

Aston Pride Community Health Centre

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?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Aston Pride Community Health Centre on 26 June 2015. Overall the practice is rated as requires improvement.

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.

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.
- Some of the risks to patients were assessed and well managed.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Some of the staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect. However, not all patients felt they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested. However patients said that they had to wait a long time for non-urgent appointments and results of the July 2015 national survey were aligned to this.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- Data showed patient outcomes were near average for the locality. We saw evidence that the practice had identified areas where improvement was required to improve patient outcomes.

However there were areas of practice where the provider needs to make improvements.

The areas where the provider must make improvements are:

- Ensure that non-clinical staff members who may be required to act as chaperones have undergone appropriate risk assessments, Disclosure and Barring Service (DBS) checks if required, and the necessary training to effectively and safely undertake the role.
- Ensure recruitment processes are applied consistently for all staff.
- Ensure that there are mechanisms in place to monitor and have oversight of checks of the building and environment to verify the safety of the premises.

In addition the provider should:

- Improve access and signposting to bereavement support services and ensure patients who have suffered bereavement are being appropriately supported by the practice.
- Ensure there is a systematic approach in place to receiving, sharing and actioning changes to clinical guidance.
- Ensure that clinical waste is stored securely and is not accessible to members of the public.
- Ensure that systems in place for the management of high risk medicines are always followed and all the required monitoring takes place.
- Ensure that staff receive all the necessary training such as annual updates in infection control.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Some risks to patients who used services were assessed but the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, recruitment, staff training, health and safety and infection control. Mechanisms were not in place to monitor and have oversight of checks of the building and environment to verify the safety of the premises. Systems in place for the management of high risk medicines were not always followed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were near average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training in basic life support, fire training and safeguarding children and adults. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

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

National data showed that patients rated the practice lower than others for some aspects of care. The practice had also carried out its own surveys which had received a higher response rate. The majority of patients said they were treated with compassion, dignity and respect. Some patients did not feel they were involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Requires improvement



Are services responsive to people's needs?

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

It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Requires improvement



Summary of findings

secure improvements to services where these were identified. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders such as the Patient Participation Group (PPG).

Are services well-led?

The practice is rated as requires improvement for providing being well-led as there are areas where it should make improvements.

The practice had a clear vision and strategy. Staff were aware of the vision and their responsibilities in relation to this. There was a leadership structure in place and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were some systems in place to monitor and improve quality and identify risk although gaps existed in the monitoring and oversight of some processes. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were near average for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care. Longer appointments and home visits were available for older people when needed.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. They operated specific clinics for patients with long term conditions such as diabetes, heart failure, hypertension and asthma. 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.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of harm. Immunisation rates for the standard childhood immunisations were mixed. The practice recognised that improvements were needed in immunisation rates. They had taken a number of steps to try and increase uptake by doing home visits or running weekly clinics

Requires improvement



Summary of findings

providing childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice is mainly those of working age and students. Although the practice offered extended opening hours for appointments from Monday to Friday, patients could not book appointments or order repeat prescriptions online. Health promotion advice was offered through the healthcare assistant employed by the practice.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks and offered longer appointments for people with a learning disability.

The practice regularly 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. 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

Most of the people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients about how to access various support groups and voluntary organisations. Staff had received training on how to care for people with poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing below local and national averages. However, the response rate was very low, with 54 responses and a response rate of 12%.

- 54% find it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 65% find the receptionists at this surgery helpful compared with a CCG average of 82% and a national average of 87%.
- 43% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 51% and a national average of 60%.
- 68% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 77% and a national average of 85%.
- 68% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 50% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 36% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65%.

- 34% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which gave mixed responses about the standard of care received. Twelve comment cards were overall positive whilst seven cards gave negative responses. Issues centred on reception staff attitudes, frustrations with the appointment system and waiting times. Positive comments focused on the patient experience with the GPs.

We also spoke with six patients on the day of the inspection, one of whom was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Responses from these patients were also consistent with the mixed responses found from other sources. Three of the five patients we spoke with were unhappy with reception staff attitudes and three patients were also unhappy with the appointments system. Other areas raised by patients we spoke with included two patients not being offered interpreters when they required one and two patients not being offered new patient health checks.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that non-clinical staff members who may be required to act as chaperones have undergone appropriate risk assessments, Disclosure and Barring Service (DBS) checks if required, and the necessary training to effectively and safely undertake the role.
- Ensure recruitment processes are applied consistently for all staff.
- Ensure that there are mechanisms in place to monitor and have oversight of checks of the building and environment to verify the safety of the premises.

Action the service **SHOULD** take to improve

In addition the provider should:

- Improve access and signposting to bereavement support services and ensure patients who have suffered bereavement are being appropriately supported by the practice.
- Ensure there is a systematic approach in place to receiving, sharing and actioning changes to clinical guidance.
- Ensure that clinical waste is stored securely and is not accessible to members of the public.

Summary of findings

- Ensure that systems in place for the management of high risk medicines are always followed and all the required monitoring takes place.
- Ensure that staff receive all the necessary training such as annual updates in infection control.

Aston Pride Community Health 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 CQC inspection manager, a practice manager specialist adviser and an Expert by Experience.

Background to Aston Pride Community Health Centre

Aston Pride Community Health Centre provides primary medical services to approximately 6600 patients in the local community and is one of two registered locations under the provider Newtown Health Centre. It has three GP partners within two registered locations of which only Aston Pride Community Health Centre was inspected. In addition to the GP partners there are three salaried GPs working at the practice together with a long term locum GP. Patients are able to book appointments with both male and female GPs should they prefer. An advanced nurse practitioner and three practice nurses are employed at the practice together with a health care assistant. The clinical team are supported by a practice performance manager, assistant practice manager and an administration team.

The practice has a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice's patient population profile is much younger than the national average with higher numbers of patients between the ages of 20 – 40 and 0 – 14 years. Data from Public Health England shows that the practice is located in an area where income deprivation is at the highest level.

The practice offers a range of clinics and services including, asthma, child health and development, contraception and chronic obstructive pulmonary diseases (COPD) (lung diseases).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 12.30pm every morning and 3pm to 6pm daily.

The out-of-hours services were provided by an external provider on behalf of the practice.

The two registered locations from which regulated activities are provided are:

Newtown Health Centre, 171 Melbourne Avenue,
Birmingham, West Midlands, B19 2JA

and

Aston Pride Community Health Centre, 74 Victoria Road,
Aston, Birmingham, West Midlands, B6 5HA.

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. This inspection was planned to check whether the provider was meeting the

Detailed findings

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 our inspection we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the local Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

During our inspection we spoke with a range of staff that included GPs, the management team, nursing and reception staff. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients who visited the practice. We spoke with five patients who visited the practice during the inspection. We reviewed 19 comment cards where patients and members of the public shared their views and experiences of the practice.

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. For example, for reporting incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed records of four clinical significant events that had occurred during the last 12 months and saw this system was followed appropriately. One GP told us that regular meetings to discuss significant events were not in place, however when necessary these were discussed at clinical meetings. We saw that a meeting had been scheduled for 30 June 2015 specifically to review safety records and incident reports. The practice performance manager told us that this was the first meeting to review emerging themes and trends from significant events as they had recognised the benefits of doing this.

However, there was less focus on reporting non-clinical incidents and significant events for which there was a separate system of recording. These records did not detail the actions taken or if lessons had been learnt and shared amongst appropriate staff.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep patients safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 all had received training relevant to their role.
- The practice had a chaperone policy. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff and health care assistants acted as chaperones when required.

Non-clinical staff members said they would act as a chaperone if nursing staff were not available.

Non-clinical staff had not been trained to ensure that they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Risk assessments were not in place for non-clinical staff undertaking chaperone duties to establish if Disclosure and Barring Service (DBS) checks were required. (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 were some procedures in place for monitoring and managing risks to patient and staff safety. These included medicines management, staffing, dealing with emergencies and equipment. Records showed that staff were up to date with fire training and that they practised regular fire drills. The practice had also carried out fire risk assessments and had risk assessments in place for infection control. However, systems, processes and risk logs were not in place to ensure practice oversight and regular checks of the building and environment. For example there was no practice processes to ensure legionella (a bacterium which can contaminate water systems in buildings) testing was up-to-date nor monitoring processes to ensure that the premises were being cleaned effectively. The practice performance manager told us that legionella testing and cleaning of the premises was completed by the building owners but there was no monitoring or oversight of this by the practice. Health and safety information was displayed for staff to see and there was an identified health and safety representative. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules were in place to identify the frequency of cleaning. However, records were not in place to demonstrate how this was being monitored. An infection control policy and supporting procedures were available for staff to refer to. The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. The practice policy stated that all staff

Are services safe?

would receive induction training about infection control specific to their role and receive annual updates. The training records we viewed did not demonstrate that the annual updates had been provided. We saw evidence that the lead had carried out an audit/checklist in April 2015 and improvements had been identified for action. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap and hand towel dispensers were available in treatment rooms. We did not have assurance that the management, testing and investigation of legionella was in place. The provider told us that they did not own the building and this was the responsibility of the landlord. The provider was unable to assure us that the building was safe for the use of their patients and staff. There was a contract for the safe disposal of clinical waste, however we saw that on the day of the inspection the clinical waste was not unsecure and accessible to members of the public.

- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures. Records showed that fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were returned to the pharmacist. All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were held securely.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. There was system in place for the management of high risk medicines. However, we saw one example where this process had not been followed. This related to the monitoring of medicine used to thin the blood. These medicines require regular monitoring in accordance with national guidance. Appropriate action in relation to prescribing is based on these

results. We saw one patient record which showed that this procedure had not been followed and a patient prescription had been issued without the required monitoring taking place.

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at did not meet the standards set out in the policy. The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity. For example, checks had not been undertaken prior to employment in relation to obtaining references. We saw details of professional registration were recorded to ensure clinical staff were up to date, for example nurses were registered with the Nursing and Midwifery Council (NMC). The NMC was set up to protect the public by ensuring that nurses and midwives provide high standards of care to their patients and clients.
- 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

The practice had arrangements in place to manage emergencies. Records we viewed showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked that the pads for the automated external defibrillator were within their expiry date.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Are services safe?

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We discussed with the practice performance manager, GP and nurse how NICE guidance was received into the practice. We saw minutes of clinical meetings which showed where guidance had been discussed and implications for patients were identified and required actions agreed. The GPs we spoke with recognised that they did not currently have a systematic approach in place to receiving, sharing and actioning changes to guidance.

The GPs told us they led in specialist clinical areas such as diabetes and asthma and the practice nurses supported this work. Staff described how they carried out assessments which covered health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that multidisciplinary meetings were in place to support this work. We saw that after patients were discharged from hospital their care and treatment was further discussed at the next multidisciplinary team meeting (MDT) to ensure their continuing needs were being met.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(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. Data from 2013/2014 showed;

- Performance for diabetes related indicators was similar to the national average (overall practice average of 88% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average (practice average of 86% compared to a national average of 83%).
- Performance for mental health related indicators was similar to the national average (practice average of 86% compared to a national average of 89%).

The practice proactively reviewed its QOF figures and recalled patients where necessary for reviews. The practice was aware of the areas where performance was below the national or CCG averages and we saw actions setting out how these were being addressed. For example practice figures were not in line with national averages for patients over 65 who had received a flu vaccination (practice average of 56% compared to a national average of 73%) or women aged 25-64 for whom a cervical screening test had been performed in the preceding 5 years (73% compared to a national average 82%).

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice showed us a number of clinical and non-clinical audits that had been undertaken mainly in conjunction with the CCG. These were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, audits had taken place of patients on the palliative care register, patients on prescription for a cholesterol lowering drug and those taking blood pressure medicines. We saw that re-audits had identified improvements to the prescribing data for these drugs.

Effective staffing

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

- We noted a good skill mix among the doctors with some having additional qualifications, for example, extended role practitioner employed by CCG to perform minor

Are services effective?

(for example, treatment is effective)

surgery. All GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation.

- We reviewed training records for other non-clinical staff which held limited information. The training matrix recorded annual basic life support, fire training and safeguarding children and adults training only and practice staff we spoke with confirmed this.
- Annual appraisals for staff had been completed. The appraisal process had identified learning needs for the next 12 months.

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 blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service. All relevant information was shared with other services in a timely way, for example, when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's 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 are discharged from hospital. For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency (A&E). We saw evidence that the practice held multidisciplinary team meetings to discuss patients with complex needs and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity

and, where appropriate, recorded the outcome of the assessment. We saw that guidance for clinicians was displayed in consulting rooms. A GP shared an example of the decision making and consent process for a patient with learning disabilities.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A healthcare assistant was available on the premises to provide support in relation to healthy diets whilst patients requiring smoking cessation support were referred onto the local smoking cessation services.

The practice had a comprehensive screening programme. The practice's performance for the cervical screening programme was 73%. We found that the practice were aware that they were currently below the national average of 82% and were proactively looking at ways to address this. We were told this was a long-term issue which the practice believed was mainly due to the ethnic mix of the registered patients who were culturally unwilling to undergo cervical screening.

Childhood immunisation data received from the practice indicated that rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 100% and five year olds from 68% to 92%. Flu vaccination rates for the over 65s were 56% (national average was 73%), and at risk groups 45% (national average was 52%) which were also below CCG and national averages.

The practice informed us that they were aware of issues with vaccination rates and cervical screening and had been working to increase uptake of both. For example, we were told that for patients aged over 65, a second reminder letter was sent following the initial letter. If required, this was then followed up with a telephone call. Flu clinics had also been set up to try and increase uptake levels as well as home visits.

We saw that processes were in place for patients to undergo appropriate health assessments and checks. These included health checks for new patients and NHS

Are services effective?

(for example, treatment is effective)

health checks for patients aged 40–74. However, two of the patients we spoke with told us they had not been offered new patient health checks. Appropriate follow-ups on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and that patients were treated with dignity and respect.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. We saw that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment 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.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 19 completed cards, 63% were positive about the service experienced. These patients said they felt the practice offered a good service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. However, 37% of comments were less positive and the common theme in these was access to appointments and attitude of reception staff.

We also gained the views of five patients on the day of our inspection and received mixed feedback with two of the patients we spoke with being unhappy with the attitude of reception staff they had communicated with whilst another two reported to have found staff helpful. We found that the practice had identified reception staff attitude as an issue and we saw evidence of discussions with staff about this at team meetings. Reception staff had also been provided with some focused training. However, current patient views indicated that this issue had not been successfully resolved.

We also spoke with a member of the patient participation group (PPG) who 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 from 2 July 2015 also showed that patient's responses were mixed. The practice was in general lower for its satisfaction scores on consultations with doctors although the response rate for the national survey was also low at 12% (457 surveys were sent out and 54 responses received). For example:

- 83% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 75% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and national average of 95%
- 64% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 65% patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

The practice had also carried out its own survey in January 2015 for which it had received responses from 55 patients. The results of this survey had been analysed by the practice and an action plan for any identified improvement areas had been drawn up. This included a plan to improve communications skills of staff and to gain further feedback on the new appointments system. However, results of the July 2015 national patient survey indicated that the actions carried out to try and improve the patient experience had not had a positive impact and demonstrated that further actions and improvements were required.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with 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. Other patients felt that this was not always the case. Patient feedback on the comment cards we received was also mixed and aligned with these views.

Are services caring?

Results from the July 2015 national GP patient survey we reviewed showed patients responded mainly positively to questions about their involvement in planning and making decisions about their care and treatment. Generally however, patients rated the practice lower than CCG and national averages in these areas. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%.

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

saw notices in the reception areas informing patients this service was available. However, two patients we spoke with told us they had not been offered interpreters when they required one.

Patient and carer support to cope emotionally with care and treatment

There was a practice register of patients who were carers and we were told that those identified as carers were supported, for example, by offering health checks and referral for social services support. A leaflet for carers was seen in the waiting area.

One of the GPs we spoke with told us that the practice did not have a formal policy to contact families that had suffered bereavement. However, opportunistic advice on support services was sometimes provided and out of hours services were informed of any deaths.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, to try and increase the low uptake of vaccination rates.

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). For example, a member of the PPG we spoke with told us that due to concerns about confidentiality at the waiting area, the practice had implemented their suggestion to relocate the phones to the back of the reception office.
- There were disabled facilities, hearing loop and translation services available.
- The practice premises had a lift available to improve access.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 3pm to 6pm daily. Appointments were booked only on the day they were required although GPs could book an advance appointment if necessary. Urgent appointments were also available for patients that needed them. We reviewed the system and saw slots were available for use in emergencies and for patients who attended in crisis. Online appointment booking however was not yet available although we were told this was being considered by the practice.

Patients were required to ring the surgery and let the receptionists briefly know about their issue. A triage system was in place whereby the GP would call the patient back

and either have a telephone consultation or book an appointment to see the patient, usually on the same day. We were told that exceptions are made for patients who had difficulty communicating on the phone, for example those with hearing difficulties or learning disabilities.

Results from the national GP patient survey for 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. The response rate for the national survey was 12% (457 surveys were sent out and 54 responses received). For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 54% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 36% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% and national average of 65%.

We spoke with five patients during the inspection and their views on the new triage system were mixed. We also spoke with a member of the patient participation group (PPG). They also told us that the PPG's main concern was to do with the appointment system and access to appointments in general. These responses were consistent with the views obtained from the completed comments cards. The practice had also carried out its own survey in January 2015 which had received responses from 55 patients. Results from this survey indicated that 64% felt that the new telephone appointment triage system was better than the old system whilst 18% had preferred the previous system. However, concerns raised in the national survey regarding staff attitudes, patient experiences in making appointments and long waiting times were aligned to the comments received from patients on the day of the inspection.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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. There was a poster displayed in the waiting areas advising patients to speak to the reception manager should they wish to make a complaint. Patients we spoke with were aware of the process to follow if they wished to make a complaint. We looked at some of the complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way.

The practice reviewed complaints annually to detect themes or trends. We looked at the report for the last review where themes had been identified. We saw that the analysis of complaints had been presented and discussed at a recent PPG meeting. Where themes had been identified action had been taken to address the issues raised, for example, in addressing complaints about staff attitudes. However, patient feedback collected on the day of the inspection demonstrated that improvements were still required in this area.

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 stated that by putting patients first, the practice upheld the NHS principles in providing safe, high quality services through excellent patient experience.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This 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
- Practice specific policies were implemented and were available to all staff
- The practice had a comprehensive understanding of their performance
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, results from the July 2015 survey and feedback from patients on the day of the inspection demonstrated the improvements had not had the required impact that the further improvements were required to increase patient experiences.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However, gaps existed in the monitoring and oversight of some of the risks such as those associated with infection control and control of substances hazardous to health.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. Two of 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. All staff were involved in discussions about how to run the practice and how to develop the practice. Staff told us that the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Staff told us that regular team meetings were held. Staff we spoke with told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did.

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 through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. We saw that the results from the latest patient satisfaction survey had been analysed and discussed at a PPG meeting and a copy posted on the practice website. An action plan had been put in place and presented to the group.

The practice had also 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 in improving how the practice was run.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the provider had not protected persons employed, services users and others who may be at risk against identifiable risks of receiving care or treatment.</p> <p>The practice did not have robust monitoring mechanisms or assurance processes in place to verify the safety of the premises. For example, to demonstrate that premises were being cleaned effectively in accordance with the cleaning schedules.</p> <p>The practice did not ensure that legionella risk assessments were in place and that actions were implemented to safeguard patients from the risks associated with legionella bacterium.</p> <p>The practice had not carried out risk assessments for non-clinical staff members who had been required to act as chaperones to determine if Disclosure and Barring Service (DBS) checks were needed. Some staff had also not undergone the training to ensure they were competent and safe to undertake this role.</p> <p>Regulation 12 (1)(2)(a)(b)(c)(h) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>We found that the registered person had not operated effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying out a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work.</p>

This section is primarily information for the provider

Requirement notices

The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.

This was in breach of Regulation 19 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.