

Primary Care Today Limited

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Inadequate	
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 Primary Today Care Ltd on 13 April 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The risks to patients were assessed but processes relating to management of health and safety matters required improvement.
- Staff had received some training to provide them with the skills, knowledge and experience to deliver effective care and treatment. Systems were not in place to monitor and ensure all the clinical team were up to date with training and relevant good practice guidance.
- 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.
- Improvements were made to the quality of care as a result of audits, surveys, complaints and concerns.
- 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. Systems and processes had been reviewed and improved over the last 12 months although some areas required further development and improvement.
- 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:

- Review procedures to ensure action is taken in response to medical alerts.

Summary of findings

- Where health and safety audits have been completed ensure action is taken to address shortfalls identified in a timely manner commensurate with risk. Put processes in place to monitor and ensure staff are aware of the procedures to take in the event of a fire.
- Implement the Department of Health guidance February 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Put procedures in place to ensure Patient Group Directions are authorised by the GP.
- Put procedures in place to monitor and ensure mandatory and role-specific training and updating for staff is undertaken.
- Ensure the practice recruitment policy is implemented consistently. Ensure written information relating to a person's character and previous conduct, such as references, is obtained prior to employment.

The areas where the provider should make improvement are:

- Reflect the relevant level of safeguarding children training staff have received in records.
- All staff should have an understanding of the electronic patient records where this relates to identifying vulnerable patients.

- Review the chaperone policy and procedure and update to include arrangements and expectations relating to recruitment checks, staff training and patient records.
- Keep all areas in the practice clean and tidy.
- Review arrangements for the storage of vaccines so these are in line with the Public Health England (PHE): Protocol for ordering, storing and handling vaccines, March 2014. Put arrangements in place so the fridge used for storage of vaccines, which is not wired into a switchless socket, cannot be switched off accidentally. Review arrangements for monitoring the temperature of the vaccine fridge in relation to the provision of thermometers.
- Review the control measures and procedures in place so these are adequate to minimise the risk of legionella.
- Review the arrangements for provision of emergency equipment in relation to children's pads for the defibrillator.
- Give patients access to information on how to escalate their complaint if they are not happy with the response from the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The risks to patients were assessed but processes relating to management of health and safety matters required improvement, for example, recognised guidance had not been followed in relation to the safety of blinds and storage of vaccines. Where risk assessments had been completed action had not always been taken in a timely manner to reduce risks.
- Staff had not always received training in areas relevant to their role such as chaperoning and infection prevention and control.
- The practice recruitment policy had not been implemented consistently to ensure all the required checks were completed before staff were employed.

Requires improvement



Are services effective?

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average although exception rate reporting was high in some areas.
- Staff had received some training to provide them with the skills, knowledge and experience to deliver effective care and treatment. Systems were not in place to monitor and ensure all the clinical team were up to date with training and relevant good practice guidance.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had not always received all the training required relevant to their role.
- Not all clinical staff were aware of relevant guidance for assessing a child's competence to make a decision when providing care and treatment for children and young people.

Inadequate



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable to others for all 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.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity although some of these required further development.
- There was an overarching governance framework which had been reviewed and improved over the last 12 months. This included arrangements to monitor and improve quality and identify risk. However, there were areas for improvement in health and safety matters.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active although only recently.

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 provider is rated as inadequate in effective, requires improvement for safety and for well-led and good for responsive and caring. The concerns which led to these ratings apply to everyone using the practice including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider is rated as inadequate in effective, requires improvement for safety and for well-led and good for responsive and caring. The concerns which led to these ratings apply to everyone using the practice including this population group.

- Nursing staff had the lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 99.1% of the total number of points available. With an overall exception rate of 12.4%. We saw high exception rate reporting in some indicators relating to some long term conditions including heart disease, dementia, diabetes, cancer and chronic obstructive airways disease (COPD). There were a number of reasons for the high exception rates.
- Performance for diabetes related indicators was 99.9% which was better than the national average of 89.2%. There was high exception reporting of 23% to 30% in the three indicators relating to blood glucose monitoring although below average exception reporting for foot care, blood pressure monitoring and monitoring of cholesterol.
- Performance for asthma was 100% which was 3% above CCG and national averages and there was below average exception reporting in this area.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- 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 provider is rated as inadequate in effective, requires improvement for safety and for well-led and good for responsive and caring. 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.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 76% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Not all clinical staff were aware of relevant guidance for assessing a child's competence to make a decision when providing care and treatment for children and young people.

Requires improvement



Working age people (including those recently retired and students)

The provider is rated as inadequate in effective, requires improvement for safety and for well-led and good for responsive and caring. The concerns which led to these ratings apply to everyone using the practice including this population group.

- 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 reflected the needs of this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider is rated as inadequate in effective, requires improvement for safety and for well-led and good for responsive and caring. The concerns which led to these ratings apply to everyone using the practice including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and children on the risk register. However, not all staff had an understanding of the electronic patient records where this related to identifying vulnerable patients.
- The practice offered longer appointments for patients with a learning disability.
- 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 and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider is rated as inadequate in effective, requires improvement for safety and for well-led and good for responsive and caring. The concerns which led to these ratings apply to everyone using the practice including this population group.

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was 100%, which was higher than the national average of 93%. Exception rates were in line with CCG and national averages.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Psychological support was provided weekly in the practice by a visiting health professional
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 379 survey forms were distributed and 107 were returned. This represented 7% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% 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 37 comment cards which were all positive about the standard of care received. Patients told us they were treated with respect and they said the staff were always helpful. They said the GPs and nurse listened to them and explained their care and treatment. The majority of patients were satisfied with the appointment system although four patients commented it was sometimes difficult to get an appointment.

We spoke with four patients during the inspection. All but one patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they could get appointments easily and said the GPs and nurse were very supportive. They said all staff listened to them and GPs and the nurse explained treatment and care options to them.

Primary Care Today Limited

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Primary Care Today Limited

The practice is privately owned by Primary Care Today Limited. The practice is also known as The Queens Medical Centre. The Queens Medical Centre is a detached building that was purpose built in 1989.

The practice provides Personal Medical Services (PMS) for 1,513 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. It has a higher than average 14 to 30 year old age group and 45 to 60 year old age group and it is located in the second most deprived area nationally.

The practice provides some enhanced services which include dementia and learning disability services.

There is one full time male GP and one female locum GP who holds three clinics per week. There is a practice nurse and a small administration team led by a practice manager who is also the phlebotomist.

The practice is open as follows:

The reception is open Monday to Friday 8am to 6.30pm and on Mondays it is open until 7.30pm

Surgeries are held 9am to 11am Monday to Friday, Monday 4pm to 7.30pm, Tuesday 1pm to 3pm, Wednesday 3pm to 5.30pm and Thursday and Friday 4pm to 6pm.

Out of hours services are provided by the NHS 111 service. NHS Rotherham also provides a Walk-in Centre to deal with minor ailments, illnesses and injuries. It is open from 8am to 9pm every day including Bank Holidays (excluding Christmas Day).

The practice is registered to provide:

- Diagnostic and Screening Procedures.
- Family Planning.
- Surgical Procedures.
- Maternity and Midwifery Services.
- Treatment of Disease or Disorder.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 13 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including two GPs, the practice nurse, administration staff and the practice manager.
- We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

- Is it well-led?

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

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

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 a system in place for reporting and recording significant events.

- We saw three significant events had been recorded in the last 12 months. The records were detailed and recorded actions taken in response to the events, such as changes to practice procedures. Staff told us they would inform the practice manager of any incidents and the practice manager would record and investigate these and discuss any learning points with them. On discussion with the staff we found the practice may have missed some opportunities to report events which may aid reflective learning and improve practice. For example, the practice did not record acute admissions to hospital for patients with cancer or sudden deaths as a significant event. The staff acknowledged this and said they would review their procedures.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, 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. For example, following a significant event where information was incorrectly recorded on a patient file staff training was provided.

While there was evidence that patient safety alerts were distributed to the clinical team by the practice manager. Action taken in response to the alerts was not recorded and staff were not able to tell us about action taken in relation to the last three alerts received. We were told alerts relating to medicines were actioned by the pharmacist who visited the practice fortnightly.

Overview of safety systems and processes

The practice had systems, processes and procedures in place to keep patients safe and safeguarded from abuse, however some shortfalls were identified:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults and they told us this was relevant to their role. However there was no evidence of the level of training staff had received. For example, GPs should be trained to child safeguarding level three and nurses to level two. The practice manager told us staff were scheduled to attend a Clinical Commissioning Group (CCG) training event in June 2016 which would meet these requirements. A safeguarding audit had been completed to review the quality of patient records in this area. Only minor areas were identified for improvement but an action plan had not been developed to address these. The practice had a register for vulnerable patients on the electronic patient records and a system to highlight these patients but not all the clinical staff were aware of this.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones told us they were trained for the role although there were no records to support this. Staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a basic chaperone procedure in place but this did not include requirements for training, DBS or record keeping.
- The practice maintained reasonable standards of cleanliness and hygiene. However, we observed dust on high level surfaces in two of the rooms we viewed and some clinical areas had clutter on surfaces. Cleaning schedules had been put in place in February 2016 but an audit of the standards of cleaning had not been completed. The practice manager was the infection control clinical lead and there was an infection control protocol in place. Three infection prevention and

Are services safe?

control (IPC) audits had been completed since October 2015 and showed action had been taken to address shortfalls identified as a result. However, the training records showed not all staff had received IPC training.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. They had completed eight audits in the last year. The practice had been identified as higher than average for prescribing some medicines such as Benzodiazepine. They were working with a pharmacist from the CCG medicines team to improve this. Blank computer prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were signed by the nurse but not authorised by the lead GP. We observed the fridge used for storage of vaccines was not wired into a switchless socket as recommended in Public Health England (PHE): Protocol for ordering, storing and handling vaccines March 2014. This created a risk the fridge could be switched off accidentally. The practice had not taken any precautions to minimise this such as clearly labelling the vaccine refrigerator plug with a cautionary notice to not unplug/switch off. We observed the fridge only had one thermometer PHE guidance states; all fridges should ideally have two thermometers, one of which is a maximum/minimum thermometer independent of mains power. If only one thermometer is used, then a monthly check should be considered to confirm that the calibration is accurate.
- We reviewed three personnel files and found some 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. However, the practice policy and procedure had not been followed in all cases. For example, references had

not been obtained in all cases prior to employment and some references were not dated. References had not been obtained for the locum GP and a reference for the nurse was not dated. The practice manager told us the lead GP had taken verbal references for the locum GP but these were not recorded. The practice manager had audited the staff files since their employment and put in place procedures to bring the files up to date and to obtain all the missing documents.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster near the reception office which identified local health and safety representatives. The practice manager had completed three health and safety risk assessments since October 2015 and had addressed most of the shortfalls identified. They had also completed a fire risk assessment. However, we observed a lack of regular fire alarm tests and fire drills had been identified in both the fire risk assessment and the health and safety risk assessments. However, records for weekly fire alarm tests showed these had only commenced on 22 January 2016 and fire drills had not been undertaken at the time of the inspection. Staff had received fire safety training and fire safety equipment had been serviced annually.
- We saw that blinds in the areas of the practice accessed by patients did not meet Department of Health guidance, February 2015, relating to blinds and blind cords in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement. The practice manager was informed of this risk on the day of the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Procedures were in place to test water systems for legionella and certificates to evidence this were in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, there was no risk assessment for legionella and the

Are services safe?

practice manager was unaware of any other control measures which may be required, depending on the type of water system in the building, such as checking water temperatures.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager completed daily audits of appointments including the uptake and numbers of patients who did not arrive to assist in planning the service provided.

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.

- 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 although only pads for adults were available for use. There was oxygen with adult and children's masks available.
- A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and 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

There was some evidence 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.

The practice had systems in place to keep clinical staff up to date. For example, the practice had protocols in place for care and treatment and changes to these were discussed in weekly clinical meetings and staff had access to guidelines from NICE. However, we found one member of the clinical team was not up to date with NICE guidelines relating to assessment and care and treatment of patients with long term conditions such as diabetes, asthma and chronic obstructive airways disease (COPD).

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 99.1% of the total number of points available with an overall exception rate of 12.4%. We saw high exception rate reporting in some indicators relating to some conditions including, heart disease, dementia, diabetes, cancer and COPD. (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). We reviewed this data with the clinicians and found some the high percentage rates were due to the very small number of patients in the practice with the condition, exception coding errors and patient's failure to attend for appointments. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99.9% which was better than the national average of 89.2%. There was high exception reporting of 23% to 30% in the three indicators relating to blood glucose monitoring. However, there was below average exception reporting for foot care, blood pressure monitoring and monitoring of cholesterol.

- Performance for atrial fibrillation (AF) indicators was 100%. One indicator in this area relating to anti-coagulant therapy had 44% exception reporting. A review of the records showed that some patients, due a change in their condition, should have been removed from the AF register rather than being on the exception report.
- Performance for mental health related indicators was 100%, which was higher than the national average of 93%. Exception rates were in line with CCG and national averages.
- Performance for asthma was 100% which was 3% above CCG and national averages and there was below average exception reporting in this area.
- We noted some of the high exception reporting related to uptake of flu vaccinations however, we found flu vaccination rates to be in line with CCG and national averages.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved assessment of patients to provide more detailed information on referrals to the memory and fertility clinics.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment although one clinician required some updates on care and treatment of long term conditions.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. The practice manager had reviewed the induction pack to provide more detailed and role specific training and had used a check list to review staff and identify any gaps in training.

Are services effective?

(for example, treatment is effective)

- The practice could not demonstrate that they monitored and ensured role-specific training and updating was provided for relevant staff on an ongoing basis. For example, we found not all clinical staff were up to date with NICE guidelines for providing care and treatment for patients with long-term conditions and consent guidelines in relation to young people. We found there was no system to monitor when training and updates were due for those giving vaccinations and immunisations.
- The practice nurse administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The nurse told us their vaccine training update had been due in February 2016 but the first training date available was June 2016. The practice sent us confirmation this training had been requested the day after the inspection. The nurse could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, fire safety awareness and basic life support. Staff we spoke with said they had received training in information governance and the practice manager told us this was available as an eLearning package although the training records showed not all staff had completed this. Records also showed not all clinical staff or the practice manager had completed training in infection prevention and control. Staff had access to e-learning training modules and in-house and external training events.

Coordinating patient care and information sharing

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. They had audited some referral processes to improve the level of information provided.

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 took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

We could not be assured all staff sought patients' consent to care and treatment in line with legislation and guidance.

- Although staff had received Mental Capacity Act (MCA) 2005 training, one of the clinicians we spoke with was unsure about legislation relating to deprivation of liberty safeguards (DoLS). The same clinician was also not familiar with relevant guidance such as Gillick Competences and Fraser guidelines relating to assessing a child's capacity to make decisions and consent to care and treatment.
- We observed consent forms had been completed for minor surgical procedures.

Supporting patients to live healthier lives

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

- Patients receiving palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice hosted weekly clinics provided by a visiting health professional for patients who required psychological support.
- The practice provide a machine for patients to take their own blood pressure, results were then reviewed by the nurse.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 76% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 84% to 100%.

Flu vaccination rates were comparable to the national averages. For example, vaccination rates for over 65's was 72% (average 72%) and for at risk groups was 51% (average 53%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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. The practice was small and the staff knew the patients well.

- 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 37 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was slightly below average compared with others for its satisfaction scores on consultations with GPs and nurses. The reception staff scored 10% higher than others for helpfulness. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that interpreter services and longer appointments were available for patients who did not have English as a first language.

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.

The practice had identified 31 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The practice manager told us the Carers Resilience Service attended the surgery weekly to provide advice and support for patients living with dementia and their carers and this team are invited to the multidisciplinary meetings.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients with a learning disability.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open as follows:

The reception was open Tuesday to Friday 8am to 6.30pm and on Mondays was open 8am to 7.30pm.

Surgeries were held 9am to 11am Monday to Friday and Monday 4pm to 7.30pm, Tuesday 1pm to 3pm, Wednesday 3pm to 5.30pm Thursday and Friday 4pm to 6pm.

In addition to pre-bookable appointments that could be booked up to 12 weeks 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 slightly above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and 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 manager monitored the use of appointments on a daily basis to inform the staff rota and arrangements for appointments. We were told by staff and a PPG member that various appointment options had been tried such as Saturday and early morning appointments but due to poor uptake these had not continued. Telephone GP consultations/triage had been put in place following a patient survey.

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 For example; a complaints poster and patient information leaflet was displayed in the reception area.

We looked at the three complaints received by the practice in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency with dealing with the complaint. All patients were offered a meeting with the GP to discuss their concerns and a letter was sent to them. Information relating to complaints did not advise patients on how to escalate their complaint if they were not happy with the response from the practice.

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 manager had been in post for almost a year and had made a number of improvements although some of these had been made more recently and were not embedded. A locum GP had been employed for four months to release some time for the lead GP to look at improvements in quality monitoring.

Governance arrangements

The practice had an overarching governance framework which outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The staffing structure was displayed in the reception area for patients.
- Practice specific policies were available to all staff. The majority of these had been reviewed by the practice manager although some required further development or consistent implementation.
- An understanding of the performance of the practice was maintained although some areas such as exception rate reporting required monitoring.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, where shortfalls had been identified action plans had not always been developed or actions for improvement had not always been implemented in a timely manner in relation to the risk.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some of these processes required review to ensure all improvement actions were implemented.
- The practice manager and practice nurse had put a number of systems in place to monitor and improve the service since their employment.

Leadership and culture

On the day of inspection the registered provider demonstrated they had the experience and capacity to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. However, we found some areas required monitoring and further development by the provider to achieve this. Staff told us the provider was 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 for staff on communicating with patients about notifiable safety incidents. The provider 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 and written 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. Staff were involved in discussions about how to run and develop the practice, and the provider encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Requires improvement 

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

through surveys and complaints received. The PPG had initially been formed in 2014, but there had been a lapse in meetings due to poor patient attendance for a limited period in late 2015. A new PPG was formed following an initiative to invite patients to join the group. An initial meeting had been held on 3 March 2016 with four members attending and there were plans to meet quarterly.

- A patient survey had been completed in 2016 and results were positive. An action plan to improve the service had not been developed at the time of the inspection.
- The practice had gathered feedback from staff 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.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>This was because:</p> <p>There was no evidence of the action taken by clinicians in response to medical alerts.</p> <p>Where health and safety audits had been completed they had not ensured action was taken to address shortfalls identified in a timely manner commensurate with risk. They had not put processes, such as fire drills, in place to monitor and ensure staff are aware of the procedures to take in the event of a fire despite this being identified in audits.</p> <p>The Department of Health guidance. February 2015 relating to blinds and blind cords had not been implemented to minimise the risk of serious injury due to entanglement.</p> <p>This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines</p> <p>This was because:</p> <p>Patient Group Directions were not authorised by the GP.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure staff had received appropriate training:

This was because:

Procedures were not in place to monitor and ensure mandatory and role-specific training and updating for staff was undertaken. For example:

Not all staff, where relevant, had completed infection prevention and control, chaperone and information governance training.

One clinician was unsure about legislation relating to deprivation of liberty safeguards (DoLS) and relevant guidance such as Gillick Competences and Fraser guidelines. They were also not up to date with guidance relating to the care and treatment for some long term conditions.

There were no procedures to ensure staff undertaking vaccines and immunisations were kept up to date.

This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed:

This was because:

The practice recruitment policy had not been implemented consistently. Written information relating to a person's character and conduct in previous

This section is primarily information for the provider

Requirement notices

employment, such as references, had not been obtained prior to employment for the locum GP. One reference for a nurse was not dated and did not evidence when it was received.

This was in breach of regulation 19(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.