

Worle Medical Practice

Quality Report

125 High Street,
Worle,
Weston-Super-Mare,
Somerset,
BS22 6HB
Tel: 01934 516789
Website: www.mhworle.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Worle Medical Practice, Weston-Super-Mare on 7 January 2016. Overall the practice is rated as requires improvement and includes all population groups.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed and managed however, risks associated with GP staffing levels were not robust and left staff such as the health care assistant unsupported or unsupervised at times. The staffing levels also impacted on the continuity of patient care and treatment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to make an appointment. However, they stated appointments with a named GP and continuity of care was often more difficult due to high locum GP use. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by the practice management but less so by the provider organisation. The practice sought feedback from staff and patients, which it acted on.

Summary of findings

We saw one area of outstanding practice:

- The practice had previously developed a list of frail older patients who lived in vulnerable or isolated circumstances. Some members of staff were allocated a number of these patients and made regular telephone contact with the patients to ensure they were safe.

The areas where the provider must make improvement are:

- Ensure GP staffing levels are maintained to ensure the nursing team and specifically the health care assistant, have access to clinical support throughout their patient appointments and to ensure clinical advice is available should a medical emergency arise during the practice opening hours.

- Ensure practice governance arrangements consider all aspects of the practice as part of a continuous improvement process. For example, ensuring all staff receive provider identified mandatory training and an annual appraisal, and ensuring risks related to lone working are fully assessed.

The areas where the provider should make improvement are:

- Review how continuity of GP access is provided to patients.
- Review clinical support processes for permanently employed GPs.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.
- However, Risks associated with GP staffing levels were not robust and left staff such as the health care assistant unsupported or unsupervised at times. The staffing levels also impacted on the continuity of patient care and treatment.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes in many areas were lower than average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in some areas.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff however, this did not include all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.

Requires improvement



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment; however, some comments we received were less favourable with regards to continuity of GP care and support.
- Information for patients about the services available was easy to understand and accessible.
- We saw and heard staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the provider was working with NHS England to plan for the takeover of the practice by another local provider.
- Most patients said they found it easy to make an appointment with a GP however; there was not always continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However, not all staff were clear about the vision and their responsibilities in relation to this.
- There was a leadership structure and staff felt supported by the management within the practice but not always by the provider. The practice had a number of policies and procedures to govern activity and held governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. However, this did

Summary of findings

not always include arrangements to monitor and improve all aspects of quality and identify risk. For example, GP staffing levels throughout the day, clinical audits and mandatory training identified by the provider.

- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older patients. The practice was rated as requires improvement for effective, caring and well-led as well as overall. The practice was rated as inadequate for safety. The practice was rated as good for responsive and includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported patients living in local residential homes with fortnightly visits and the provision of flu vaccinations.
- The practice had previously developed a list of frail older patients who lived in vulnerable or isolated circumstances who staff contacted regularly.
- However, continuity of care was not always available.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for effective, caring and well-led as well as overall. The practice was rated as inadequate for safety. The practice was rated as good for responsive and includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall diabetes quality and outcomes framework (QOF) performance for 2014/15 was 81% compared to the clinical commissioning group average of 92% and the national average of 89%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The practice was rated as requires improvement for effective, caring and well-led as well as overall. The practice was rated as inadequate for safety. The practice was rated as good for responsive and includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations for under two year old, however, they were lower for five year olds compared to local averages.
- The percentage of patients with a diagnosis of asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the three Royal College of Physician questions (04/2014 to 03/2015) was 69% compared to the clinical commissioning group average of 77% and the national average of 75%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years (04/2014 to 03/2015) was 81% compared to the clinical commissioning group average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The practice was rated as requires improvement for effective, caring

Requires improvement



Summary of findings

and well-led as well as overall. The practice was rated as inadequate for safety. The practice was rated as good for responsive and includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice was rated as requires improvement for effective, caring and well-led as well as overall. The practice was rated as inadequate for safety. The practice was rated as good for responsive and includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia). The practice was rated as requires improvement for effective, caring and well-led as well as overall. The practice was

Requires improvement



Summary of findings

rated as inadequate for safety. The practice was rated as good for responsive and includes this population group. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 72% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- 96% of patients with severe mental health problems had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice had performed below local clinical commissioning group (CCG) and national averages. Two hundred and ninety survey forms were distributed and 114 (39%) were returned. This represented 3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 71% and a national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 82% of patients described the overall experience of their GP practice as good compared to a CCG average 86% and a national average of 85%.

- 63% of patients said they would recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 31 comment cards of which the majority were positive about the standard of care received. Positive comments included about staff being caring and respectful, where less positive comments were made the theme was about a lack of continuity of access to a GP of their choice and delays in getting an appointment.

We spoke with seven patients during the inspection. Most of those patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure GP staffing levels are maintained to ensure the nursing team and specifically the health care assistant, have access to clinical support throughout their patient appointments and to ensure clinical advice is available should a medical emergency arise during the practice opening hours.
- Ensure practice governance arrangements consider all aspects of the practice as part of a continuous

improvement process. For example, ensuring all staff receive provider identified mandatory training and an annual appraisal, and ensuring risks related to lone working are fully assessed.

Action the service **SHOULD** take to improve

- Review how continuity of GP access is provided to patients.
- Review clinical support processes for permanently employed GPs.

Outstanding practice

- The practice had previously developed a list of frail older patients who lived in vulnerable or isolated

circumstances. Some members of staff were allocated a number of these patients and made regular telephone contact with the patients to ensure they were safe.

Worle Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Worle Medical Practice

Worle Medical Practice is located in Weston Super Mare, North Somerset. The practice serves a local population of approximately 4000 patients from Weston Super Mare and the surrounding area under a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). The practice shares the premises with the North Somerset Community Partnership which provides district nursing, school nursing and phlebotomy services. It has parking on site including spaces for patients with a disability.

The practice provides services at the following address:

125 High Street,

WorleWeston-Super-MareSomersetBS22 6HB .

Staff also work across the provider's (Malling Health) other location at the following address:

St Georges Health Centre

135 Pastures Avenue,

St Georges

Weston-Super-Mare

Somerset

BS22 7SB.

Worle Medical Practice has two GPs whose working time is equivalent to one whole time employees. Both GPs are male. Another male GP who had worked at the practice as a long term locum was expected to come back from long term leave on the day following our inspection. There are three practice nurses and a clinical pharmacist prescriber whose working hours are equivalent to two whole time employees. There is also a part time health care assistant at the practice. The GPs and nurses are supported by a practice manager, a deputy practice manager, an interim practice manager and seven administration and reception staff.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the area is 80 and 84 years, broadly in line with the national average of 79 and 83 years respectively.

The practice is open between 8am and 6:30pm Monday to Friday. GP appointments are available from 9am with nurse appointments from 8:30am; emergency telephone access is available from the practice between 8am and 8:30am. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day. GP appointments are 15 minutes each in length in the morning and 10 minutes in the afternoon and appointment sessions are typically 8:30am to 10:30am, 11am to 12 midday, 3 pm to 4:30pm

Detailed findings

and 5pm to 6pm. Later appointments are available until approximately 7pm each Tuesday and Wednesday. The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by BrisDoc urgent care, patients are directed to this service by the practice outside of normal practice hours.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 January 2016. During our visit we:

- Spoke with a range of staff including two GPs, two nurses, a health care assistant, a pharmacist prescriber, administrative and management staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked 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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, medicines and healthcare products regulatory agency (MHRA) notifications were discussed at clinical meetings and actions taken if the concerns related to products in use or prescribed by the practice. Where the alerts related to medicines these were communicated to the clinical team by the prescribing pharmacist.

Where incidents took place in the practice we saw there were clear processes in place to ensure the events were reported appropriately and a record of what happened was made. The record also contained a detailed investigation of the incident, a list of actions to be taken and the learning gained from a reflective learning process. We saw the information about the incident was shared with all staff by email as well as being discussed at relevant staff meetings. This approach ensured all staff were aware of expected changes to their practice following the incident and helped improve the quality of services provided. An example of an incident and learning shared with us was in regard of a patient who appeared pale and unwell in the waiting area. Staff checked on the patient regularly and when the patient disappeared, staff looked for the patient and found them in the disabled toilet having vomited a large amount of blood. When the patient collapsed, staff raised the alarm, clinical staff attended with emergency medicines and equipment, and a member of the reception staff called for an ambulance. Arrangements were made to ensure the privacy and dignity of the patient and all patients waiting were informed that there would be a delay in their appointment and offered to re-book if they wished. The patient was taken to hospital by the ambulance where they received further treatment. Learning from this event

included highlighting the importance of staff attending regular updates to ensure they responded effectively to emergencies, checking emergency equipment and medicines regularly and arranging for the oxygen cylinder to be refilled the same day.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The lead GP was trained to Safeguarding level three for children and in addition had attended adult safeguarding training.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training; however,

Are services safe?

most of the non-clinical staff had not received this training. Annual infection control audits were undertaken; no actions had been identified as needing improvement.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the prescribing pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). The practice had a system for production of Patient Specific Directions to enable health care assistant to administer vaccinations after specific training when a GP or nurse were on the premises. (Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). However, staffing levels in the practice meant there were occasions when the healthcare assistant was working without GP or nurse supervision or support and therefore, could not administer injectable medicines at that time.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and managed, however, risks associated with GP staffing levels were not robust and left staff unsupported or unsupervised at times.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs required improvement. There was a rota system in place for all the different staffing groups; however, the rota did not always ensure enough permanent staff were on duty at all times throughout the week. Our interviews with GPs, nurses, the clinical pharmacist and health care assistant identified extended periods when the practices GP or locum GPs and nurses were unavailable to provide clinical or emergency situation support to the nursing team and specifically health care assistant. These included times when the lead GP was working in the providers other local practice or when they were out on home visits or attending training. The nursing team told us they felt vulnerable at times due to the lack of capacity within the clinical team. These concerns had been highlighted and the management were aware and actively trying to recruit and retain clinical staff. The nursing team actively tried to minimize the impact on the quality of care for patients by changing shifts to ensure there were appropriately qualified staff to cover health care assistant clinics. However, they told us there were times when the health care assistant did not have appropriate support. The impact on patients meant health care assistant clinics which ran without appropriate support resulted in them being unable to give injections/vaccinations which meant patients had to rearrange or return for another appointment. Additionally when qualified nurse clinics ran

Are services safe?

unsupported by a GP there was a risk if a nurse was unsure of their diagnosis the patient might be admitted to hospital to ensure their safety. Whereas if a GP was on site they may have been able to prevent an admission.

- The practice used regularly employed locum GPs to cover unfilled vacancies however, we were told during staff interviews of times when this cover was unavailable and GP appointments were restricted for periods at one or the other of the provider's practices. The patients we spoke with during the inspection told us they found continuity of seeing the same GP difficult and this was corroborated by eight comments about the practice. Comments made by patients from the July 2015 national GP patient survey indicated 58% of patients were not able to get an appointment with their preferred GP. We spoke with the deputy practice manager and the interim practice manager about GP cover, they acknowledged previous difficulties but told us arrangements had been made to improve the number of GPs available over the coming weeks.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a clear business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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 practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits of care plans and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

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 95% of the total number of points available, with an average 7% exception reporting which was below the national average of 10%. (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 81% which was below the clinical commissioning group (CCG) average of 92% and national average 89%.
- The percentage of patients aged 45 or over who have a record of blood pressure in the preceding five years was 92% which was above the CCG average of 91% and a national average of 91%.
- Performance for mental health related indicators was 85% which was below the CCG average of 94% and a national average of 93%.

Clinical audits demonstrated quality improvement.

- We were provided with evidence of six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changes in patterns of prescribing medicines within CCG guidelines, changes to anticoagulant prescribing and improvements in the way 'near patient' testing was carried out.

Information about patients' outcomes was used to make improvements such as; providing additional support to patients with long term conditions through the development of the nursing team to manage conditions such as; asthma, chronic obstructive pulmonary disease, heart disease and diabetes.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, we noted the practices training matrix showed some staff had not updated their training, for example, updating their moving and handling skills, infection control and Mental Capacity Act. This was an area identified by the provider as being mandatory. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The training matrix provided to us showing the training staff received and indicated the majority of staff received and had completed the provider's mandatory training. However, other training identified for specific staff had not been completed for example, health and safety and equality and diversity. The provider was in the process of uploading training records on an electronic system which had not been fully implemented at the time of the inspection.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during meetings, appraisals and support for revalidating GPs; we noted the lead GP had not received clinical supervision from the provider. Most staff had had an appraisal within the last 12 months however some staff appraisals were overdue as they had been on long term leave.

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. The practice did not have an intranet system.

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on monthly basis and that care plans were reviewed and updated as required.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the nursing team and a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to or better than clinical commissioning group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% which was above the CCG range of 83% to 99%; and five year olds ranged from 88% to 98% which was lower than the CCG range of 93% to 99%.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 79%, and at risk groups 62%. These were above the national averages of 73% and 54% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the practice's patient participation group. They told us they were satisfied with the quality of care provided by the practice and said their dignity and privacy was respected. They however felt that the practice did not respond to suggestions in a timely way and that it was difficult to get an appointment to see a GP. We were told that it was difficult to get through to the practice in the morning and sometimes patients were told to ring back the following day. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed most patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores about consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average 88% and national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

These views were not shared by the majority of patients we spoke with during the inspection and were not reflected in the Care Quality Commission comment cards we received. The comments we heard and saw reflected a more positive view with many comments about the caring nature of the staff and about being provided with appointments where the need was urgent. However these patients did also comment about the lack of continuity of GPs within the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and usually had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the majority of comment cards we received was also positive and aligned with these views.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 84% and national average of 81%.

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the provider was working with NHS England to plan for the takeover of the practice by another local provider.

- The practice offered a on a Tuesday and Wednesday evening until 7pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other patients who might require them.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and telephone based translation services available. However, we were told that the hearing loop was not connected and a private room was available if patients needed further assistance.
- The practice provided support to older patients living in nearby residential and nursing homes, visiting one local home for patients with living with dementia every fortnight. Patients living in these homes also had access to flu vaccinations from the practice each year to help maintain their health. The practice had previously developed a list of frail older patients who lived in vulnerable or isolated circumstances. Some members of staff were allocated a number of these patients and made regular telephone contact with the patients to ensure they were safe.

Access to the service

The practice opened between 8am and 6:30pm Monday to Friday. GP appointments were available from 9am with nurse appointments from 8:30am; emergency telephone access was available from 8am and 8:30am. The practice operated a mixed appointments system with some appointments available to pre-book and others available

to book on the day. GP appointments were 15 minutes each in length in the morning and 10 minutes in the afternoon and appointment sessions were typically 8:30am to 10:30am, 11am to 12 midday, 3pm to 4:30pm and 5pm to 6pm.

The practice offered online booking facilities for non-urgent appointments and an online repeat prescription service. Patients were required to contact the practice first to arrange for access to these services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mostly below local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.
- 42% of patients said they usually get to see or speak to the GP they prefer compared to the CCG average of 58% and national average of 60%.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them although the appointment may not always be with their preferred GP.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practices website and in the patient brochure.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

Are services responsive to people's needs? (for example, to feedback?)

the quality of care. For example, when information was posted to incorrect patient, the practice wrote to the affected patients and apologised. This was also discussed at practice meeting and learning shared.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the practices website however not all staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were periodically monitored. These were due to change as there were plans for a new provider to take over the service and were in the process of bringing changes to how services would be structured in future.

Governance arrangements

The practice had governance arrangements which supported the delivery of the services it provided. The structures and procedures in place ensured that:

- Practice specific policies were implemented and were available to all staff. These were largely paper documents; they were also available on the practice manager's computer. Staff we spoke with told us access to these documents was sometimes difficult.
- A general understanding of the performance of the practice was maintained using the quality and outcomes framework (QOF) and information from the clinical commissioning group. However, other aspects of performance monitoring such as clinical supervision, training and policy awareness were less robust with gaps in these recorded areas.
- A programme of internal audit was used to monitor quality and to make improvements. However, the range of clinical audits was limited due to the low number of GPs employed permanently by the provider and the resources available to them to carry out audits.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, risks of staffing levels on continuity of access to GPs had not been fully considered and had resulted in negative patient feedback.
- There was a staffing structure and staff were aware of their own roles and responsibilities. However, the

staffing levels meant each lead member of staff had responsibilities for a large number of areas making detailed monitoring difficult. For example, the lead GP was responsible for safeguarding children and vulnerable adults, clinical audits, clinical meetings, oversight of nurses clinical practice and the pharmacist prescriber in addition to their clinical and urgent care provision across two locations.

- The lead GP had been qualified as a GP for two years. They had a significant role in the practices clinical oversight and managed the clinical governance and support of the nursing team. They told us they were not provided with any direct clinical governance support by the provider. There was a risk this could lead to a lack of reflective practice and slower development of clinical skills.
- We noted minutes of meetings were recorded however they failed to identify who was responsible for ensuring the actions identified were carried out.

Leadership and culture

The staff in the practice had the general experience and capability to run the practice and ensure high quality care however their capacity to do this was restricted by the number of permanent GPs employed. Staff prioritised good quality and compassionate care within the resources available to them. The practices management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff told us the provider management team had been less visible.

The provider was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by the practice manager.

- Staff told us the practice held regular team meetings.

Are services well-led?

Requires improvement 

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

- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted whole team meetings were held quarterly.
- Some staff said they felt respected, valued and supported, by management team whilst other staff told us support was sometimes unavailable. All staff said they were involved in discussions about how to run and develop the practice, particularly in regard of new arrangements for the provider's two local practices. The practice manager told us they encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The lead GP told us they received no clinical support from the provider but did receive day to day support from the practice manager.
- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active PPG which met every couple of months, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, providing music and a water dispenser in the waiting room.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us they felt involved and engaged in the future plans for the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

Continuous improvement

There was a focus on continuous learning and improvement within the practice, particularly from the nursing team. The nursing team investigated better ways of supporting patients with long term conditions and contributed to local nursing forums to improve patient care.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed to ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>This was in breach of Regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements. For example; to assess, monitor and improve the quality and safety of the services provided; and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.</p> <p>This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>