

The Limes Medical 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

Good



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?

Good



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 The Limes Medical Centre on 13 January 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events. However, learning and outcomes from incidents were not communicated widely enough and effectively in order to support improvements.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- There were procedures in place for monitoring and managing risks to patients' and staff safety.
- The practice did not have an adequate system in place to monitor the use of their prescriptions and for tracking their whereabouts.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback during the inspection highlighted that staff would benefit from more frequent meetings to improve communication.
- Information for patients about the services available was easy to understand and accessible. Information about how to complain was available and easy to understand and evidence showed the practice responded openly and quickly to issues raised.

The areas where the provider must make improvement are:

Summary of findings

- Ensure the use of prescriptions is adequately tracked and monitored.

The areas where the provider should make improvement are :

- Ensure learning and outcomes from incidents are communicated widely enough and effectively in order to support improvements.
- Ensure staff performance and training needs are identified and documented through a regular programme of annual appraisals.
- Improve communication and ensure staff needs are listened to and used to drive improvements to the quality and safety of services.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services

Requires improvement



- There was a system in place for reporting and recording significant events. However, learning and outcomes from incidents were not communicated widely enough and effectively in order to support improvements. We found that the practice did not keep a record of trends in relation to significant events, incidents and complaints in order to monitor themes and actions.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There were procedures in place for monitoring and managing risks to patients' and staff safety.
- The practice did not have an adequate system in place to monitor the use of their prescriptions and for tracking their whereabouts

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A number of clinical audits were carried out in the practice; however we found that some of the audits were not always detailed well enough to demonstrate improvements to quality and patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Results from the national GP patient survey published in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Results from the national GP patient survey published in January 2016 showed that the practice was performing below local and national averages for access to the service.
- In response to poor access, the practice reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements by changing their appointment system from open access to bookable appointments.
- There were hearing loop and translation services available. Some of the GPs could also speak other languages including Urdu and Punjabi.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

The practice is rated as good for being well-led.

- Most staff members said they felt supported and staff we spoke with explained that they worked well in their individual teams.
- Most staff members expressed that they generally felt comfortable to raise concerns.
- Discussions made during our inspection highlighted that staff would benefit from more frequent meetings to improve communication.

Good



Summary of findings

- There was a patient participation group (PPG which was made up of six members. The practice gathered feedback from patients through the PPG and through surveys and complaints received.

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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccination rates for the over 65s was 73%, which was in line with the national average of 73%.
- 81% of the practice's patients above the age of 75 had received a health check.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Clinical staff members had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for overall diabetes related indicators was 83% compared to the CCG average of 88% the national average of 89%.
- The lead GP explained that they were finding diabetes to be more of a local risk with a prevalence increase from 4% to 6%. The practice were focusing on improving this area by working through recall systems. We also saw notices in the waiting room encouraging patients to attend for diabetes checks, as well as a diabetes educational event facilitated by the CCG.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.
- Flu vaccinations for those patients in the at risk groups was 51%, compared to the national average of 52%.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 72% to 100% compared to the CCG averages which ranged from 40% to 98%. Immunisation rates for five year olds ranged from 95% to 100% compared to the CCG average of 93% to 98%.
- 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.
- Urgent access appointments were available for children and those with serious medical conditions.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 70%, compared to the national average of 81%. We discussed the figures with members of the nursing team who explained that they had identified this as an area for improvement.
- The practice offered extended hours on a Monday until 8:40pm for working patients who could not attend during normal opening hours.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- Vulnerable patients, patients with a learning disability, patients with hearing impairments and those who did not have English

Good



Summary of findings

as a first language were flagged on the practice's system. We also saw that special notes were applied to vulnerable patient's records to remind receptionists to give them a choice of a longer appointment time.

- The practice shared data with the inspection team which highlighted that they had identified 157 patients from vulnerable groups. Most of these patients had care plans in place with regular medication and face to face reviews.
- There were 28 patients on the learning disability register and 83 patients on the mental health register most of whom had received a health review and further reviews were planned. We reviewed a sample of care plans and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.
- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- There were longer appointments available at flexible times for people experiencing poor mental health.
- 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 experiencing poor mental health about how to access various support groups and voluntary organisations.
- Performance for mental health related indicators was 96% compared to the CCG average of 93% and national average of 92%.
- Data showed that diagnosis rates for patients with a dementia were 100%, with an exception rate of 0%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

Good



Summary of findings

What people who use the service say

The practice received 109 responses from the national GP patient survey published in January 2016, 297 surveys were sent out; this was a response rate of 37%. The results showed the practice was performing below local and national averages for access to care and treatment and above local and national averages for providing a caring service. For example:

- 51% found it easy to get through to this surgery by phone compared to the CCG average of 70% and national average of 73%.
- 66% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 70% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 71% and national average of 73%.
- 47% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

- 91% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Patients and service users completed nine CQC comment cards. The eight patients we spoke with during our inspection and the completed comment cards gave positive feedback with regards to the service provided. Patients said that staff were caring and treated them with dignity and respect. However, some of the patients we spoke with on the day of our inspection commented that it was at times difficult to get through to the practice on the phone.

Areas for improvement

Action the service **MUST** take to improve

The area where the provider must make improvements are:

- Ensure the use of prescriptions is adequately tracked and monitored.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are :

- Ensure learning and outcomes from incidents are communicated widely enough and effectively in order to support improvements.
- Ensure staff performance and training needs are identified and documented through a regular programme of annual appraisals.
- Improve communication and ensure staff needs are listened to and used to drive improvements to the quality and safety of services.

The Limes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to The Limes Medical Centre

The Limes Medical Centre provides primary medical services to approximately 7400 patients in the local community. We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a higher deprivation score compared to other practices nationally.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes four GP partners (three male and one female), an advanced nurse practitioner, two practice nurses and a healthcare assistant. The previous practice manager had resigned from their post in December 2015 and had left the practice two days prior to our inspection. A new practice manager had been appointed and was due to join the practice in February 2016. The lead GP explained that they were covering the managerial role until the new practice manager could start, as well as providing GP services. The lead GP explained that they were being

supported by the partners at the practice and that there practice team had pulled together to ensure the service ran smoothly during the period of transition between managers.

The GP partners and the practice manager role form the practice management team and they are supported by a team of four receptionists, three administrators and a medical secretary.

The practice is open between 8:15am and 6:30pm Monday to Friday, with extended hours available on Mondays until 8:40pm. Appointments are available from 8:15am to 8:30pm on Mondays and from 8:15am to 6:15pm Tuesday to Friday. Patients requiring GP care between 8am to 8:15am are directed to the GP on call to provide primary medical care services.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

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

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

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

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

- People experiencing poor mental health (including people with dementia)

The inspection team:-

- Reviewed information available to us from other organisations such as NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection on 13 January 2016.
- Spoke with staff and patients.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. This included systems for reporting 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 and report concerns. Staff talked us through the process and showed us the reporting book used to record incidents and additional forms were used to record significant events, these were available on the practice's computer system.
- The practice had records of two significant events that had occurred during the last 12 months. We viewed both records which related to separate incidents involving abusive patients. The practice took remedial action by contacting the emergency services and by notifying the relevant organisations. The practice also updated their violence and aggression policy which was re-circulated to staff and staff were talked through the internal processes to follow regarding violence and aggression.
- We saw that significant events were an item on the practice meeting agenda in November 2015. The minutes of the meeting demonstrated that incidents, significant events and complaints were discussed. We saw that a meeting was held prior to this in August 2015 where incidents were discussed across various staffing departments. However, discussions with staff highlighted that practice meetings with all staff were rare and infrequent and that learning and outcomes from incidents were not always effectively communicated in-between these meetings.

Overview of safety systems and processes

The practice had systems and processes in place to keep people safe and safeguarded from abuse.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- There were two GPs who were the lead members of staff for safeguarding adults and children. The GPs attended multidisciplinary and safeguarding meetings and provided reports where necessary for other agencies.
- Notices were displayed to advise patients that a chaperone service was available if required. The practice nurses and healthcare assistant usually provided a chaperoning service and occasionally, members of the reception team would chaperone if ever the nursing staff and healthcare assistant was unavailable. We saw that these staff members had received disclosure and barring checks (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. Records and discussions with staff confirmed that all staff who acted as chaperones were trained for the role.
- The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We observed the premises to be visibly clean and tidy. We saw weekly cleaning records and completed cleaning specifications for the practice. There were also records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to ensure that clinical equipment was checked and working properly. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was a system in place for the prescribing of high risk medicines.

Are services safe?

- All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored however the practice did not have an adequate system in place to monitor the use of their prescriptions and for tracking their whereabouts.
- The practice worked with two pharmacists from their Clinical Commissioning Group (CCG) who attended the practice on a weekly basis. The pharmacist assisted the practice with medicine audits and monitored their use of antibiotics to ensure they were not overprescribing. National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice ensured that patients were kept safe. The vaccination fridges were well ventilated and secure. Vaccinations were stored within the recommended temperatures and temperatures were logged in line with national guidance.
- The practice nurses administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw up-to-date copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines.
- We viewed six staff files, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

There were some procedures in place for monitoring and managing risks to patients' and staff safety.

- We saw records to show that regular fire alarm tests and fire drills had taken place. There was a health and safety policy and a fire risk policy. We saw completed risk assessments for fire risk, health and safety and for the control of substances hazardous to health.

- On the day of our inspection the practice did not have a risk assessment to assess the risk of Legionella. Since the inspection the practice completed a self assessment where they determined the risk to be low and have put a system in place to manage water systems and monitor temperatures on a monthly basis.

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. The practice used regular locum GPs through a locum agency to cover if ever the GPs were on leave. The practice shared records with us which demonstrated that the appropriate recruitment checks were completed for their locum GPs.

Arrangements to deal with emergencies and major incidents

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

- There was a system on the computers in all the treatment rooms which alerted staff to any emergency in the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Records showed that all staff had received training in basic life support.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice had a checking system in place and there were systems in place to monitor their use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and staff were aware of how to access the plan.

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. The practice had systems in place to ensure all clinical staff were kept up to date and we saw that staff could also access NICE guidelines through the desktops of each computer at the practice. Discussions with staff demonstrated that the practice used this information to develop how care and treatment was delivered to meet patient needs.

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. Current results from 2014/15 were 92% of the total number of points available, with 7% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

- The percentage of patients with hypertension having regular blood pressure tests was 100%, with an exception rate of 0%.
- Performance for mental health related indicators was 96% compared to the CCG average of 93% and national average of 92%.
- Data showed that diagnosis rates for patients with a dementia were 100%, with an exception rate of 0%.
- Performance for overall diabetes related indicators was 83% compared to the CCG average of 88% the national average of 89%.

The lead GP explained that they were finding diabetes to be more of a local risk with a prevalence increase from 4% to 6%. The practice were focussing on improving this area by

working through recall systems. We also saw notices in the waiting room encouraging patients to attend for diabetes checks, as well as a diabetes educational event facilitated by the CCG.

A number of clinical audits were carried out in the practice. The lead GP was able to discuss the audit outcomes and explain how audits had made improvements in the practice; however we found that some of the audits were not always detailed well enough to demonstrate improvements to quality and patient care. We saw that a prescribing audit was carried out in August 2015 where the practice focussed on medicines used to treat asthma. The audit highlighted that 21 out of 34 cases required review. A further audit in October 2015 highlighted that most of these patients had been contacted for a review and highlighted a 10% reduction in prescribing rates. We also saw that a review of patients diagnosed with Hypertension was carried out in 2013; the review identified a total of 46 patients diagnosed. A further review made in 2015 highlighted an increase in diagnosis rates to 65% and that the practice were identifying more level 1 hypertensives, the audit highlighted that this was due to an increase in patients being issued with home reading devices; which had increased from 5 to 40 between 2013 and 2015. An audit was carried out in June 2015 on the practices prescribing of **anticoagulant medicines. The audit highlighted that a specific test was recommended in relation to** kidney function in four of the cases reviewed. The audit had not been repeated to demonstrate improvements and actions made.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included reviewing discharge summaries following hospital admission to establish the reason for admission. These discussions included members of the relevant multidisciplinary team. These patients were reviewed to ensure care plans were documented in their records and assisted in reducing the need for them to go into hospital.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The previous practice manager had resigned from their post in December 2015 and had left the practice two days prior to our inspection. A new practice manager had been appointed and was due to join the practice in February 2016. The lead GP explained that they were covering the managerial role until the new

Are services effective?

(for example, treatment is effective)

practice manager could start, as well as providing GP services. The lead GP explained that they were being supported by the partners at the practice and that there practice team had pulled together to ensure the service ran smoothly during the period of transition between managers.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals and staff one to one meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, clinical supervision and facilitation and support for revalidating GPs. The lead GP explained that staff appraisals were slightly overdue as some were due by December 2015 and that this was a priority task for the new practice manager to complete once they were fully in post; in February 2016.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and attendance at educational sessions provided by the local Clinical Commissioning Group.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. All staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care plans, medical records and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We saw that representation was regularly made from health and social care services including health visitors and from the local integrated plus team. We saw minutes of meetings to support that joint working took place. Vulnerable patients and patients with complex needs were regularly discussed and their care plans were routinely reviewed and updated. The practice shared data with the inspection team which highlighted that they had identified 157 patients from vulnerable groups. Most of these patients had care plans in place with regular medication and face to face reviews.

We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We also saw that the practices palliative care register was regularly discussed as well as the care and support needs of patients and their families. The practice had 16 patients on their palliative care register, all of which had care plans in place with regular health reviews implemented.

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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Are services effective?

(for example, treatment is effective)

There were 28 patients on the learning disability register and 83 patients on the mental health register most of whom had received a health review and further reviews were planned. We reviewed a sample of care plans and saw that they were supported to make decisions through the use of care plans, which they were involved in agreeing.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified and supported by the practice. Patients were also signposted to relevant services to provide additional support. 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. The practice shared figures which demonstrated that during 2015, 83% of their population who smoked had been given smoking cessation advice and that 10% of these patients had successfully stopped smoking.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence network data from March 2015 highlighted that bowel cancer screening rates for 60 to 69 year olds was 53% compared to the CCG average of 58% and national average of 58%. The practice's uptake for the cervical screening programme was 70%, compared to the national average of 81%. We discussed the figures with members of the nursing team who explained that they had identified this as an area for

improvement. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. We saw how the practice secretary was also actively working through recall systems to improve this area. The practice nurse operated an effective failsafe system for ensuring that test results had been received for every sample sent by the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for under two year olds ranged from 72% to 100% compared to the CCG averages which ranged from 40% to 98%. Immunisation rates for five year olds ranged from 95% to 100% compared to the CCG average of 93% to 98%.

Flu vaccination rates for the over 65s was 73%, which was in line with the national average of 73%. Flu vaccinations for those patients in the at risk groups was 51%, compared to the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for people aged over 75. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice shared a report which highlighted that 55% of the practice's patients aged 40–74 had received a health check and 81% of the practice's patients above the age of 75 had received a health check.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 people were treated with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

Results from the national GP patient survey published in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG and national averages of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national averages of 85%.

While practice performance was mostly similar to local and national averages in relation to consultations with the GPs we saw that the practice was performing below local and national average in the following areas:

- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 76% said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

We received nine completed Care Quality Commission comment cards, all of the cards were positive about the service experienced. Patients said they felt the practice offered an excellent service and that staff were caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

On the day of our inspection we spoke with eight patients. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the GPs. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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. The practice offered flu jabs and annual reviews for anyone who was a carer. The practice also displayed information containing supportive advice for carers and signpost information to other services.

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

Are services caring?

The practice also supported patients by referring them to a gateway worker from the local mental health trust and an onsite counsellor who provided counselling services on a weekly basis in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and provide flexibility, choice and continuity of care, for example:

- There were longer appointments available at flexible times for people with a learning disability, for carers and for patients experiencing poor mental health.
- The GPs carried out home visits for older patients and patients who would benefit from these.
- Urgent access appointments were available for those with serious medical conditions and for children.
- The practice offered extended hours on a Monday until 8:40pm for working patients who could not attend during normal opening hours. Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations.
- There were hearing loop and translation services available. Some of the GPs could also speak other languages including Urdu and Punjabi.
- Vulnerable patients, patients with hearing impairments and those who did not have English as a first language were also flagged on the practice's system. We also saw that special notes were applied to vulnerable patient's records to remind receptionists to give them a choice of a longer appointment time.
- The practice was based in a three storey building with purpose built consulting and treatment rooms on the ground and first floor of the building. We noticed a ramp was in place to allow for wheelchair and pushchair users to enter and exit the practice, however there was no lift in place to support people with mobility difficulties. The practice advised that staff would move between consulting rooms to suit patient needs and that reception staff were advised to book appointments in to suit patient preferences. For example, elderly patients and patients with mobility difficulties would be booked in for appointments on the ground floor to avoid having to use the stairs. There was a toilet adapted to meet the needs of people with a disability and baby changing facilities in place.

Access to the service

The practice was open between 8:15am and 6:30pm Monday to Friday, with extended hours offered on Mondays until 8:40pm. Appointments were available from 8:15am to 8:30pm on Mondays and from 8:15am to 6:15pm Tuesday to Friday. Patients requiring GP care between 8am to 8:15am were directed to the GP on call to provide primary medical care services.

Results from the national GP patient survey published in January 2016 showed that the practice was performing below local and national averages in the following areas:

- 51% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 53% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 63% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%.
- 37% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 63% and a national average of 65%.
- 27% of patients felt they did not normally have to wait too long to be seen compared with the CCG and national averages of 58%.

The patients we spoke with during our inspection and the completed comment cards all gave positive feedback with regards to the service provided. However, some of the patients we spoke with on the day of our inspection also commented that it was at times difficult to get through to the practice on the phone.

We discussed access with the lead GP during our inspection. The GP explained how in 2014 their practice population was identified as having a high attendance rate at the local walk in centre. The lead GP analysed this further and found that over an 11 month period patients from the practice were attending the walk in centre approximately 30 times per week. A smaller analysis was conducted in May 2015 and the GP found that out of 360 patients seen at the practice during a two week period, 23 of these had attended the walk in centre. The GP found that patients were usually opting for the walk in centre due to quicker appointment times. In attempts to improve access for patients the practice changed their appointment

Are services responsive to people's needs?

(for example, to feedback?)

system to reflect an open access service. The open access service was implemented in June 2015 however, feedback from patients highlighted that this was not working well due to long queues impacting on longer waiting times. The practice reverted its appointment system back to pre-bookable and urgent access only appointments after trialling the open access system for approximately three months. The lead GP explained that patients were verbally feeding back that they were happier with the current appointment system. The lead GP advised that the alteration in the appointment system could have negatively impacted on the national GP patient survey results.

We saw minutes of a meeting held between the practice, the CCG and local Healthwatch where a review of the appointment system was carried out, minutes highlighted that the bookable appointment system was working well in comparison to the open access system previously adapted in the practice. The GP also acknowledged that phone access was an area which required further improvement and advised that they were planning on exploring various methods to try to improve telephone access, including review of their current telephony system.

Listening and learning from concerns and complaints

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

- The practice's 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.

The practice shared records of the 11 complaints they had received in the last 12 months. Records demonstrated that complaints were satisfactorily handled. For example, we saw how the practice had responded to a complaint relating to a misunderstanding in communication involving one of the receptionists. The information highlighted that actions were taken as a result of the complaint, feedback was given to the staff member concerned and the practice demonstrated openness and transparency when dealing with the complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice's vision was to provide high quality care in a relaxing and friendly local setting. We spoke with eleven members of staff who spoke positively about working at the practice. Most staff members said they felt supported and staff we spoke with explained that they worked well in their individual teams. Most staff members expressed that they generally felt comfortable to raise concerns; however some staff members explained that previously this had been difficult on occasions.

The practice was going through a transition in management arrangements at the point of our inspection. The previous practice manager had resigned from their post in December 2015 and had left the practice two days prior to our inspection. A new practice manager had been appointed and was due to join the practice in February 2016. The new practice manager was already engaging with the practice and attended the practice to meet the inspection team on the day of our inspection. The lead GP explained that they were covering the managerial role until the new practice manager could officially start, as well as providing GP services. The lead GP explained that they were being supported by the partners at the practice and that the practice team had pulled together to ensure the service ran smoothly during the period of transition between managers.

Governance arrangements

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff but some of these were overdue a review including the practice's CRB policy dated 2009. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

The GP partners and the practice manager formed the management team at the practice. The GPs explained that they encouraged a culture of openness and honesty in the practice.

We saw minutes of two practice meetings attended by all staffing groups. Staff we spoke with explained that these meetings usually took place twice a year. The practice nurses held an informal lunch time meeting as a nursing team on a daily basis and the GPs met three times a week. We found that there were no meetings in place for the administration and reception team and various discussions during our inspection highlighted that staff would benefit from more frequent meetings to improve communication. We fed this back to the lead GP at the end of the inspection who acknowledged the feedback and was positive that this would improve once the new practice manager was in post.

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

The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a PPG which was made up of six members, the PPG members confirmed that there was no PPG chair in place and that historically the meetings were led by the practice manager. Due to limited availability, the PPG had met as a group twice in the last 12 months. A PPG report shared by the practice highlighted that the meetings had been rescheduled on three occasions due to other commitments. We spoke with two members of the PPG during our inspection. The PPG member discussed some of the improvements made at the practice which included reviewing information on display in the patient waiting room to ensure it was up to date, useful and relevant to 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not have an adequate system in place to monitor the use of their prescriptions and for tracking their whereabouts. Regulation 12 (2)(g)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	