Church Street Partnership

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?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Street Partnership on 21 May 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe and well led services. It was good for providing a caring, effective and responsive service.

We also found the practice to be good at providing services for older people, those 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, and people experiencing poor mental health, including people with dementia. As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

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. Information about safety was recorded and assessed but was not always monitored, reviewed and addressed appropriately.
- Data showed patient outcomes were average for the locality. Audits had been carried out and we saw evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were usually available on the day they were requested. However, patients said that they sometimes had difficulty getting through on the telephone.

Summary of findings

- The practice had a number of policies and procedures to govern activity but there were some omissions and policies were not always followed and monitoring processes were not always robust.
- The practice had proactively sought feedback from patients but did not actively seek feedback from non-clinical staff or provide an opportunity for them to meet as a team or give feedback on performance through appraisal.

The areas where the provider MUST make improvements are:

- Establish systems and processes to assess risks and implement actions to ensure the health and safety of people who used the service including those related to infection control, checking of emergency medicines, emergency equipment, legionella risk assessments, fire procedures and safeguarding children and adults.
- Introduce systems to provide reception and administration staff with appropriate on-going and periodic supervision, appraisal and staff meeting opportunities in their role to make sure their competencies are maintained.
- Ensure that risk assessment or a Disclosure and Barring checks (DBS) are carried out for non-clinical staff that needed this check such as those carrying out chaperone duties.

Action the provider SHOULD take to improve:

- Ensure robust systems are in place to monitor the checking of fridge temperatures, emergency medicines and equipment
- Introduce means of gaining regular effective two way communication and involvement between management and reception and administrative staff and sharing of lessons learned from complaints and significant events.
- Carry out fire drills to ensure staff know what to do in the event of a fire.
- Ensure staff are trained in equality and diversity.
- Continue to monitor and improve telephone access.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, risk assessment or DBS check for reception or administration staff who carried out chaperone duties, training in safeguarding, fire and infection control measures and quality assurance checks to ensure systems were working.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Clinical staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals for clinical staff with personal development plans but these had not been carried out for non-clinical staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice just below that of others for several aspects of care but was still comparatively high. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients' views were mixed regarding ease of making an appointment. Patients could make an appointment with a named GP but this took longer. There was evidence of continuity of care, with urgent appointments available

Summary of findings

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 that the practice responded quickly to issues raised. Learning from complaints with clinical staff took place but was verbal for administrative staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy, all staff were aware of this and their responsibilities in relation to it. There was a leadership structure and most staff felt supported by management but at times felt they did not get an opportunity to share as a team the issues facing them in the practice. The practice had policies and procedures to govern activity but some such as the infection control policy were not followed. Governance was discussed in clinical meetings held regularly. The practice proactively sought feedback from patients and had an active patient participation group (PPG). All staff had received inductions but not all staff had received regular performance reviews or had the opportunity to attend staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

Nationally reported data showed that outcomes for patients were good 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 dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Requires improvement

As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

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. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people 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

Requires improvement

As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

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 high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice communicated with midwives and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and these patients received a follow-up. It 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. Although reception staff and administration staff had not received formal training in safeguarding they 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)

Requires improvement

As the provider was rated as requires improvement for safety and for well-led, the concerns which led to these ratings apply overall to everyone using the practice, including the population groups.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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 including MIND. It had a system in place to follow up

Summary of findings

patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

We spoke with nine patients during our inspection and reviewed comment cards that patients had left at the practice. Twenty two comments cards had been left by patients and all reported a high level of satisfaction regarding care and treatment from both the GPs and nurses. Some comments referred to being treated with kindness by the GPs and being helped through difficult times and treatments. They reported that reception staff were friendly and helpful and that they always found the practice to be safe and clean. Three cards contained comments on the difficulty they experienced when trying to make an appointment.

Two of the patients we spoke with told us they found it difficult to get an appointment, but all other patients reported they did not have difficulty. All remarked that when they did get a consultation they experienced very good care. Some patients told us they found the walk in facility particularly useful which was available at one of the branch surgeries. They told us that the GPs and nurses were good at listening to them and provided sufficient time and explanation of their condition and treatment. Patients who were suffering with long term conditions told us they were sent for regularly for a review of their condition and they had been referred appropriately to other services when necessary.

We also spoke with the chair of the patient participation group (PPG) who told us the practice engaged well with them. A PPG is a group of patients who work with the practice to suggest ways of making improvements and represent the views of the practice population. They told us they listened to their views and made efforts to address concerns regarding a variety of issues, specifically access to appointments and the telephone system, which had been on-going for some time.

The results of the national patient survey 2014 and practice survey carried out at the end of 2014 were negative regarding access to appointments, showing significantly lower satisfaction regarding obtaining appointments compared to other practices in the area and nationally.

Areas for improvement

Action the service MUST take to improve

- Establish systems and processes to assess risks and implement actions to ensure the health and safety of people who used the service including those related to infection control, checking of emergency medicines, emergency equipment, legionella risk assessments, fire procedures and safeguarding children and adults.
- Introduce systems to provide reception and administration staff with appropriate on-going and periodic supervision, appraisal and staff meeting opportunities in their role to make sure their competencies are maintained.
- Ensure that risk assessment or a Disclosure and Barring checks (DBS) are carried out for non-clinical staff that needed this check such as those carrying out chaperone duties.

Action the service SHOULD take to improve

- Ensure robust systems are in place to monitor the checking of fridge temperatures, emergency medicines and equipment
- Introduce means of gaining regular effective two way communication and involvement between management and reception and administrative staff and sharing of lessons learned from complaints and significant events.
- Carry out fire drills to ensure staff know what to do in the event of a fire.
- Ensure staff are trained in equality and diversity.
- Continue to monitor and improve telephone access

Church Street Partnership

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, a specialist practice manager advisor and another CQC inspector.

Background to Church Street Partnership

Church Street Partnership provides primary medical services to approximately 17,000 patients in the Bishops Stortford and surrounding areas. The practice is located in the centre of the market town of Bishops Stortford. It has two branch surgeries one at Haymeads Health Centre which is situated within the local Herts and Essex Community Hospital site and one at Thorley Health Centre. We did not inspect either of the branch surgeries as part of this inspection.

The practice provides primary medical services under a General Medical Service (GMS) contract. There are six GP partners and one salaried GP, four nurses, a health care assistant, a practice manager, assistant practice manager and reception manager, who are supported by a number of administrative and reception staff. The practice have been trying to recruit a new GP partner for some months and is continuing to pursue this and locum GPs have been utilised during this time.

The practice population has a higher than average number of patients in the 5 to15 years and 35 to 55 years age groups and data indicates that there is very little deprivation in the area.

Church Street Partnership and its branch surgeries were last inspected in January 2014. At that time we found the practice and its branch surgeries were not meeting regulation 17, HSCA 2008 (Regulated Activities) regulations 2010 related to treating patients with consideration and respect, regulation 9, HSCA 2008 (Regulated Activities) regulations 2010 related to arrangements for dealing with emergencies, regulation 23, HSCA 2008 (Regulated Activities) regulations 2010 related to Supporting workers and regulation 10, HSCA 2008 (Regulated Activities) regulations 2010 related to complaints management. Checking compliance with the above previous breaches was a consideration in planning this inspection.

When the practice is closed out of hours services are provided by Hertfordshire Urgent Care.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme but also reviewed whether the practice had undertaken the actions required from our inspection in January 2014.

How we carried out this inspection

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

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

Detailed findings

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)

Before our inspection we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We also noted the areas from the last inspection that the practice had agreed to address. We carried out an announced inspection on 21 May 2015. During our inspection we spoke with a range of staff including GPs, a practice nurse, the health care assistant, practice manager and assistant practice manager and reception and administration staff. We spoke with patients who attended the practice that day and observed how patients and their carers were assisted by staff. We also spoke with a member of the patient participation group (PPG) to determine how the practice engaged with them. A PPG is a group of patients who represent the views of other patients in the practice and works with the practice to introduce improvements.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. We saw records of patient safety alerts received and shared, as well as prescribing audits and significant event recording. The practice also received and reported patients' complaints and carried out risk assessments. For example we saw a risk assessment of the premises. However, we noted that some actions from risk assessments had not been implemented, such as actions from the Legionella assessment. This showed the practice had managed these in parts but there were some inconsistencies which required measures to demonstrate a more robust approach.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events and patient complaints were discussed as and when they occurred at practice meetings and actions agreed and implemented. We saw evidence that the practice had learned from these and that the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration, although reception and administration staff did not attend practice meetings to share the outcomes of any issues and would be informed on an ad hoc basis.

Staff used incident forms on the practice intranet and sent completed forms to the practice manager. The GPs showed us the system used to manage and monitor incidents. We tracked two incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of action taken as a result. For example, we saw that the practice had contacted a secondary care provider to clarify their procedures and had shared this with all GPs in the practice to ensure timely referral of patients. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken. We saw an example of a home visit which had taken place to explain and apologise to a patient.

National patient safety alerts were disseminated to the appropriate practice staff when necessary. We saw there had been no significant safety alerts recently but staff we spoke with were aware of them and of their responsibility to take action when necessary.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We saw protocols for both adult and children's safeguarding which were up to date containing the relevant information to inform staff. We asked members of medical, nursing and administrative staff about their most recent safeguarding training and whilst clinical staff told us they had undertaken training, a significant number of reception and administration staff told us they had not received any training. The practice had a training matrix which showed only nine administration staff had undertaken safeguarding training in 2012. Although reception and administration staff had not received training they were able to demonstrate how they might recognise signs of abuse and were aware of a policy and relevant contact numbers in reception.

Whilst they did not know who the safeguarding lead was for the practice, they told us they would report any safeguarding concerns to the reception or practice manager. The nursing staff and GPs told us they had undertaken safeguarding training, and whilst we did not see any training records as they were not kept at the practice, they could demonstrate good awareness of safeguarding and were also aware of their responsibilities. They knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. We noted that contact details were easily accessible in the practice protocol and in the reception area and staff were aware where these were.

The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the

necessary training to enable them to fulfil this role. All clinical staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments. For example, children on the child protection register or a vulnerable adult. The practice also have a system where they notified the health visitor if children did not attend for immunisations and vulnerable children and adults were discussed at the multi-disciplinary meetings monthly. We saw minutes of meetings where discussions had taken place regarding vulnerable patients.

During our last inspection in January 2014, the chaperone policy was still in draft form and had not been signed off by the partners. We noted that the practice now had a chaperone policy in use which was in date and a review date set for 2016. We saw that signs advertising availability of chaperones had also been introduced since our last inspection and were easily visible in all areas of the practice. (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). Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination and whilst reception staff did not have disclosure and barring service checks (DBS) the chaperone policy stated that staff would not be left alone with patients at any time. However, there were no risk assessments for non-clinical staff who had not had DBS checks. 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.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We noted there was a system for checking the fridge temperatures and emergency medicines and a specific member of staff was responsible for doing this. However, we noted there were some gaps in the recording. The staff member responsible told us that if there were no nursing staff on duty then this would be done the next time the nurse was on duty in the practice.

We spoke with the health care assistant who told us it was their role to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates and expired and unwanted medicines were disposed of in line with waste regulations. However, we noted there was no check list to record and check stock levels of medicines. We also noted that as the practice had three sites, they had split boxes of medicines, such as those used in emergencies and whilst all were in date, there was a mixture of medicines in boxes with different expiry dates and batch numbers. This would be relevant if there was a recall of any of these medicines. Since our inspection the assistant practice manager informed us that a system has been introduced to stop this practice and the boxes had been removed.

We saw minutes of a practice meeting that had been held with the prescribing adviser from the locality group which demonstrated the practice's commitment to reviewing prescribing data and taking appropriate action.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and the health care assistant and nurse we spoke with confirmed they had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which alerted GPs and included regular monitoring of patients in line with national guidance. Appropriate action was taken based on the results. One GP demonstrated the system to show that the procedure was being followed.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

All areas of the practice were visibly clean and tidy. The practice employed a contract cleaner and we saw that

cleaning schedules were in place and cleaning records maintained. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead GP for infection control who was responsible for looking at the policy and the practice nurse who was the lead named in the policy and responsible for checking infection control procedures were maintained. We spoke with the named lead nurse who was not aware that they were the lead. There had been no infection control audit carried out, despite the fact that the infection control policy stated this would be done annually. The nursing staff told us they had undertaken infection control training at induction and that they had yearly updates and the health care assistant confirmed they had attended an infection control workshop. We spoke with reception and administration staff who told us they had not received infection control training and noted this was not included in the induction of new staff. Since our inspection the deputy practice manager informed us that they had an online training package to be made available to all staff to cover specific aspects such as safeguarding, infection control and customer service, but this had not yet been agreed or approved by the GP partners and was still work in progress.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

We noted that notices about hand hygiene techniques were not displayed in staff and patient toilets. However, since our inspection the practice manager informed us that they have now placed laminated signs reminding patients regarding hand hygiene. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms and flooring was appropriate.

The practice had carried out a Legionella test (a bacterium that can grow in contaminated water and can be potentially fatal) 18 months ago but there were no records kept of water temperature checks which was a recommendation of the Legionella check. The practice manager told us they were had not been carried out. Following our inspection the deputy practice manager informed us that a monthly checking process had been introduced and they sent us signed documentation of this.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example electrocardiogram, weighing scales and blood pressure measuring devices. We found one spirometer which required calibration. The practice manager told us this was because they had not used it for some time. They have contacted us since the inspection to confirm that this has now been calibrated.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) for clinical staff. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We noted that reception and administration staff had not had DBS

checks and could not see that risk assessments had been carried out.

The practice manager told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The health care assistant had developed their skills and was able to offer additional hours when there was a need. The reception and administration staff were all trained in different roles and were able to cover when necessary. The nursing staff worked part time and told us they covered each other's annual leave and sickness when required.

Requires improvement

Are services safe?

The practice were aware of the need for an additional GP and had been actively trying to recruit for several months. They used locum GPs in the interim to ensure there was sufficient clinical appointment time. They had also recognised the need for additional nursing staff and a new nurse was due to start at the practice soon. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor some risks to patients, staff and visitors to the practice. These included checks of the building, fire risk assessment, the environment and staffing, but there were some risks that had not been addressed with regard to medicines management and equipment. For example, there was no check list or stock record of medicines in the nurses' room, no infection control audit or measure to demonstrate that patients and staff were protected from the risks of infection and no fire training or drill had taken place for some time. The practice had health and safety information which was behind the reception area, although the identified GP had now retired and had not been replaced. The practice manager told us they had had a meeting with a consultant in health and safety who was attending the practice soon to carry out a full assessment. Health and safety information was displayed in the staff handbook which was available for staff to see.

Risks that were identified were logged individually and were not part of a summarised log. We saw from minutes of practice meetings that identified issues considered to be a risk were discussed and actions documented accordingly. However, some risks had not been identified or actions scheduled.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis. 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.

When we inspected the practice in January 2014, we found there was no emergency plan to ensure that the service could continue to function in an emergency. During our inspection we found that a business continuity plan had been introduced and was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety and fire marshals had been allocated to each floor. However, no fire training or drill had been undertaken recently and we did not see up to date records of all staff having received fire training.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and local commissioners. We saw confirmation of involvement with the local clinical commissioning group. The GPs confirmed they all received new guidelines electronically and safety alerts which were discussed at clinical meetings. Discussions with the GPs and nurses demonstrated staff completed thorough assessments of patients' needs in line with NICE guidelines and these were reviewed when appropriate to ensure that each patient received support to achieve the best health outcome for them. We saw minutes from clinical meetings which took place every three to four weeks and included all clinical staff and showed discussion regarding performance and assessment of patients' needs.

The practice had two GPs who led in diabetes care and one in dermatology. Nursing staff in the practice specialised in specific conditions such as diabetes and asthma. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines and we noted that documentation in the minutes of the clinical practice meetings regarding this.

The GPs showed us data from the local CCG of the practice's performance for antibiotic prescribing, which we saw was low. We noted that this had been audited by the practice and that the practice engaged with the CCG prescribing advisor to achieve the most effective outcomes and use of medicines. When the GPs prescribed antibiotics the need for this was documented in the patient's notes explaining prescription was made on clinical need. The practice had a register for patients with severe mental health problems and those with a learning disability. We saw that patients on these registers had been offered an extended appointment for a physical and mental health review in the last year. We noted from data that the practice had the lowest rate of unplanned hospital admission in the locality. They considered this to be attributable to the open access clinic for emergency care they had available at their branch surgery .We were shown the process the practice used to review patients recently discharged from hospital where the appropriate GP received the discharge letter and acted on accordingly and were also reviewed in the clinical meetings.

We noted from discussions with staff that discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager and deputy practice manager to support the practice to carry out clinical audits.

The practice showed us two clinical audits that had been undertaken in the last year both of which had resulted in changes in practice and the need to target patients in a specific group for treatment. One of these was a completed audit cycle regarding prostate cancer where the practice was able to demonstrate the changes resulting since the initial audit which resulted in improved outcomes for the group of patients involved. The original audit had been carried out in response to a clinical incident.

We saw from minutes of meetings that the GPs met with the prescribing advisor from the locality to monitor, review and discuss prescribing rates and best practice. We also noted from the minutes that Quality and Outcome Framework (QOF) targets were monitored and discussed to determine where the practice needed make improvements. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). We saw that timescales for review of patients with depression had been discussed to alert GPs to this and ensure appropriate review and coding took place.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice QOF achievement was lower than that of other

Good

Are services effective?

(for example, treatment is effective)

practices in the locality and nationally in some areas such as diabetes, epilepsy and hypertension and they were working to address this. They had recruited a new practice nurse and were continuing to try to recruit another GP to increase the workforce. However, they had a higher achievement than other practices in areas such as asthma, depression, learning disabilities and heart failure.

GPs spoke positively about the culture in the practice around audit and quality improvement and we noted that GPs undertook audit which they organised as part of their appraisal.

We saw there was a protocol for repeat prescribing and medication review which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. There was an alert which appeared on patients' record screens which was sent to the individual GP if patients were due a review. The practice had a system where patients requiring annual review for their long term conditions would only be given one months supply if they had not attended for review. This was reduced to weekly after three periods of non-attendance to encourage compliance .The IT system also alerted GPs to patients who required blood monitoring for which they had a system for contacting patients via the reception staff.

The practice had implemented 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. We saw minutes of meetings which were well attended by members of the team.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar practices in the area. This benchmarking data showed the practice had outcomes that were comparable to other services in the area. For example cancer diagnoses and antibiotic prescribing.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff had attended annual basic life support and saw that an update was booked for June 2015 but mandatory training for areas such as, fire and safeguarding had not been completed. We noted a good skill mix among the GP with two having a special interest in diabetes and two in dermatology. All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

During our inspection in January 2014 we found that the practice staff had not provided their administration and reception staff with sufficient training to enable them to deliver good customer care and manage situations of conflict or carried out appraisal for those staff. We found during our inspection on 21 May 2015 that a significant number of reception staff had received training in customer service, dealing with carers, confidentiality and dealing with conflict to help them carry out their role more effectively. We saw the training matrix to demonstrate this. However, we noted that whilst the nursing staff had undertaken annual appraisal and reported being well supported by the GPs, administrative and reception staff had still not been appraised. The practice manager told us that they had experienced considerable staff absence which had put pressure on the team. The staff we spoke with told us that although they had not received appraisal they felt they could go to the reception manager at any time if they felt they needed support or training. Following our inspection the assistant practice manager contacted us and provided a programme of appraisal, which showed they had completed seven appraisals since our inspection and these were ongoing.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines, cervical cytology and ear syringing. One nurse had achieved a diploma in asthma which the practice had supported them in completing.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It had a system in place to deal with blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services

Good

Are services effective?

(for example, treatment is effective)

and the 111 service both electronically and by post. The GP who saw these documents and results was responsible for the action required and they had a buddy in reception to whom they confirmed that results had been acted upon. All staff we spoke with understood their roles and felt the system in place worked well. Since an incident in 2012, systems had been put in place and there had been no further incidents where results had been missed or not followed up appropriately.

The practice was commissioned for the new enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We saw that the policy for acting on hospital communications was working well in this respect.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by community nurse specialist, palliative care nurses and health visitors and decisions about care planning were documented in a shared care record. We saw minutes from the meeting to confirm this. The practice told us that the district nurses and health visitors worked from one of the branch sites and an open door policy was encouraged to ensure good communication and follow up.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, the out of hours reports were sent electronically to the GPs at the end of surgery and highlighted to them to ensure appropriate priority action took place. Referrals were sent to secretarial staff to direct to the hospital and they had specific staff who dealt with the referrals through the Choose and Book system (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use. The practice used specific forms agreed by the locality for urgent referrals such as for cancer and rapid access chest pain referrals.

The practice demonstrated on the computer system the option to print a summary for patients requiring emergency hospital admission and highlighted the importance of this communication with A&E. The practice has also signed up to the electronic Summary Care Record. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. The software in use enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. However, the practice had plans to change to a new computer system in 2016 to support the development of a federation with other practices in the locality and was developing plans to ensure that all staff would have extensive training in readiness for this. A GP federation is where practices work together to share resources, expertise and services either to commission and or provide services.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. Clinical staff undertook training as part of a recent local vulnerable adult training meeting in the locality. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Staff spoke confidently regarding their role in dealing with capacity and were aware of their responsibilities.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. The practice had started work on these care plans but this was work ongoing as they were including end of life and nursing homes patients and the loss of a practice nurse had slowed progress. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

The GPs demonstrated the recording system they used for minor surgery procedures which included a consent form showing risks explained and this was scanned into the patient record.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

The practice had met with the CCG to discuss the implications and share information about the needs of the practice population identified by various sources. This information was used to help focus health promotion activity.

New patients with long term conditions were entered on the system to ensure they were called for their review and the GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture within the practice to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 15 to 24 years. The practice did not offer smoking cessation clinics as the area had several smoking cessation resources which they could signpost patients to, such as the local pharmacies.

The practice also offered NHS Health Checks to its patients aged 40 to 75 years opportunistically and any areas of abnormality were referred to the GP for review. One practice nurse had specialist training in family planning and could provide contraceptive implants and a comprehensive range of contraceptive and family planning advice to patients.

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and 42 out of 62 patients had received an annual physical health check and the clinical system had an alert to highlight patients who were vulnerable.

There was a pod in the reception area where patients could take their own blood pressure and give the results to reception for inputting into their records.

The practice identified patients with dementia and had a system of calling a specific number for review each month where a letter was sent to the patient inviting them to attend for review. The nurse told us they had carried out 52 reviews out of 65 last year. A similar approach was taken for patients with mental health problems and they had undertaken 39 physical health reviews on these patients from of a register of 98. Discussions with GPs showed that the patients had been called for review but patients in this group often did not take up the offer of review. Patients with mental health problems were also signposted to voluntary organisations to provide additional support such as MIND when they did attend. They also had access to the child and adolescent mental health service (CAMHS) and drug advisory service which the GPs referred to when appropriate.

Patients suffering with long term conditions such as diabetes or asthma had care plans in place. As part of the health review for patients with long term conditions the nurse provided a specific questionnaire to detect early signs of depression and were able to refer patients to the GPs if they had a score outside the normal range.

House bound patient and those in care homes were visited by the nurse to provide their flu vaccines and they would also carry out a health check at that time.

The practice's performance for cervical cytology was 76.9%, which was less than other practices in the CCG area, although the practice had a policy and followed up non-attenders in line with national guidance. Inadequate rates were audited in line with local and national guidance and remained low.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the CCG at 99.4% and again, there was a clear policy for following up non-attenders by the practice nurse who would inform the health visitor following three non-attendances. Babies were seen by the GP for a medical examination at 6-8 weeks prior to immunisation and new mothers were offered a postnatal check by the GP.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey of 2014 and a survey of 490 patients undertaken by the practice's 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.

The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. Although the practice did not rate as highly as the other practices in the clinical commissioning group (CCG) area, the rates were still comparatively high.

For example:

- 80.7% said the GP was good at listening to them compared to the CCG average of 86% and national average of 87.2%.
- 84.2% said the GP gave them enough time compared to the CCG average of 83.5% and national average of 85.3%.
- 90.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 91.6% and national average of 92%

Patients completed CQC comment cards to tell us what they thought about the practice. We received 22 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity, respect and kindness. There were only two cards which, whilst they contained positive comments about the care received, also commented on difficulty in getting an appointment and one of these remarked that this had improved in recent months. Patients we spoke with on the day of our inspection told us that once they got to see the GP they were very satisfied with the care they received. However, some patients expressed difficulty in getting through on the telephone to get an appointment, although, again, added this had started to improve. Both comment cards and patients we spoke with mentioned GPs by name and gave details of satisfaction with how they had been treated.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable 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 / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice switchboard was located away from the reception desk and calls were also taken at the reception desk. We noted that since our last inspection in January 2014, a stand had been placed in reception requesting patients to stand back whilst other patients were being attended to and prevented patients overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it assisted in maintaining confidentiality. During our inspection of January 2014 we also noted that patients reported the reception staff could be rude and unhelpful. We saw that as a result the practice had introduced customer service training to address this. Patients told us they were happy with the reception staff and had found them helpful, although the patient survey information still recorded dissatisfaction with the attitude of the reception staff. However, the training took place after the survey information had been analysed therefore the benefit could not be demonstrated at this time.

During our inspection in January 2014 we found there were no arrangements to make available a chaperone to those patients that needed one. We saw during this inspection that chaperone signs were available, staff had been trained to act as chaperones and a chaperone policy was available. The patients we spoke with during our inspection told us that they had not needed a chaperone but felt they could have one if they did. Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

Care planning and involvement in decisions about care and treatment

Good

Are services caring?

The patient survey information we reviewed showed patients responded fairly positively to questions about their involvement in planning and making decisions about their care and treatment but generally rated the practice below that of the CCG and national average in these areas. For example:

- 78.5% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79.7% and national average of 82%.
- 60.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 70.9% and national average of 74.6%.

However, patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

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.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and whilst they were rated well in this area, again, they were less than the CCG and national average. For example:

- 74.2% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.2% and national average of 82.7%.
- 73.8% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 75.2% and national average of 78%.

Despite the lower than the average rating compared with the CCG in the national survey, patients we spoke with on the day of our inspection and the comment cards we received were all positive and expressed a high level of satisfaction regarding the compassion the staff showed them. They told us they received help and support from the practice when they needed it.

Notices in the patient waiting room, on the TV screen and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered a bereavement they were sent a condolence letter from their GP which also contained information regarding bereavement support groups such as CRUSE.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. The practice was planning to form a federation with other practices in the area to offer services such as anticoagulation monitoring. The practice was also considering employing a nurse practitioner to assist in meeting the 'on the day' demand for appointments in view of the difficulty in recruiting a new GP.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities and mental health problems and carers. The practice registered patients from YMCA hostels and students. The majority of the practice population were English speaking patients but access to telephone translation services were available to those that needed this. The was a touch screen in reception for patients to check in which was in different languages and one of the GPs spoke Romanian and another spoke Sri Lankan.

The premises and services met the needs of people with disabilities. Whilst the practice was arranged over two floors, patients with mobility difficulties were seen on the ground floor consulting rooms. During our inspection we observed this to be the case. The ground floor consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. The waiting area was large enough to manoeuvre wheelchairs or mobility scooters and pushchairs. This allowed movement around the practice and helped to maintain patients' independence. There were hand rails on the stairs and a hearing loop in the reception area to assist those patients with hearing difficulties.

There were two male and four female GPs in the practice; therefore patients had a choice of which gender GP to see.

The practice had not yet provided equality and diversity training but were investigating the option of including this in the proposal to access through e-learning. This was an area that the inspection in January 2014 had identified for action but was not yet complete. They had not yet agreed the level and package of training as this was still under discussion. The practice did now have a policy in equality and diversity. Staff we spoke with demonstrated and understanding of equality and diversity but confirmed they had not received formal training as yet.

Access to the service

The practice was open from 8am to 5pm Monday to Friday at the Church Street location. Appointments were available during that time. Appointments at the Haymeads Health Centre branch were available from 8.30am until 1pm and 2pm until 5pm with Saturday pre-booked appointments only available from 8.15am until 11.45am and Wednesday evening from 6.30pm until 9pm. Appointments at the Thorley Health Centre were available Monday to Friday from 8.30am until 6.30pm.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients in the practice leaflet and on the website.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. Home visits were made to any patients registered as and when they were needed.

The patient survey information we reviewed showed patients responded negatively to questions about access to appointments and generally rated the practice poorly in these areas. For example:

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 51.3% were satisfied with the practice's opening hours compared to the CCG average of 70.2% and national average of 75.7%.
- 29.7% described their experience of making an appointment as good compared to the CCG average of 66.1% and national average of 73.8%.
- 52.3% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63.6% and national average of 65.2%.
- 20.3% said they could get through easily to the surgery by phone compared to the CCG average of 61.6% and national average of 71.8%.

Whilst these figures indicated poor access to the service, we noted that the information was collected between January-March 2014 and July-September 2014. We saw from minutes of the patients participation group (PPG) that significant amount of work had been ongoing throughout that time and beyond to address the difficulties with access and that this continues. For example, they have been investigating problems with the telephone system, have introduced online appointment booking, reconfigured the reception area and introduced more staff to cope with demand, introduced touch screen booking in system, and have an open access system which operates at one of the branch surgeries. We spoke with the chair of the PPG who confirmed that the practice was working hard to improve and engaged well with the group.

We spoke with nine patients during our inspection, two of whom expressed difficulty in getting appointments and the remaining seven told us they had no issues. Some patients spoke positively about the benefit of the walk in access at the branch practice at Haymeads Health Centre. Two patients we spoke with told us they found it easy to make an appointment. Patients confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. They also said they could see another doctor if there was a wait to see the GP of their choice. Routine appointments were available for booking 14 days in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, we spoke with two patients who had called for appointments that morning for their children.

Listening and learning from concerns and complaints

During our inspection in January 2014 we found that the practice did not have regard to the complaints and comments made. We asked the practice make improvements in this area. During our inspection on 21 May 2015 we found that 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 on the noticeboard in the waiting room, on the website and in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at all complaints received in the last 12 months and found they had been responded to in a timely manner and appropriate actions had been taken. We saw that two complaints had been referred to the ombudsman and the practice response had been upheld. The practice had reviewed the nature of complaints to identify themes and had responded to their findings. For example, there had been complaints regarding the attitude of some reception staff and training in customer service had been arranged.

We noted that the practice only involved non-clinical staff in the complaints if they were directly involved or if there was a system change. We saw minutes from clinical meetings where complaints had been discussed. However, for reception and administrative staff we did not see evidence of sharing and learning from complaints as a team as the practice manager told us these were done on an individual basis depending on who was involved.

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 develop and maintain good quality care for patients and promote good teamwork to achieve this. We saw a copy of their mission statement which reinforced this vision and included the aspiration to promote best practice and remain open and honest in their work. Staff we spoke with demonstrated knowledge of the vision and a commitment to achieve this.

We spoke with nine staff during our inspection and they all knew and understood the vision for the practice and knew what their responsibilities were in relation to these. Staff told us the vision was discussed at the end of meetings with the GPs.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at several of these policies and procedures, for example, safeguarding, Caldicott guardian and infection control. Staff told us they were notified by email regarding changes to policies. All policies and procedures we looked at had been reviewed annually and were up to date with a review date of one to two years. We saw from minutes of the clinical meetings that policies for review were discussed.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and one specific GP was the lead for safeguarding. We spoke with nine members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The clinical staff told us that QOF data was discussed every six weeks at a meeting to identify any areas for focus or any areas where coding has been an issues. The QOF data for this practice showed it was performing in line with and above local and national standards in some areas such as asthma, dementia, depression, learning disability and heart failure but below the average in chronic obstructive pulmonary disease. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice nurse told us about their locality meetings with other practices in the area which occurred three times a year. They had the opportunity to discuss general practice issues and gain local peer review.

The practice had completed clinical audits which it used to monitor quality and systems to identify where action should be taken, for example prescribing and outcomes of significant events which prompted an audit.

The practice had arrangements for identifying, recording and managing some risks. The practice manager showed us various areas where risk assessment had been carried out individually and risks identified and managed. For example, the practice manger had carried out a risk assessment of the whole practice premises and assured themselves that risk was low and systems in place to manage these. However, we found there were areas where risk had not been accurately assessed and managed, for example, the systems in place for checking the fridge temperatures and emergency equipment were not robust. In addition, although the practice nurse was the infection control lead they were not aware of this role. They had not conducted an audit to assure themselves that the risk of infection within the practice was minimal and that staff were trained in this area. They had also not ensured that all staff were trained in safeguarding or that staff had received recent fire training or that a fire drill had been carried out. The practice contacted us following our inspection and told us that they were taking measures to address all of these issues; however, we were not able to demonstrate that these were embedded in practice at this time.

We saw that the practice held monthly meetings and governance issues were discussed. We looked at minutes from the last three meetings and found that performance, quality and risks had been discussed.

Leadership, openness and transparency

We saw from minutes that team meetings were held regularly, at least monthly. However, these meetings included only clinical staff and the practice manager and assistant manager. Reception and administrative staff told us that there was an open culture within the practice and the GPs were approachable. They reported that whilst they

Are services well-led?

Requires improvement

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

could raise any concerns or issues with the reception or practice manager at any time, they did not have regular team meetings, which they reported they would find helpful. They received information via email or from the reception or practice manager.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, which were all available in the electronic staff handbook that was available to all staff, which included sections on harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through complaints and the patient participation group (PPG). We looked at the results of the annual patient survey and saw that access by the telephone was an issue for patients as well as some concerns regarding the attitude of reception staff. We saw as a result of this the practice had investigated the telephone system with a view to making improvements and had introduced additional staff in reception as well as online appointment booking.

The practice had an active PPG and they were trying to increase membership at every opportunity. We spoke with the chair of the PPG who told us that the practice engaged well with the group and had been responsive and listened to the views of the patients. They told us they had implemented changes in response to requests from the group despite difficult times for the practice in terms of recruitment problems. The PPG had carried out a survey at the end of 2014 and identified similar issues to that of the national survey. The results and actions agreed from these surveys were available on the practice website.

We saw little evidence of opportunity for reception or administration staff to feedback any issues or ideas as there was no formal process for this to take place. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management if they need to. Whilst staff told us they felt valued and part of the practice they did report that regular team meetings would be beneficial to them and provide a more formal way of feeding back and discussion about practice issues.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

During our inspection in January 2014 we saw that non-clinical staff appraisals had not taken place and we asked the practice to address this. At our inspection on 21 May 2015, we found that the non-clinical staff had still not had appraisal for several years and therefore we saw no process for assessing performance and providing feedback for staff or identifying development and training needs. We saw that the practice had trained the assistant practice manager to carry out appraisal and discussion with them demonstrated an intention to carry out a schedule of appraisal. However, they told us that due to staff sickness they had been required to prioritise workloads and had not been able to fulfil the commitment to appraisal to date. Since our inspection the practice have provided evidence of a schedule of appraisal and confirmed that seven staff have been appraised and the programme is ongoing. We saw that the practice had provided training to clinical and non-clinical staff in areas such as customer service, confidentiality, carers and basic life support.

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place for clinical staff with a specific GP which included a personal development plan. Staff told us that the practice was very supportive of training.

The practice had completed reviews of significant events and other incidents and shared with clinical staff at meetings to ensure the practice improved outcomes for patients.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: We found the provider did not operate appropriate systems to provide reception and administration staff with appropriate on-going and periodic supervision, appraisal and staff meeting opportunities in their role to make sure their competencies were maintained. Regulation 18 (2) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found that the provider did not operate systems and processes that enabled them identify and assess risks to the health and safety and /or welfare of people who used the service including those related to infection control, checking of emergency medicines, emergency equipment, legionella risk assessments, fire procedures and safeguarding children and adults. Regulation 17 (2) (b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: We found that the provider did not operate effective

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

procedures in order to ensure persons employed for the purposes of carrying out the regulated activities were of good character. This was because a risk assessment or a Disclosure and Barring checks (DBS) had not been made on non-clinical staff that needed this check such as those carrying out chaperone duties.

Regulation 19(3)