Ribbleton 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.

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Overall summary

Ribbleton Medical Centre operates from a converted detached building within the Ribbleton area of Preston. There are four practice General Practitioner (GP) partners and a salaried GP working with practice staff serving a population size of approximately 7,949 people. The practice has high levels of deprivation with Index of Multiple Deprivation (IMD) score of 1 which is the most deprived.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a culture of patient safety and awareness. Staff are encouraged to be proactive in learning from incidents and taking ownership when things didn't go as planned and incidents occurred. The practice is providing an effective service for their local population. Care and treatment is considered in line with current published guidelines and best practice all of which are available to staff on the practice intranet.

Throughout our inspection we observed good compassionate care where patients are given time and support during their appointment. We observed how the whole team are responding to both the clinical and non-clinical needs of their patients. We found the practice to be a responsive practice in particular in terms of patient access and in listening to patient feedback. Each of the population groups we reviewed during the inspection received a good service from the practice.

The practice does not ensure that safe and effective staff pre employment checks are in place to ensure patient safety and welfare. Robust recruitment processes are not in place for staff working with children and or vulnerable adults. We found the practice had recruited a new staff member without undertaking previous references, employment history and professional fitness checks. We found also that appropriate Disclosure and Barring Systems (DBS) and Criminal Records Bureau Disclosure (CRB) checks are sought prior to commencement of work at the 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?

Some aspects of the services provided by the practice were safe. Staff were encouraged by the leadership team to be proactive in learning from incidents and taking ownership when things do not go as planned and incidents occurred. Each of the staff members we spoke with were clear about the reporting systems in place for ensuring patient safety. The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally.

Infection control and prevention systems were in place however, some areas were identified for improvement. Comprehensive and up to date medicines management policies were in place. Staff we spoke with were familiar with these, however we found improvements were needed for the placement of one of the vaccination refrigerators. We found robust recruitment processes were not in place for staff working with children and or vulnerable adults.

Are services effective?

The practice was providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice undertook regular audit and monitoring both internally and externally. We saw good examples of proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients' needs.

Are services caring?

The practice was caring. Throughout our inspection we saw good compassionate care where patients were given time and support during their appointment. We observed how the whole team responded to both the clinical and non-clinical needs of their patients. The practice had a Patient Representation Group (PRG) but they did not have group or face to face meetings. Feedback we received from patients before and during our inspection indicated they felt fully involved in their care. The practice had consent processes in place for obtaining written patient consent.

Are services responsive to people's needs?

Some aspects of the services provided by the practice were responsive to the needs of their local population in terms of patient

Summary of findings

access and how they were listened to when complaints were made. However communications and information was not available in languages other than English and staff were not clear what support they could provide to these patients if needed.

Are services well-led?

The service was well led. We spoke with staff about the leadership and culture of the practice. Staff reported an open culture where the leadership support was good. The leadership team which included the Practice Manager and lead GP Partners were strong and visible and worked closely within the practice. Staff reported an open culture where they felt safe to report incidents and mistakes knowing they would be treated as a learning opportunity.

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
Older patients received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Throughout our inspection we saw good compassionate care where older patients were given time and support during their appointment.

People with long-term conditions
Patients with long term conditions received safe and appropriate care. The practice had protocols in place for the management of long term conditions and the Practice Nurse undertook specialist conditions specific clinics, such as diabetes, heart disease and asthma. Registers were kept of patients with long term conditions to enable the practice to monitor the population needs as a whole.

Mothers, babies, children and young people
Mothers, babies, children and young people received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice had a good understanding of safeguarding matters and was engaged in child protection work locally. We found the practice had good systems in place for child health development and surveillance, this included working in partnership with the School Nurse and Health Visitor services. We saw good compassionate care for mothers and their children.

The working-age population and those recently retired
Working age patients (and those recently retired) received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Those we spoke with during the inspection told us they were happy with the care they received and they were pleased that appointments and repeat prescriptions could now be arranged online.

Summary of findings

People in vulnerable circumstances who may have poor access to primary care

Patients in vulnerable circumstances who may have poor access to primary care received safe and appropriate care. The practice participated in the Violent Patient Scheme. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

People experiencing poor mental health

Patients experiencing poor mental health received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Local registers were kept to ensure that patients were reviewed annually and that this review included not just mental but also physical assessments and reviews.

Summary of findings

What people who use the service say

Prior to our inspection we asked patients to complete a short satisfaction comments card. We asked what they thought of the service they received from the practice and we collected ten responses. The comments made by patients were positive. They commented on the caring nature of staff and that the facilities were clean and tidy. Staff were reported to be friendly and helpful, they treated patients with dignity and respect. One of the ten patients commented that appointments were at times difficult to get. Our conversations with patients on the day of the inspection reflected the same views as patients who had completed the comments cards. During our inspection patients told us they had a good relationship with the GPs and practice staff.

Areas for improvement

Action the service MUST take to improve

Robust recruitment processes were not in place.

Action the service SHOULD take to improve

Safety alerts were checked and acted upon by clinical staff. However these were sent to staff electronically and there was no system in place to ensure timely action had been taken when required.

The practice did not have hand wash gel, broken paper towel holders were seen and gowns and gloves were not wall mounted.

One of the vaccine refrigerators was stored in a non secure area where patients could access these medicines. The practice had not considered this risk appropriately.

Annual appraisals and performance reviews were not being undertaken for all staff.

The practice complaints letter contained out of date information.

Ribbleton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP and a Practice Manager Specialist Advisor and an Expert by Experience person.

Background to Ribbleton Medical Centre

Ribbleton Medical Centre operates from a converted detached building within the Ribbleton area of Preston. There are 4 practice partners General Practitioners (GP) and full supportive practice staff serving a population size of approximately 7,949 people. The practice has high levels of deprivation with Index of Multiple Deprivation (IMD) score of 1 which is the most deprived.

The practice opening hours are from 08.30 to 18.00 hours. An out of hours service is provided by the Preston Primary Care Centre.

During our inspection we had positive feedback from patients and the public. This included gathering patients' views in the form of a comments card prior to our visit and speaking with a number of patients throughout the day. We received ten completed comments cards and we spoke with six patients during the inspection. Patients told us that staff were caring and compassionate, friendly and helpful.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

Detailed findings

We carried out an announced visit on 14 July 2014 and the inspection team spent eight hours at the practice. During our visit we spoke with a range of staff, including administration staff.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

Are services safe?

Our findings

Some aspects of the services provided by the practice were safe. Staff were encouraged by the leadership team to be proactive in learning from incidents and taking ownership when things do not go as planned and incidents occurred. Each of the staff members we spoke with were clear about the reporting systems in place for ensuring patient safety. The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally. Infection control and prevention systems were in place however, some areas were identified for improvement. Comprehensive and up to date medicines management policies were in place. Staff we spoke with were familiar with these, however we found improvements were needed for the placement of one of the vaccination refrigerators. We found robust recruitment processes were not in place for staff working with children and or vulnerable adults.

Safe patient care

Systems were in place to monitor patient safety. Staff were encouraged by the leadership team to be proactive in learning from incidents and taking ownership when things don't go as planned and incidents occurred. Each of the staff members we spoke to were clear about the reporting systems in place for ensuring patient safety. Staff reported an open culture where they were confident to raise concerns and report incidents without fear of reprisals.

Communication meetings where in place with clinicians and other practice staff. However, practice nursing staff found it difficult to attend these meetings due to a vacancy which had only recently been filled. Minutes of these meetings showed that incidents and patient complaints were discussed openly so that improvements if required could be made to prevent reoccurrence.

Learning from incidents

Staff had a good awareness of the potential for accidents and incidents to occur and the practice had a real-time incident reporting system. The practice had a process for monitoring serious event accidents (SEA) and when required these were reported to the local Clinical Commissioning Group (CCG) for further monitoring and scrutiny. All such incidents were recorded, lessons learnt and actions were put into place to reduce the same event reoccurring.

We saw that all incidents were discussed at clinical and other practice staff meetings. A culture of openness was reported to us from staff taking part in these meetings. Of the events we reviewed that happened across 2013 we were satisfied that appropriate actions and learning had taken place. We found that actions which needed to be taken were simple, appropriate and easy to carry out. This was important so that staff were clear and able to achieve all actions required. All actions were monitored at weekly meetings to be sure they had been implemented. However we found that there was no annual review of all incidents that had occurred including patient complaints and there was no monitoring system to review themes and trends. Safety alerts were checked and acted upon by clinical staff. However these were sent to staff electronically and there was no system in place to ensure timely action had been taken when required.

Safeguarding

All staff had access to information on local procedures relating to child protection. During our visit we found practice staff had a good understanding of safeguarding matters and the practice had a GP lead for safeguarding children and vulnerable adults. All staff had received safeguarding training, although when asked some were unsure who the safeguarding practice lead was. Staff had access to safeguarding policies and procedures for both children and vulnerable adults. These policies were accessible by staff at all levels and were consistent with statutory, national and local guidance. We spoke with staff and confirmed they knew how to act on concerns that a child and or a vulnerable adult may have been abused, or was at risk of abuse or neglect in line with local guidance.

We observed guidance for staff related to domestic violence and in the patient waiting area we saw leaflets and information providing advice and support to all women.

The practice regularly reviewed cases where there were safeguarding concerns for children. Regular clinician led meetings were held including the GP, Health Visitor/School Nurse/ District Nurse as appropriate to discuss vulnerable families to see how they could be best supported. We were informed that when required GP's would prepare a report for a child protection case conference though they rarely attended in person.

Monitoring safety and responding to risk

Staff we spoke with were clear about their lines of accountability, the reporting systems in place and how

Are services safe?

patient safety incidents were being monitored. The practice had lead roles for infection control and safeguarding. Nurses had allocated responsibility for monitoring and managing medicines management and for undertaking regular equipment checks to ensure patient safety. We observed risk assessments in place for the environment and for the use of particular equipment.

Medicines management

The practice had clear systems in place for the management of medicines. There was a system in place for ensuring a medication review was recorded in all patients notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient is 48 hours or less (excluding weekends and bank/ local holidays). The GPs met on a quarterly basis with the Medicines Manager and CCG pharmacists to review prescribing trends and medication audits.

The practice had in date medicines management policies. Staff we spoke with were familiar with these. There were systems in place to ensure patients' medications were prescribed, issued and reviewed appropriately and safely, and this was monitored frequently. However we did note an out of date medicine in one of the treatment room areas.

We observed effective prescribing practices in line with published guidance. Information leaflets were available to patients relating to their medicines. We reviewed the bags available for doctors when doing home visits and found their contents were intact and in date.

Clear records were kept when any medicines were brought into the practice and administered to patients. Medicine refrigerator temperatures were checked and recorded daily and were cleaned on a monthly basis or as needed if there was a spillage. The refrigerator was adequately maintained by the manufacturer and staff were aware of the actions to take if the fridge was out of temperature range. However we saw that vaccines were stored in a refrigerator which was stored in a non secure area and non manned area where patients could access these medicines. The practice had not considered this risk appropriately.

The practice had the equipment and in-date emergency drugs to treat patients in an emergency situation. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely yet accessible, and were monitored to ensure they were in date and effective. The practice did not hold stocks of controlled drugs (strong medicines which require extra administration checks to ensure safety). We observed that there was a system for checking the expiry dates of emergency drugs on a monthly basis or more regularly if used.

Cleanliness and infection control

All staff had access to a written infection control policy and supporting protocols. The senior Practice Nurse was the infection control lead. We did not find however, good engagement with the local Community Infection Control Nurse and staff at the practice were not attending any Infection Control & Prevention (ICP) meetings outside of the practice. We were told that an external ICP advisor had risk assessed the practice and identified a number of areas they needed to improve upon. The Practice Manager was aware of these and actions had been put into place to make the required improvements.

Each of the staff we spoke with were aware of ICP and what this meant in terms of safe practice. The practice undertook minor surgical procedures and we observed the patient pathway for this. We were satisfied this was safe. Staff had been educated about standard principles and trained in hand decontamination, the use of protective clothing and the safe disposal of sharps. In each patient consultation and treatment room we observed adequate supplies of sharps containers, but hand wash gel was not available in all rooms. We observed paper towel holders broken so these towels were exposed to dust and dirt.

Sharps containers were stored in each treatment and consultation room. We observed these containers were stored on worktops and benches away from the floor and out of reach of children. These containers were appropriately sealed in accordance with manufacturers' instructions once full, and were disposed of according to local clinical waste disposal policy. Appropriate systems were in place for obtaining and the collection of patient samples taken at the practice.

We observed care equipment for example, bed trolleys, ECG machines, dressing trolleys and found them to be clean and tidy. The practice had a cleaning schedule to ensure the equipment remained clean and hygienic at all times. Clean curtains around the patient bed were observed in each consultation room. The practice used single use equipment for invasive procedures for example, taking blood and cervical smears.

Are services safe?

Staffing and recruitment

Robust recruitment processes were not in place. We found the practice had recruited a new staff member without undertaking previous references, employment history and professional fitness checks. We found also that appropriate Disclosure and Barring Systems (DBS) and Criminal Records Bureau Disclosure (CRB) checks had not been sought prior to commencement of work at the practice. This meant the practice had not ensured that safe and effective staff pre employment checks were in place to ensure patient safety and welfare.

Dealing with Emergencies

The practice had policies in place for dealing with emergencies relating to the premises, power supplies and utilities. Staff had received resuscitation training and life support skills. Emergency equipment including drugs was observed in an accessible area. In the event of a patient medical emergency the practice would contact the local ambulance service.

Equipment

The practice had systems in place to ensure regular and appropriate inspection, calibration, maintenance and replacement of equipment. During our visit we found suitable equipment which included medical and non-medical equipment, furnishings and fittings were in place. We observed regular safety checks to ensure all equipment was in working order, including annual electrical testing. We observed information that showed equipment such as the electrocardiogram (ECG) machine had been serviced and maintained in line with manufacturer's guidelines. Oxygen cylinders were in date and appropriately stored. One of the nursing staff members had designated responsibility for monitoring equipment and keeping records to demonstrate this.

Are services effective?

(for example, treatment is effective)

Our findings

The practice was providing an effective service for their local population. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice undertook regular audit and monitoring both internally and externally. We saw good examples of proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients' needs.

Promoting best practice

The practice was providing an effective service for their local population. Care and treatment was considered in line with current guidance from National Institute for Health and Care Excellence (NICE) and other published guidelines of which were available to staff on their intranet. Nursing and medical staff were clear about the rationale for the treatments they were prescribing and providing. We observed that local and national best practice guidelines were discussed regularly at clinician's meetings, however we did discuss with the Practice Manager concerns that the Practice nurses were not attending these meetings presently. We spoke with a trainee doctor and they informed us they had access to clinical guidelines on their computer, this ensured best practice guidance was available and considered. Each of the practice partners lead on a particular subject/condition and presented any updates relevant to this at the meetings.

Management, monitoring and improving outcomes for people

Much of the role of the Practice Manager's was to review and manage information to show that outcomes for patients were improving. We found the practice was proactive in undertaking audits and review and this was highlighted as a priority in the Clinical Commissioning Group (CCG) Individual Practice Plan. We saw that data sources (medicines management information, safety alerts or as a result of Quality and Outcomes framework (QOF) performance were used to gather information about patient experience quality and performance. These had been used by the CCG and the practice to identify areas that required improvement and to develop actions plans in these areas. Some of these areas related to prescribing matters, patient attendance at Accident and Emergency (A&E) and out of hours, emergency admission and smoking cessation rates.

We found the practice had undertaken further audits and reviews in these areas to identify how improvements could be made. For example they had undertaken an external review of the role of the triage system the practice was running and how or if there had been a reduction in the numbers of patients requiring out of hours or A&E admissions since the service was set up. Regular meetings were held with the practice team reviewing the systems they had in place and how improvements could be made to for instance attendance rates to A&E and out of hour's services.

The practice had systems in place which supported GPs and other clinical staff to improve clinical outcomes for patients. The practice kept up to date disease registers for patients with long term conditions such as asthma and chronic heart disease which were used to arrange annual health reviews. They also provided annual reviews to check the health of patients with learning disabilities and patients on long term medication for example for mental health conditions.

The practice undertook an annual patient survey to find out what patients thought of the practice. This was published in November 2013. Particular attention was made for the less favourable results and actions plans were put into place. Data we hold showed the GP Patient Survey (01/01/2013 – 30/09/2013) results were positive in terms of positive patient experience for making an appointment, patient confidentiality in the waiting area, staff treating them with dignity and respect. NHS Choices patient feedback comments also included positive patient feedback results such as doctors, nurses and staff being helpful and obliging, caring and patient centred.

Staffing

All staff were appropriately qualified and competent to carry out their roles safely and effectively in line with best practice. We reviewed staff training and established good opportunities were made for their on-going continual professional development. However annual performance reviews were not undertaken for all staff.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice had a system for transferring and acting on information about patients seen by other doctors in out of hours services. There was a system to alert the out-of-hours service or duty doctor to patients end of life care. We saw good examples of proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients' needs. An example of good partnership working included visiting a local nursing home on a regular basis to review and assess patients' living at the home.

We spoke with visiting professionals during our inspection and they spoke positively of how the practice staff worked closely with them to ensure their patients needs were met. We found that secondary referrals were made promptly when needed.

Health, promotion and prevention

The practice had systems in place to proactively identify people, including carers who may need on-going support.

We were told that all new patients were offered a consultation to assess details of their past medical and family histories, social factors including occupation and lifestyle, medications and measurements of risk factors (e.g. smoking, alcohol intake, blood pressure, height, weight). We saw that information on a range of topics and health promotion literature was readily available to patients. We saw how they were given to patients during treatment and were available for collecting within the patient reception and waiting room. This included information about services to support them in (i.e. smoking cessation schemes).

The practice had a good patient newsletter and this reminded patients about seasonal travel and flu vaccines as well as the schedule of vaccinations required for children. The newsletter had information not just for patients but also in signposting carers to areas where they could get additional support.

Are services caring?

Our findings

The practice was caring. Throughout our inspection we saw good compassionate care where patients were given time and support during their appointment. We observed how the whole team responded to both the clinical and non-clinical needs of their patients. The practice had a Patient Representation Group (PRG) but they did not have group or face to face meetings. Feedback we received from patients before and during our inspection indicated they felt fully involved in their care. The practice had consent processes in place for obtaining written patient consent.

Respect, dignity, compassion and empathy

We observed good compassionate care where patients were given time and support during their appointment. We saw how the whole team responded to both the clinical and non-clinical needs of their patients. Staff were welcoming, cheerful, listening to patients and this led to a relaxed and stress free atmosphere throughout the practice.

We saw how reception staff interacted with patients who arrived at the practice. We noted efforts to maintain patient privacy and respect when discussing their appointment. All consultations with doctors and nurses were undertaken in private rooms and a chaperone was offered to patients if required.

Patients we spoke with told us the doctors and nurses had always treated them with respect and dignity. Positive comments were observed in the completed CQC comments cards collected by the practice prior to our inspection. The comments indicated explanations were given clearly by reception staff and extra time and listening was given when required. Within the national GP Survey published in December 2013 patients reported positive experiences for how caring staff were, how well they listened and how involved and satisfied they felt with their care. The results show that patients' overall experience of the practice was slightly lower than the CCG average and National average. Also the ease of getting through to someone at the GP surgery on the telephone scored only slightly lower than the averages. However, the overall experience of making an appointment and the frequency of patients being able to see their preferred GP scored significantly higher than both the Clinical Commissioning Group (CCG) average and national averages. Comments made by patients on the NHS Choices website showed they were satisfied with accessing their appointment and the respect showed them during their visit to the practice.

Involvement in decisions and consent

The practice had processes in place to ensure consent was sought before personal information was used. The practice had a leaflet that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records.

We spoke with patients and staff and found that all staff adhered to the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency assessments of children and young people were undertaken. This enabled staff to make decisions about the child or young person having the maturity and capacity to make decisions about their treatment and care. We observed consent policies and processes in place. Patient consent was always sought for the surgical procedures undertaken by the practice and completed forms were kept in patients records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Some aspects of the services provided by the practice were responsive to the needs of their local population in terms of patient access and how they were listened to when complaints were made. However communications and information was not available in languages other than English and staff were not clear what support they could provide to these patients if needed.

Responding to and meeting people's needs

The practice was a responsive practice in particular in terms of patient access to medical appointments. Patients were able to contact the practice via telephone, call at the practice, internet access was also now available for booking appointments and for ordering repeat prescriptions. Having access to online appointment bookings enabled the patient population to have a 24/7 access to the practice. This system provided additional convenience for patients and enabled the practice to function more efficiently. The practice had also introduced a text messaging service to patients reminding them of their appointment resulting in a reduction of appointments not attended by patients.

We reviewed the appointment system and found that most appointments made with doctors and nursing staff were for a 10 minute period, but longer appointment times were used for patients with more complex conditions. The practice used the Practice Nurse to monitor same day appointment requests thus enabling a triaging system whereby decisions were made about who was the best person to see the patient and when. The practice also arranged consultations via telephone with patients. These were pre-planned and we were told were an effective way to assess and treat more patients. We were told that if a child required an appointment they were always seen on the same day.

We observed effective team work, with a mix of GPs', trainees, practice nurses and health care assistants (HCAs') all undertaking different roles safely and effectively. Work previously undertaken only by GP's was now being done by others meaning patients had increased access to a primary care professional more quickly. An audit had been untaken to see if the use of a triage nurse had impacted on the numbers of patients attending the out of hours and A&E services. The results showed that the triage service had reduced the numbers of patients attending these services.

Access to the service

We spent time in the patient waiting room and spoke with patients about their views and experiences. The reception area was accessible and with glass panels to ensure patient confidentiality. Generally the area was good in size and well lit. We noted the practice had an induction loop which was clearly displayed and could be used for patients with hearing difficulties. The practice provided good disabled access at the entrance to the building and in all patient areas. We observed each consultation room was colour coded for patients who might not be able to read the name of the doctor or the treatment room.

The area had a television which was on and displayed patient health promotion information for patients. The area had reading materials such as magazines and a small number of children's toys. Patient information was displayed on the walls and patient leaflets were available.

The receptionists had a pleasant and helpful manner both in their interactions with patients attending the practice and during telephone conversations. The practice communicated well with patients about opening times and the services offered. This information was available within the patient newsletter, the practice leaflet and on the practice website. However we were informed that communications and information was not available in languages other than English and staff were not clear what support they could provide to these patients if needed. Patients we spoke with told us they did not have any problems trying to get through to the practice on the telephone but patient survey results showed that telephone access was problematic.

The practice had a public website which displayed information for patients on a range of subjects including, opening times, the clinics available, general information about the practice including photographs of the GPs and the practice. The web page provided advice to people about health campaigns and how to access services. In addition, the website served as the gateway to the practice's online facilities, including appointment booking and repeat prescription services. The practice's Patient Reference Group also featured on the web page.

The practice undertook their own patient satisfaction survey for 2012/2013. They received 233 completed patient questionnaires. The results from the questionnaire were shared with the PRG and they were discussed at a practice team meeting involving the doctors, nurses and reception

Are services responsive to people's needs?

(for example, to feedback?)

staff. The results showed that patients were satisfied with the care received from the doctors or nurses (90%) and less satisfied with telephone access (31%). We saw the practice had implemented an action plan in response to the negative results.

Concerns and complaints

The practice had a complaints policy and information about this was available to patients within the practice and also on their web page. We noted however that the complaints leaflet available to patients had out of date information contained within in.

The Practice Manager oversaw all concerns and complaints made and if the patient wants to make a formal complaint the practice provided advice about how to do this. The practice had a documented audit trail for all the complaints that were made. This showed the concern raised, the investigation undertaken and the outcomes for the complainant and the practice. The complaints we looked at showed appropriate and responsive actions had been taken and staff had used the experience to learn and develop. Staff we spoke with were clear about how complaints were managed. Discussions with staff and the leadership team showed that the practice operated a culture of openness that ensured any complaint made by a patient or their family would be listened to and acted on.

Are services well-led?

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

Our findings

The service was well led. We spoke with staff about the leadership and culture of the practice. Staff reported an open culture where the leadership support was good. The leadership team which included the Practice Manager and lead GP Partners were strong and visible and worked closely within the practice. Staff reported an open culture where they felt safe to report incidents and mistakes knowing they would be treated as a learning opportunity.

Leadership and culture

Throughout our inspection we spoke with staff about the leadership and culture of the practice. Staff reported an open culture where the leadership support was good or very good. The leadership team which included the Practice Manager and lead GP Partners were strong and visible and worked closely within the practice. We found staff and GPs' had worked at the practice for many years and they had a respectful working relationship. Staff reported an open culture where they felt safe to report incidents and mistakes knowing they would be treated as a learning opportunity.

Governance arrangements

The practice had an individual practice plan produced by the Clinical Commissioning Group (CCG) in partnership with practice staff. The purpose of the practice plans were to inform practices and encourage open discussion regarding where improvements were required. Robust data sources were used to gather information about patient experience, quality and performance and these were used by the CCG and the practice to identify areas that required improvement and to develop actions plans in these areas. Some of these areas related to prescribing matters, patient attendance at Accident and Emergency (A&E) and out of hours, emergency admission and smoking cessation rates.

The practice had undertaken further audits and reviews in these areas to identify how improvements could be made. For example they had undertaken an external audit of one of the medications, Trimethoprim and an external review of the role of the triage system the practice was running to see if there had been a reduction in the numbers of patients requiring out of hours or A&E admissions since the service was set up. Regular meetings were held with the practice team reviewing the systems they had in place and how improvements could be made to for instance attendance rates to A&E and out of hours services.

Systems to monitor and improve quality and improvement

Appropriate systems were in place for gathering and evaluating accurate information about the quality and safety of patient experience and outcomes. This included feedback from patients, audits, adverse incident reporting and complaints management along with any patient comments made. The practice used a range of information relating to their performance including internal and external review systems and this information was discussed at staff meetings. The practice used information they collected for the Quality and Outcomes framework (QOF) and national programmes such as vaccination and screening to monitor patient quality outcomes.

We looked at how complaints were managed and found that overall the process of acknowledgement and responding within a specific time period worked well. All complaints were managed and overseen by the Practice Manager. We observed that the practice offered face-to-face meetings with complainants at an early stage in the hope that the complaint could be resolved to the satisfaction of the patient/family member. Actions taken as a result of complaints were open and appropriate, they were discussed at staff meetings and were used to ensure staff learnt from the event. We noted however that the patients complaint leaflet had out of date information within in and we shared this with the Practice Manager.

However, we found the practice had recruited a new staff member without undertaking previous references, employment history, professional fitness checks and appropriate Disclosure and Barring Systems (DBS) and Criminal Records Bureau Disclosure (CRB) checks had not been sought prior to commencement of work at the practice.

Patient experience and involvement

The practice had a Patient Reference Group (PRG) rather than an active Patient Participation Group (PPG). We were told the practice continued to recruit new members to this group by placing posters in all waiting areas with patient leaflets attached giving information and an application form for the group. Patients were contacted for their views either via email or post. This information was also on the practice website.

The practice undertook their own patient satisfaction survey for 2012/2013. They received 233 completed patient questionnaires. The results from the questionnaire were

Are services well-led?

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

shared with the PRG and they were discussed at a practice team meeting involving the doctors, nurses and reception staff. The results showed that patients were satisfied with the care received from the doctors or nurses (90%) and less satisfied with telephone access (31%). We saw the practice had implemented an action plan in response to the negative results.

Staff engagement and involvement

Staff reported a culture where their views were listened to and if needed action would be taken. We observed how staff interacted and found there was care and compassion not only between patients and staff but also amongst staff themselves.

Regular clinical and non-clinical meetings took place although practice nursing staff were unable to attend at present because of a vacancy for this role. Minutes of these meetings showed any new changes or developments were discussed giving staff the opportunity to be involved. All incidents, complaints and positive feedback from surveys were discussed. We observed how information on patient experience and performance was discussed. Where issues were identified, action plans were put in place based on the views of staff who attended the meeting.

Learning and improvement

We reviewed all staff mandatory training and found sufficient time had been given to staff to attend training and keep up to date. There were management systems in place which enabled learning and supported staff to improve their practice. However, we found that not all staff had completed an annual appraisal and performance review and newly recruited staff had not undertaken a formal period of induction. Despite this staff we spoke with were clear about their lines of accountability, we saw effective team work and we saw how closely staff worked together to resolve problems and develop practice.

Identification and management of risk

Management systems were in place to ensure that any risks to the delivery of high quality care were identified and mitigated before they become issues which could adversely impact on the quality of care. The practice had systems in place to identify and manage risk safely. All of the staff interviewed during the course of the inspection knew how to report an incident. We found that appropriate risk assessments for each area such as fire safety, infection control were available and up to date.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

Older patients received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Throughout our inspection we saw good compassionate care where older patients were given time and support during their appointment. Older patients we spoke with during the inspection told us they felt safe and confident of the treatment they received.

The practice had policies and procedures for the protection of vulnerable older people and staff had received training in what to do should they have any concerns relating to this. Regular professionals meetings took place to discuss patients and families of older people who practice staff were concerned about.

We found the practice was providing an effective service for older patients. This included those who had good health and those who may have one or more long-term conditions, both physical and mental. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice had systems in place for reviewing on an annual basis all medications taken by older patients. Registers were kept of older patients to enable the practice to monitor the population needs as a whole. This was a proactive way of ensuring all older people were monitored closely to ensure problems could be identified and treated at an early stage.

Throughout our inspection we saw good compassionate care for older patients, they were given time and support during their appointment. We observed how the whole team responded to both the clinical and non-clinical needs of these patients. Older patients told us during the inspection that staff had always been respectful, caring and treated them with dignity.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

Patients with long term conditions received safe and appropriate care. The practice had protocols in place for the management of long term conditions and the Practice Nurse undertook specialist conditions specific clinics, such as diabetes, heart disease and asthma. Registers were kept of patients with long term conditions to enable the practice to monitor the population needs as a whole.

The practice had protocols in place for the management of long term conditions and the Practice Nurse undertook specialist conditions specific clinics, such as diabetes, heart disease and asthma. Registers were kept of patients with long term conditions to enable the practice to monitor the population needs as a whole. This was a proactive way of ensuring all patients with long term conditions were monitored closely to ensure problems could be identified and treated at an early stage.

Patient leaflets relevant to patients with long term conditions were seen in the patient waiting room.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

Mothers, babies, children and young people received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. The practice had a good understanding of safeguarding matters and was engaged in child protection work locally. We found the practice had good systems in place for child health development and surveillance, this included working in partnership with the School Nurse and Health Visitor services. We saw good compassionate care for mothers and their children.

The practice had a good understanding of safeguarding matters and was engaged and proactive in child protection work locally. The practice regularly reviewed cases where there were safeguarding concerns for children. The practice had a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan.

We found the practice had good systems in place for child health development and surveillance, this included working in partnership with the School Nurse and Health Visitor services. The practice also held regular contraceptive and maternity services for mothers and young women. The practice carried out comprehensive screening and vaccination programmes to support babies, children and their mothers' health and well- being**.**

Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Registers were kept of this patient population group to enable the practice to monitor the population needs as a whole.

We spoke with patients and staff and found that all staff adhered to the Children Act 1989 and 2004. Gillick competency assessments of children and young people were undertaken by staff. This enabled staff to make decisions about the child or young person having the maturity and capacity to make decisions about their treatment and care. We saw consent policies and processes in place. The practice had a patient leaflet that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records.

The reception area was accessible for mothers with prams. There were books and soft toys for children to play whilst waiting for an appointment.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

Working age patients (and those recently retired) received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was delivered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Those we spoke with during the inspection told us they were happy with the care they received and they were pleased that appointments and repeat prescriptions could now be arranged online.

Working age people (and those recently retired) received safe and appropriate care from practice staff that had an open culture and that had a good awareness of patient safety issues and concerns.

Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

We found that patients were able to contact the practice via telephone, call at the practice, internet access was also now available for booking appointments and for ordering repeat prescriptions. Having access to booking appointments on-line enabled the practice to have a 24/7 access for their patient population. The practice had also introduced a text messaging service to patients reminding them of their appointment. This will have benefits for people who were working when the practice was open. The impact of this has meant fewer patients missed appointments.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

Patients in vulnerable circumstances who may have poor access to primary care received safe and appropriate care. The practice participates in the Violent Patient Scheme. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

The practice participates with the Violent Patient Scheme which enabled patients of this nature to be registered with the practice and in doing so have access to GP and primary health care. We found the practice had good policies and procedures for the protection of vulnerable older people and this covered vulnerable patients in general. Regular professionals meetings took place to discuss patients and families of vulnerable patients and families who practice staff were concerned about. We observed guidance for staff relating to domestic violence and in the patient waiting area we saw leaflets and information providing advice and support to all women whether they are affected by domestic violence or not. The practice regularly reviewed cases where there were safeguarding concerns for children.

We found the practice was providing an effective service for patients in vulnerable circumstances who may have poor access to primary care. This included those who have good health and those who may have one or more long-term conditions, both physical and mental. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet.

We found the practice kept a register of patients with a learning disability and offered annual health checks. Extra time would be given for their appointments with the GP or nurse.

Throughout our inspection we saw good compassionate care for patients in vulnerable circumstances. We observed how the whole team were responding to both the clinical and non-clinical needs of these patients. We found the practice to be a responsive practice in particular in terms of access to treatment for these patients. Patient leaflets relevant to patients in vulnerable circumstances and their carers were seen in the patient waiting room.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

Patients experiencing poor mental health received safe and appropriate care. The practice was providing an effective service for this population group. Care and treatment was considered in line with current published guidelines and best practice, all of which were available to staff on their intranet. Local registers were kept to ensure that patients were reviewed annually and that this review included not just mental but also physical assessments and reviews.

We were not able to speak with this population group during our inspection. We found that registers were kept to ensure that patients were reviewed annually and that this review included not just mental but also physical assessments and reviews. This was a proactive way of ensuring all these patients were monitored closely to ensure problems could be identified and treated at an early stage.

We spoke staff and found that they adhered to the Mental Capacity Act 2005. Capacity assessments of patients were undertaken by GPs and they had a good awareness of this.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers The provider did not ensure that safe and effective staff pre employment checks were in place to ensure patient safety and welfare. Robust recruitment processes were not in place for staff working with children and or vulnerable adults. We found the practice had recruited a new staff member without undertaking previous references, employment history and professional fitness checks. We found also that appropriate Disclosure and Barring Systems (DBS) and Criminal Records Bureau Disclosure (CRB) checks had not been sought prior to commencement of work at the practice.