

Falcon 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

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Falcon Medical Centre on 28 January 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not implemented well enough to keep them safe. For example, risks relating to staffing, infection control, the premises, equipment and unforeseen events were not well managed to ensure appropriate mitigating action was taken.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Appropriate recruitment checks were not consistently in place for staff who worked at the practice.
- We identified infection control risks including the inappropriate storage of outside equipment in treatment rooms.

- Ongoing disputes in relation to the premises meant there were risks to business continuity and maintenance issues going unaddressed. There were no definite plans in place to manage this risk.
- There was a chaotic approach to staff training and some staff undertook roles and responsibilities for which there was limited evidence of supervision and opportunities to maintain and update those role specific skills.
- Staff did not demonstrate a good understanding in their responsibilities to information governance.
- The majority of patients said they were happy with the service they received and that they were treated with dignity and respect.
- Information about how to complain was available but complaints were not consistently well managed.
- Patients found it easy to make an appointment with same day urgent appointments available.

The areas where the provider must make improvements are:

Summary of findings

- Ensure robust systems are in place for identifying and managing risks to the service and patients. Including risks relating to staffing, infection control, the premises, equipment and unforeseen events.
- Ensure recruitment arrangements include all necessary employment checks for all staff working at the practice.
- Ensure robust processes are in place for the management of infection prevention and control in the practice.
- Ensure staff receive appropriate support, training and supervision to ensure they are competent for their roles and responsibilities undertaken.
- Review complaints process to ensure complaints are consistently handled in a timely manner.
- Review the business continuity plan to ensure that staff have access to all the necessary information required in the event of disruption to the service.

The areas where the provider should make improvement are:

- Review emergency medicines to ensure they cover potential medical emergencies.

- Establish systems so that all clinical staff can access and have opportunities to discuss with others new and best practice guidance.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made.

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and processes were in place to safeguard vulnerable patients from abuse or harm.
- However, patients were at risk of harm because systems and processes were not implemented well enough to keep them safe. We identified concerns in the management of risks relating to infection control, staff recruitment, the premises, equipment and unforeseen events.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes for long term health conditions were comparable to the locality and national averages.
- Systems for sharing knowledge of and reference to national guidelines did not include all clinical staff involved in providing patient care.
- There was some evidence that audit was driving improvement in performance to improve patient outcomes.
- Opportunities to maintain and update role specific skills were not clearly evident for all roles undertaken by staff.
- Multidisciplinary working was taking place. Feedback from other health and care professionals was mostly positive.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the care received from the practice similar to others.
- Most patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect. However, we were not assured that information governance and confidentiality were fully understood by all staff.

Good



Summary of findings

Are services responsive to people's needs?

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

- The practice had engaged with the CCG to identify areas for improvement.
- Patients said they found it easy to make an appointment with a GP. Urgent appointments were available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain but this did not include information about expected response timescales. Complaints were not consistently handled.

Requires improvement



Are services well-led?

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

- The practice did not have a clear vision and strategy. Disputes relating to the long term use of the premises and staffing issues had dominated the practice agenda.
- The leadership style at the practice appeared chaotic. A practice manager had been appointed and had been absent from the practice. Monthly practice meetings took place but staff and others described the principal GP as always in a rush and difficult to pin down which made decision making difficult.
- Systems for managing and mitigating against potential risks to patients and service delivery were not well managed.
- Roles and responsibilities were not always clear due to staffing issues experienced and there was a lack of adequate supervision and competency checks for delegated roles.
- The practice had recently established a patient participation group to obtain patient feedback on the service but as this was new, the impact of the group had yet to be determined.

Inadequate



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 inadequate for the care of older people.

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, some examples of good practice.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, outcomes for patients with COPD, diabetes and heart failure were lower than the CCG and national averages but higher for stroke and hypertension.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the CCG and national averages at 76%. Shingles vaccination was also available for eligible patients.
- Home visits were available for older people when needed.
- The practice was accessible to patients with mobility difficulties.
- The practice undertook visits at two large nursing homes. There was mixed feedback from these homes relating to the quality of care provided.
- Multidisciplinary team meetings were held to discuss those with end of life care needs, these were attended by the practice nurse.

Inadequate



People with long term conditions

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

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, some examples of good practice.

- All clinical staff including the practice nurse and health care assistant had lead roles in chronic disease management.
- Nationally reported outcome data for patients with diabetes was below the CCG and national average overall (83% compared with the CCG and national average 89%).

Inadequate



Summary of findings

- Home visits, longer appointments and same day appointments were available for those who needed them.
- Personalised care plans were in place for those with the most complex care needs.
- Patients identified with long term conditions were invited for regular reviews of their health condition to ensure their health and care needs were being met.

Families, children and young people

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

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, some examples of good practice.

- Immunisation rates for most standard childhood immunisations were higher than the national average.
- Nationally reported data found 79% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months, this was higher than both the CCG average of 74% and national average of 75%. Asthma review clinics were being run in school holidays to encourage attendance.
- The practice's uptake for the cervical screening programme during 2014/15 was 80% which was comparable to the CCG average of 79% and national average of 82%.
- Appointments were available outside of school hours and the premises were accessible for pushchairs. However, there were no designated baby changing facilities available.
- Six week mother and baby checks were carried out at the practice.

Inadequate



Working age people (including those recently retired and students)

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

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, some examples of good practice.

- Online booking of appointments was not available. Appointments could only be booked by telephone or in person,

Inadequate



Summary of findings

however there were extended opening on a Monday for the convenience of patients who worked or had other commitments during the day. Patients rated access to services higher than CCG and national averages.

- Patients on repeat medicines could have their prescriptions sent to their chosen pharmacy for convenience.
- The practice offered some health promotion and screening that reflected the needs for this age group. Health checks for were offered to patients aged 40-74 years. Practice data told us that they had undertaken 338 health checks during 2014/15.
- Travel vaccines were available (with the exception of Yellow Fever).

People whose circumstances may make them vulnerable

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

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, some examples of good practice.

- The practice had identified some patients who were living in vulnerable circumstances, for example, there was a register for patients with a learning disability and carers within the practice had been identified.
- The practice told us that it offered longer appointments for patients who needed them.
- A carers hub had been set up by the practice in conjunction with the mental health trust which met every two months and provided support for patients' health and wellbeing. The carers hub was a pilot project open to carers registered with this and two other practices within the locality.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Inadequate



People experiencing poor mental health (including people with dementia)

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

Inadequate



Summary of findings

The provider was rated as inadequate for safety and for well-led and requires improvement for effective and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, some examples of good practice.

- Nationally reported outcome data for patients with poor mental health was above the CCG and national average overall (100% compared with the CCG average of 92% and national average 93%).
- The principal GP had experience of working within the child and adult mental health services enabling them to support this group of patients within the primary care setting.
- The practice was aware of support services available for patients with poor mental health such as Birmingham Healthy Minds where patients could receive advice, counselling and support.
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 82% and national average of 84%.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in January 2016 however, due to low response levels some of the data had been suppressed to protect patient identification. We therefore referred to previous results published in July 2015 in which 430 survey forms were distributed and 100 (23%) were returned. The results showed that patients rated the practice above CCG and national averages for many aspects of care. For example:

- 97% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 95% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 82% and national average of 85%.
- 88% described the overall experience of their GP surgery as fairly good or very good compared with the CCG average of 82% and national average of 85%.

- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with the CCG average of 74% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards, most of these were positive about the standard of care received. They told us that staff were friendly and caring and that they found it easy to get an appointment. However, we received two comment cards in which the patients had been unhappy with the care provided.

We spoke with four patients during the inspection. All patients we spoke with said they were happy with the care they received, that they found staff helpful and that they were treated with dignity and respect. The practice did not have any information relating to the friends and family test in which patients are invited to say whether they would recommend the service to others.

Falcon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Falcon Medical Centre

Falcon Medical Centre is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Falcon Medical Centre is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built accommodation. Based on data available from Public Health England, deprivation in the area served is higher than the national average. The practice has a registered list size of approximately 2000 patients.

The practice is open between 8.15am to 12.15pm Monday to Friday and between 4.30pm and 7.30pm on a Monday, 4pm to 5.45pm on a Tuesday, Thursday and Friday. The practice closes on a Wednesday afternoon. Consulting hours are 8.30am to 11.30pm Monday to Friday, 4.30pm

and 7.30pm on a Monday, 4pm to 5.45pm on a Tuesday, Thursday and Friday. When the practice is closed patients receive primary medical services through other out-of-hours providers.

The practice is a single handed practice. Staffing includes the principal GP (male), two part time long term locum GPs (male and female), a practice nurse (female), health care assistant and a team of administrative staff which included a practice manager who support the daily running of the practice.

The practice has not previously been inspected by CQC.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 January 2016. During our visit we:

Detailed findings

- Spoke with a range of clinical and non-clinical staff (including the principal GP, the practice nurse, practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with four health and care professionals who worked closely with the practice.
- Spoke with the chair of the PPG.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

- Is it well-led?

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

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

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

The practice had systems in place for reporting and recording significant events.

- Staff told us that they were encouraged to report incidents that occurred and would inform the practice manager of any.
- There was an incident reporting form for the recording incidents and significant events.
- The practice carried out an analysis of the reported significant events.
- Significant events were discussed and shared with staff at practice meetings.

We reviewed the seven significant events that had been reported in the last 12 months. These showed that action had been taken following the incidents to minimise the risks of further reoccurrence. For example, in an incident where test results had been given to the wrong patient the importance of routine checking patient information at each contact was discussed.

Patient safety alerts were forwarded to staff by the practice manager and logs were maintained to show what action had been taken as a result of these alerts.

Overview of safety systems and processes

The practice systems, processes and practices to keep patients safe were not sufficiently robust in all areas reviewed. We found:

- Notices were displayed throughout the practice advising patients that chaperones were available if required. Both nursing and administrative staff acted as chaperones. Staff had undertaken training for this role but not all staff that acted as chaperones had received a DBS check. We found the DBS checks missing from clinical staff members acting as chaperones. (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). In the absence of DBS checks the practice had not completed risk assessments to determine if DBS checks were required.
- We observed the premises to be visibly clean and tidy and staff had access to appropriate hand washing facilities and personal protective equipment. However,

the practice did not have robust systems in place to ensure appropriate standards of cleanliness and hygiene were maintained. Cleaning arrangements were informal and we received different responses from staff as to how often cleaning took place. Cleaning schedules were in place but did not specify how frequently cleaning took place and no logs were kept as to what had been cleaned and when. The practice manager was unaware of any deep cleaning of chairs and carpets in the practice having taken place. We saw infection control audits had taken place, the latest was in December 2015. There were no action plans from this audit which included information that was inaccurate. We found a lawnmower inappropriately stored in a clinical treatment room cupboard. Staff had undertaken infection control training on-line but this had only been completed a few days prior to our inspection.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice worked with local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Feedback from the CCG told us that the practice had met their 2014/15 prescribing targets. We found medicines and vaccines stored appropriately and those we checked were in date. Prescription pads were also securely stored and there were systems in place to monitor their use. Patient Group Directions were in place and signed to allow nurses to administer medicines such as vaccines in line with legislation.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. The principal GP was the safeguarding lead for the practice and policies and procedures were in place to support staff. Local contact details for reporting safeguarding concerns to the appropriate agencies responsible for investigating were displayed. Staff we spoke with understood their responsibilities in safeguarding patients and provided examples of appropriate action taken in response to concerns identified. Training records showed that staff had received safeguarding training which had been completed recently by all staff and the practice nurse was only trained to the lowest level.
- We reviewed the personnel files for five members of staff including two that had been recruited within the last 12 months and locum staff. We found gaps in the recruitment checks undertaken prior to employment.

Are services safe?

For example, there was no proof of identification and references in three of the staff files. Disclosure and Barring Service checks were absent for two clinical member of staff and no evidence that qualification checks or checks against the performers list had been undertaken for the locum staff. Where DBS checks were missing the practice manager advised us that they had been recently requested for one member of staff and that there should be one for the second member of staff but they could not find it. We also found that the cleaner had recruited a relative on a subcontract basis to assist with cleaning, there were no checks made on this person who was not listed as an employee.

Monitoring risks to patients

Risks to patients were not consistently managed.

- There was an ongoing dispute in relation to the tenancy of the premises with considerable potential to cause disruption to the service should the practice have to relocate at short notice. The GP told us that they had looked at alternative premises. Maintenance issues were not being addressed as a result of this dispute for example, refurbishment of patient toilet and repairs to automatic door. The CCG had not been made aware of these concerns so that support could be provided to safeguard patients in the event of eviction.
- A legionella risk assessment had been undertaken internally. No actions had been required as there was only domestic water in the premises. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A fire risk assessment had been completed by the practice manager who told us they had a health and safety qualification. We saw evidence that fire equipment had been serviced. Fire safety training had been undertaken online by staff a few days prior to our inspection. There had been no recent fire drills undertaken to ensure staff were prepared in the event of a fire.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. These checks had been carried out within the last 12 months. However, there were no systems in place

for reporting and replacing damaged equipment. The practice had only one set of scales, we were told the other set had been broken a few months earlier but had not been reported so that it could be replaced.

- The practice had experienced some staffing issues and changes during the last 12 months in particular for non-clinical staff. The practice manager had been off during the last six months and their role had been carried out by the health care assistant who had undertaken additional hours. As it was a small practice with only two reception staff, difficulties occurred during leave and sickness absence. The practice manager stood in to cover these absences. The practice employed two regular long term locums to support the GP.

Arrangements to deal with emergencies and major incidents

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

- The practice had an alarm system to alert other staff to an emergency.
- Records showed that staff had completed their annual basic life support training online a few days prior to our inspection.
- Practice staff had access to emergency medicines and equipment and staff knew where to find it when needed. There were logs to show what emergency medicines there were and expiry dates. Emergency medicines were available to cover most medical emergencies although there were some gaps for example medicines for treatment of patients with low blood sugar.
- The practice had a defibrillator available on the premises and oxygen which were in date. Records showed these were checked regularly to ensure they were in working order and ready for use when needed.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan was in need of review, there were pages cut short and not all service contact numbers were included that might be needed in an emergency. There was no consideration of the risks relating to the premises within these plans and how they would be managed should the practice need to relocate at short notice. The practice manager was not aware if a copy was kept off site should the premises become inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The principal GP told us how they accesses new guidance and were able to provide examples of new recommendations that had been implemented in practice. For example, in relation to heart conditions and hormone replacement therapy.
- There were no formal systems for discussing new guidelines with other clinical staff including the practice nurse. The principal GP told us that they discussed new guidelines with the locum GPs on an informal basis. The practice nurse told us that they tried to keep up to date through reading journals.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. These showed the practice had achieved 91% of the total number of points available which was slightly below the CCG and national average of 94%. Exception reporting by the practice was 9.5% which was comparable to the CCG and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 83% which was lower than the CCG and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was comparable to the CCG average of 83% and national average of 84 %.

- Performance for mental health related indicators was 100%, which was higher than the CCG average 92% and national average 93%. The practice also had lower exception reporting at 8% than the CCG average 11% and national average of 13%.

We explored the high performance in mental health outcomes with the principal GP. They told us that they had experience of working in mental health services which enabled them to care for patients within the primary care setting. The principal GP was also a section 12 approved clinician, which we saw evidence of. This is a clinician who can make decisions as to whether someone should be detained under the Mental Health Act 1983.

We saw two clinical audits completed in the last two years, both of these were completed audits where improvements had been made. These included an audit of antibiotic prescribing in sore throats which showed improved prescribing and an audit in the management of chronic obstructive pulmonary disease assessed against NICE guidelines.

Effective staffing

The practice did not have robust systems to ensure staff had the skills, knowledge and experience to deliver effective care and treatment and maintained them. The approach to training was not proactive.

- Since the GP had taken over the practice there had been two new staff. This included the practice manager who had put in place an induction process for new starters, we saw that this had been used for the second appointment.
- We saw evidence of role specific training, for example cytology, immunisation training and diabetes training. However we also found gaps in training records for other long term conditions in which staff undertook roles in the management of patients. There were no clear systems for supervision and checking of staff competencies for roles that had been delegated to them.
- Staff had access to on-line training and we saw that staff had completed training in basic life support, safeguarding, fire safety, infection control, health and safety and others within the few days prior to our inspection.

Are services effective?

(for example, treatment is effective)

- Staff confirmed they had received annual appraisals in which learning needs could be identified. We saw evidence that these had recently been done.

Coordinating patient care and information sharing

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

- Practice staff told us that they were up to date in processing patient information such as test results and hospital letters. These were reviewed and actioned by the practice nurse and records seen showed that actions were taken in timely way.
- A range of patient information leaflets were available for patients to take away so that they could find out more about their condition and services available.

Multi-disciplinary team meetings took place with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. Of the four meetings minutes seen none had been attended by a GP to support any decision making, the practice nurse had attended instead. Monthly safeguarding meetings took place with the principal GP and health visitors to discuss children at risk. We spoke with two health care professional who told us that there were good working relationships in place and that they found staff at the practice approachable and responsive.

We spoke with the managers of two care homes and received mixed feedback in response to the support received by the practice for their residents. One care home found the GP rushed and ill equipped when visiting residents in their home and had to develop their own template to capture any decisions made.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- There was a good understanding of the relevant consent and decision-making requirements of legislation and

guidance, including the Mental Capacity Act 2005. The principal GP having worked in Mental Health and as a Section 12 Mental Health Act assessor was able to provide expertise in this area.

- Evidence seen from records demonstrated assessments had been made where a patient's mental capacity to consent to care or treatment was unclear.

Supporting patients to live healthier lives

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

- These practice had systems in place to ensure those with long term conditions were kept under regular review to check their health and care needs were being met.
- Smoking cessation services were undertaken at the practice by the receptionist who had undertaken a course in 2014.
- The practice was currently piloting a carers' clinic to provide assessment of needs and support to help carers stay well with input from the mental health trust.
- Travel vaccinations were available with the exception of yellow fever in which staff would advise patients where they could obtain this.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 82%. The latest report showed low levels of inadequate sample rates.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% (compared with the national averages of 80% to 95%) and five year olds from 93% to 100% (compared with the national averages of 86% to 96%).

Flu vaccination rates for the over 65s was 76%, and at risk groups 49%. These were also comparable to the national average of 73% for over 65s, and the national average of 49% for at risk groups.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them 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; conversations taking place in these rooms could not be overheard.
- Reception staff told us that they would offer patients a private room if they wanted to discuss anything sensitive or appeared distressed.

Feedback received from patients through the 14 completed CQC comment cards and four patients we spoke with was mostly positive about the service experienced and that staff were helpful and caring and that they were treated with dignity and respect. However, we also received comments from two patients who were unhappy with the service and two patients who told us that they had experienced long waits for their appointment.

Staff at the practice had signed confidentiality agreements however we were not assured that staff fully understood their responsibilities as we identified concerns in this area.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Satisfaction scores for consultations with the GP were comparable to the CCG and national averages. Scores for consultations with nurses and helpfulness of reception staff were higher than the CCG and national averages. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time compared with the CCG average 86% and national average 87%.
- 94% said they had confidence and trust in the last GP they saw compared with the CCG and national average 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared with the CCG average 84% and national average 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average 89% and national average 90%.
- 94% said they found the receptionists at the practice helpful compared with the CCG average 83% and national average 87%.

Care planning and involvement in decisions about care and treatment

Feedback received told us that most patients felt involved in decision making about the care and treatment they received; that they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to most 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:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 80% and national average 81%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 82% and national average 85%.

Patient and carer support to cope emotionally with care and treatment

There were some leaflets displayed in the waiting area which provided additional information and support to patients.

The practice had identified carers on registered with the practice. As at the end of March 2015 there were 13 patients identified, the practice told us that they were working on their register to identify further carers registered with the practice. The practice was currently piloting a carers clinic with the support of the mental health trust to provide support to carers at this and two other practices. The GP told us he would refer patients to this clinic who they thought would benefit.

We saw evidence patients who had suffered a bereavement being referred to specialist services for support. Practical advice was also available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was rated below average in terms of engagement with the local Clinical Commissioning Group (CCG). However, they were participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered extended opening on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed one.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was accessible to patients with mobility difficulties. However, the reception desk was too high for patients who used a wheel chair. Practice staff told us that they would walk round to speak with patients if they needed to.
- Translation and interpreter services were available and staff knew how to access these.
- There were no dedicated baby changing facilities but staff said they allowed patients to use one of the treatment rooms however, potential infection control issues had not been considered.
- The practice did not provide on-line appointments, they told us that this was because they felt the current system they were using was working well.
- For the convenience of patients the practice provided some in-house services including ECGs and spirometry.
- The practice advertised minor surgery on their website and practice leaflet. However, we were informed this was not taking place and the practice was not registered with CQC to provide this service.

Access to the service

The practice was open between 8.15am to 12.15pm Monday to Friday and between 4.30pm and 7.30pm on a Monday, 4pm to 5.45pm on a Tuesday, Thursday and

Friday. The practice was closed on a Wednesday afternoon. Consulting hours were 8.30am to 11.30pm Monday to Friday, 4.30pm and 7.30pm on a Monday, 4pm to 5.45pm on a Tuesday, Thursday and Friday.

Practice staff told us that when they were closed during the day and in the out-of-hours period (6.30pm to 8am) patients accessed primary medical services through an out-of-hours provider.

Patients were able to book appointments in advance but most were made available on the day. We looked at the next available routine appointments which were available with a GP on the day of our inspection and within two working days for the nurse.

Results from the national GP patient survey showed that patient's satisfaction with how patients could access care and treatment was above the local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average 62%, national average 73%.

Patients we spoke with on the day of the inspection confirmed that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- The practice had a complaints policy in place and a complaints leaflet was available to help patients understand the complaints system. The complaints leaflet did not specify expected timescales for acknowledging and responding to complaints.
- The practice manager was a designated responsible person who handled complaints in the practice.
- The system for managing and monitoring complaints was not effective as practice staff were unable to tell us with certainty how many complaints they had received but said there had not been many and verbal complaints were not routinely recorded.

Are services responsive to people's needs?

(for example, to feedback?)

The practice showed us two complaints received in the last 12 months, we found one had been responded to in a timely way. However, the second had not been dealt with in during the absence of the practice manager who had been on long term sickness absence.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The current provider took over Falcon Medical Practice April 2014. They spoke of difficulties in relation to staffing and disputes over the premises which had dominated the practice agenda during this time. This had left the practice in an uncertain position. There were no clear plans in place should the provider need to relocate in short notice and maintenance issues were unaddressed while the dispute continued.

The GP told us that they hoped to expand and take on additional partners and would like to become a training practice. They told us that they had discussed joining a wider partnership in the future for long term viability but there were no formal or clear plans in place in relation to this. Staff were not aware of any vision and values for the practice.

Governance arrangements

The practice governance arrangements were not robust and we found weaknesses in the running of the service.

- Roles and responsibilities of staff were not always well defined. Staff undertook roles and responsibilities but it was not always clear what support or training they had received or how competencies were assessed.
- Staff had access to policies but these were not all practice specific.
- Risks in relation to staffing, infection control, the premises, equipment and unforeseen events were not well managed to ensure appropriate mitigating action was taken.

However, we did see that:

- The practice held monthly practice meetings with all staff to discuss issues affecting the practice. Significant events and complaints were discussed at these meetings. The GP told us that as a small practice they would also speak informally on a daily basis to discuss any issues arising.
- There was a designated member of staff that reviewed the QOF data to help ensure the practice stayed on target.

Leadership and culture

We found the leadership chaotic and risks relating to the running the practice were not adequately addressed. The practice was relatively new and since its establishment had recruited an experienced practice manager who had been absent for a period of time. The principal GP had been preoccupied with the dispute over the premises and staff described him as difficult to pin down in order to make decisions. The risks relating to the future of the premises had not been adequately planned for.

The way in which the service and risks were managed did not provide adequate assurance that the practice was fully aware of the requirements of the Duty of Candour. The practice had not been in contact with the CCG to discuss and safeguard patients over the risks relating to the premises and complaints had gone unaddressed in the absence of the practice manager.

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

The practice had started to engage with patients in the delivery of the service.

- A patient participation group (PPG) had recently been set up with five members. The first meeting was held the week before our inspection so it was too early to say what the impact the PPG had on the service. We spoke with the chair of the PPG who told us that they had raised areas for improvement for example purchasing baby scales so that patients did not have to attend other clinics further away. They felt optimistic that the practice listened to the group and would respond.
- The practice gathered feedback from staff through appraisals and staff meetings.

Continuous improvement

There was a lack of clear evidence of continuous learning and improvement within the practice. The practice had recently obtained on-line training and there had been a crash course in training through this in the lead up to inspection. The practice nurse took on a wide range of responsibilities but did not participate in any networking activities or access updates in some of the areas they were involved. There was a lack of support and clinical supervision for the roles undertaken by the Health Care Assistant and Practice Nurse.

Are services well-led?

Inadequate 

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

The practice was piloting a carers clinic developed in conjunction with the mental health trust to provide support for carers and to focus on their wellbeing.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not have robust systems in place to adequately protect patients and staff against the risks associated with infection control.</p> <ul style="list-style-type: none">• The infection control audit (undertaken in December 2015) was not credible as it contained inaccurate information.• Cleaning schedules did not record the frequency of cleaning and no records were kept as to when deep cleaning of carpets and fabric upholstered chairs last took place.• Inappropriate equipment (lawnmower) stored in a treatment room.• Rusty radiator and damp noted in patient toilet with no plans to address. <p>The registered person did not have robust systems in place to ensure staff providing care and treatment had the qualifications, competence, skills and experience to do so safely.</p> <ul style="list-style-type: none">• The majority of staff training had been completed by staff in the few days lead up to the CQC inspection without adequate systems to check competencies and understanding.• Staff undertaken roles in which evidence of supervision, training and regular updates was unavailable. <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Requirement notices

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The provider did not have robust systems in place to assess, monitor and mitigate risks to the health and safety of service users. These included:

- A lack of robust planning in place in relation to the risks surrounding the tenancy of the practice should the practice need to relocate at short notice.
- Maintenance issues were not being adequately addressed due to the dispute over the tenancy.
- Lack of systems for replacing equipment needed.
- Lack of robust systems in place to identify and address learning and development needs of staff.
- Lack of systems for the management of infection control.
- Lack of robust business continuity plans in place in order to effectively manage potential unforeseen events.

This was in breach of regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The provider had not undertaken all the necessary recruitment checks prior to employment to ensure fit and proper persons were employed. Information missing included proof of identity, disclosure and barring service (DBS) checks for clinical staff and checks for relevant staff against the GP performers list. One person was working on a sub contractual basis without any recruitment checks.

This was in breach of regulation 19 (2)(a) (3)(a) and schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

The system for managing complaints was disorganised, the practice did not know how many complaints had been received in the last 12 months and complaints had not acted on in the absence of the practice manager.

This was in breach of regulation 16 (1)(2) (Regulated Activities) Regulations 2014