeguarding policy.

The practice proactively sought feedback from patients and had a very active patient participation group (PPG). All staff had received inductions and appraisals but not all clinical staff had received regular peer reviews to support sharing and learning, which had an impact on the effectiveness of 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

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people as the practice has a higher number than average than other practices. The practice participated in meetings with other healthcare professionals and social services to discuss any concerns. There was a named GP for the over 75s and care plan were in place.

The practice also had a weekly round for housebound patients by the nursing staff, who were in the process of seasonal Flu Vaccinations.

People with long term conditions

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management The practice had registers in place for several long term conditions including diabetes and asthma. The practice also had a process for vulnerable adults who failed to reply or respond to invites.

The practice also offers extended hours to ensure those with long term conditions (LTC) and those who were working were able to access appropriate care.

Families, children and young people

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. We saw good examples of joint working with health visitors and other multi-disciplinary services.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided). There were additional out of working hour's access to meet the needs of working age patients with extended opening hours every Saturday from 08.00am to 11.00am. Routine health checks were also available for patients between 40 and 74 years old.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of some patients living in vulnerable circumstances including those with learning disabilities. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were

identified as carers and additional information was available for those patients.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a specialised care plan and an annual health check. There was a GP lead for mental health at the practice.

Summary of findings

What people who use the service say

We spoke with six patients on the day of the inspection and reviewed 16 completed Care Quality Commission comments cards. Feedback from patients was positive about the staff and the service.

Patients told us that staff treated them with dignity and respect and were very approachable, caring and understanding. Patients also told us that they could have a same day appointment. One patient who worked full time told us they could not always get an appointment due to work commitments which meant not being able to phone in the required times. However the Out of Hours service was good.

The national GP patient survey results published showed the practice was performing in line with local and national averages. 326 surveys were sent out and 102 were completed. This was a 31% completion rate and represented approximately 2% of the practice population :

Performances for clinically related indicators were mostly better than the local CCG and national average. For example:

- 96% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 84% and a national average of 87%.
- 94% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 83% and a national average of 85%.
- 97% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 86% and a national average of 89%.
- 86% say the last GP they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 79% and a national average of 81%.

Some areas of the performances for clinically related indicators were lower than the national average. For example

- 63% of respondents describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 49% of respondents with a preferred GP usually get to see or speak to that GP concern compared with a CCG average of 58% and a national average of 60%.
- 48% of respondents find it easy to get through to this surgery by phone with a CCG average of 73% and a national average of 73%.

Areas for improvement

Action the service MUST take to improve

- Ensure significant events and near misses have a clear process and policy, with a designated lead. Sharing learning from significant events process is implemented and shared with all relevant staff.
- Ensure infection control procedures and audits are fully implemented
- Ensure clinical staff have regular appraisals
- Ensure a safe practice environment is maintained, this includes assessment of all risks associated with legionella.
- Ensure there is a designated lead with a clear protocol for all emergency medication and emergency equipment.

Action the service SHOULD take to improve

- Embed access and knowledge of all practice's governance policies and procedures
- All staff have a clear understanding of their role and responsibilities in line with job description.

Hazeldene Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Hazeldene Medical Centre

Hazeldene Medical Centre is located close to Manchester city centre. There were 6524 patients on the practice list at the time of our inspection and the majority of patients were of white British background.

The practice is managed by three GP partners (one female and two male), the surgery also employees one part time salaried GP. The practice is a teaching practice and currently has two GP Registrars. There is a practice nurse prescriber, one practice nurse and four healthcare assistants. Members of clinical staff are supported by a practice manager, reception and administration staff.

The practice is open 8.30am to 6.00pm every weekday; afternoon surgery starts at 2.00pm until 6.00pm. Every Wednesday afternoon from 1.00pm the branch is closed. Patients requiring a GP outside of normal working hours are advised to call " Go-to- Doc" using the usual surgery number and the call will be re-directed to the out-of-hours service.

The practice acts as a local hub for nine local practices, running an extended hours scheme on weekdays Monday to Friday 6pm – 8pm. Patients can also be seen on Saturdays between 10am – 6pm.

The practice has a Personal Medical Services (PMS) contract and also offers enhanced services for example: avoiding unplanned admissions/care plans, supporting patients with dementia and minor surgery.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed :

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 21st October 2015
- Reviewed patient survey information.

Reviewed the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

Staff told us they would inform the practice manager of any incidents; however there was no clear understanding of the difference between significant and non-significant events. The practice GPs and management team were aware of the need to improve their incident reporting, monitoring and learning system.

We saw evidence of nine events being recorded but no learning outcomes were demonstrated or follow up actions recorded. Therefore a clear lead on the incident reporting process was needed along with a policy. We saw evidence that the practice had reported incidents had been reported. However there was no learning outcomes demonstrated and no follow up actions had been recorded. There was no written policy and no clear lead had been identified to manage the incident reporting process

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety, including infection control, medicines management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a lead member of staff for safeguarding. However there was a breakdown in the process for example information sharing and process was not fully understood by the staff. Clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role. However, we could not collate all the evidence to support this on the day, for example we could not view all the GPs training certification.
- A notice was displayed in the waiting room, advising patients that chaperones were available. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service check (DBS). These 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.
- There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office.
- The practice had up to date fire risk assessments and regular fire checks were carried out. There had not been a fire evacuation test on the premises in the last 12 months ; however there was evidence of a planned evacuation for 29th October 2015.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice manger received and disseminated medical alerts to the clinical staff; however there was no system in place for when the practice manager was on leave.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy.

Systems for infection control needed improving. We found that:-

- The practice nurse was the infection control clinical lead; however there was neither an infection control protocol in place nor any training given to support this role.
- There was no evidence of any infection control audits undertaken. The nurse had made arrangements for the local infection prevention teams to come and support the practice in implementing this process.
- The practice had not carried out Legionella risk assessments or regular monitoring. We were shown satisfactory evidence that this would be addressed by the end of October 2015.
- The arrangements for clinical waste disposal were not clearly marked for example, in one of the doctor's room; we identified two bins one for general waste and one for hard clinical waste. There was no visible dissimilarities between the two leading to potential for error.
- There were designated spillage kits available on site and all staff knew where and how to access these.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

patients safe (including obtaining, prescribing, recording, handling, storing and security). We did identify that there was a good reporting and checking system in place of the drugs kept in the back of reception area. However the nurses did not have any procedure or checks in place for their own emergency medicine kit.

- Regular medicine audits were carried out with the support of the local CCG Medicines Management team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out, four files we sampled showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training and there were emergency medicines available in the treatment room.

The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The oxygen auditing process was not clear and there was no clear line of reasonability for recording checks or usage.

There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. On checking the kits we found items were out of date, these were destroyed immediately.

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 but not all staff were aware of the plan.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

The GPs we spoke with had an understanding of the Mental Capacity Act 2005 (MCA) and its relevance to general practice. The GPs and nurses we spoke with understood the principles of the legislation and described how they implemented it.

We spoke with a clinical member of staff who was unable to clarify what they would do if they thought a patient did not understand any aspect of their consultation, in making decisions relating to their care or treatment. They were not aware of the Mental Capacity Act 2005 (MCA) or the Gillick Competencies which is used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Protecting and improving patient health

Patients who may be in need of extra support were identified by the practice. There was a weekly visit plan to support the housebound patients; this also included all housebound patients being offered the seasonal flu injection. Patients were signposted to the relevant service. Patients who may be in need of extra support were identified by the practice.

The practice's uptake for the cervical screening programme was 87.9%, which was higher than local and national average of 81.8%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 90% to 98% (compared with a CCG range of 93-96%) and five year olds from 87% to 99% (compared with a CCG range of 89-98%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been several clinical audits completed in the last two years, which were full cycle audits where the improvements made were implemented and monitored. Completed examples Chronic obstructive pulmonary disease (COPD) audits and Prescribing review.

Coordinating patient care

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 test results. Information such as NHS patient information leaflets were also available.

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96.7% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for diabetes related indicators was comparable to the local and national average.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Performance for mental health related and hypertension indicator was similar to local and national average.
- The dementia diagnosis rate was comparable to the local and national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment

and people's outcomes. There had been clinical audits completed in the last two years, two of

these were completed audits.

Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff with a staff handbook.
- Not all staff had the skills, knowledge and experience to deliver effective care and treatment, for example one clinician was unaware of the Gillick Competencies or MCA act.
- We found some of the non-clinical staff had completed annual appraisals where learning needs were discussed
- Health Care Assistants did receive annual appraisal, however these were not effective as we identified gaps in the knowledge and understanding of the role, for example one member of staff was unsure if they were to treat children under the age of 16 years. The practice manager had not received an appraisal for five years.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness and it was up to date

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 16 patient CQC comment cards we received were positive responses 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. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations:

- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Data from the National GP Patient Survey July 2015 showed from 125 responses that performance was higher than local and national averages for example,

- 97% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.

Care planning and involvement in decisions about care and treatment

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

Patient feedback on Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example the practice scored higher than local CCG :

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

All patient feedback on the comment cards we received was also positive.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was involved in the "Choose Well" scheme which offers advice to patients around where to go when ill or injured to ensure they received the right care.

The practice was also involved in " Choose to Change" a programme which is a specialist weight management service that helps adults make lifestyle changes that would enable them to lose weight and improve their health.

The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.

There was an active PPG which met on an annual basis and had submitted proposals for improvements to the practice management team. For example they wanted the chairs in the waiting area replacing; the practice responded and updated all the chairs.

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

- The practice had a clinical lead who was the local cancer champion for the practice, working closely with the CCG
- The practice had been awarded a "Pride in Practice" certificate.
- There were longer appointments available for people with a learning disability.
- Home visits were available for housebound patients
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8.30am – 1.00 pm (Monday – Friday) and Monday, Tuesday, Thursday and Friday 2.00pm to 6.00pm. Appointments were from 08.30 to 11.30 every morning and 2.00pm to 6.00pm daily (except Wednesday afternoons). Extended hours surgeries were offered at the following times on 6.00 pm-8.00pm weekdays and every Sunday 10.00am – 6.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available.

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 74% compared to the CCG average of 76% and national average of 75%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system Information how to make a complaint was available in the waiting room, the practice leaflet and on the practice website.

We reviewed one complaint received in the last 12 months and found this was handled and dealt with in a timely way

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 clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas. Some staff were not aware of the values when spoken to.

Governance arrangements

The practice did have an overarching governance policy or system to outline procedures in place to cover seven key areas: clinical effectiveness, risk management, patient experience and clinical audits, resource effectiveness, strategic effectiveness and learning effectiveness.

It had proactively gained patients' feedback and engaged patients in the delivery of the service. There were practice specific policies but not all staff knew how to access these. However other aspects of governance needed to be improved. Examples included:-

- Some staff members were not aware of their own roles and responsibilities. For example, there was a lead for infection control but not all staff knew who this was.
- The full range of events and near misses to be reported and investigated needed to be updated and expanded to be of benefit to the practice and patients.
- There were limited records seen of safeguarding training for any staff, although clinical staff stated they had been trained in safeguarding children and adults.
- Training was not being consistently effective for all staff to deliver safe treatment, for example not all staff where aware of the Mental Capacity Act 2005 (MCA) and consent.
- Appraisals were not consistent for all staff, for the example the practice manager's last appraisal was over five years ago.
- We found limited clarity of the health care assistant's (HCA) roles and responsibilities and found the HCA working outside the boundaries of their job descriptions.

There was a training matrix in place for staff, however clinical appraisals had lapsed which meant that training needs of staff could not easily be identified.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that regular team meetings were held. They told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and had 274 patients who responded virtually to PPG information and minutes. For example the PPG requested new seating which was actioned by the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice had been awarded an "Pride in Practice" certificate which was endorsed by the "The Royal College of GP's" to help support and strengthen quality assurance services and develop relationship with patients who were lesbian, gay and bisexual within the local community.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 had no clear process for reporting, acting and learning from significant event audits (SEAs) and near misses The providers were unaware of the Gillick Competencies. The provider did not always obtain consent from the relevant person Where patients over the age of 16 did not have the capacity to consent the provider did not act in accordance with the Mental Capacity Act 2005. Where a patient did not have the capacity to consent the provider routinely asked other people to consent on their behalf and did not carry out an assessment according to the Mental Capacity Act 2005. There was no infection control procedures and audits fully implemented There was no completed testing and investigation of legionella. **Regulation 12 (2) (a)(b)(c)(h)(g)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** Not all staff were suitably qualified, competent, skilled and experienced (1). Not all staff received appropriate support, training, and appraisal to enable them to carry out the duties they were employed to perform.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems or processes were not established and operated effectively. Risks relating to the health, safety and welfare of service users and others were not appropriately assessed, monitored ad mitigated. Information pertaining to risks was not appropriately processed, evaluated and acted upon to improve working practice **Regulation 17(1) and (2)(b)and(f)**

Regulation 18(1) and (2)(a)