

Fiveways Medical Centre

Quality Report

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Date of inspection visit: 25th August 2015
Date of publication: 22/10/2015

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fiveways Medical Centre on 25 August 2015.

Overall the practice is rated as good.

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

- Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. Overall, significant events had been appropriately managed. However, we found that the actions arising from one significant event had not been followed to ensure the safe management of medications.
- There were appropriate systems in place to reduce risks to patient safety, for example, infection control procedures. Access to emergency medication and needed improvement.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and ease of making appointments.
- A number of sessional GPs (locum or self-employed) were supporting the practice which did not promote continuity of care for patients. Patient experiences of seeing or speaking to a preferred GP were less than local and national averages (National Patient Survey July 2015). A GP who would be regularly based at the practice was due to begin work in October 2015 which would address this.
- The practice sought patient views about improvements that could be made to the service and acted on patient feedback. Information about how to complain was available.
- Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.
- Services were planned and delivered to take into account the needs of different patient groups.

Summary of findings

- There were systems in place to monitor and improve quality and identify risk.

There were areas where the provider must make improvements:

- Improvements need to be made to access to medications required in the event of an emergency.

There were areas where the provider should make improvements.

Importantly the provider should:

- Ensure that actions arising from significant events are closely monitored to ensure they are being followed through.

- Make improvements to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients.
- Ensure that a contact person for GPs to approach for support around clinical issues or safety incidents is clearly available for staff to refer to.
- Ensure that the practice website contains sufficient health promotion information for patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for safe. Staff were aware of procedures for reporting significant events and safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with equipment, the safety of the premises and infection control.

Improvements were needed to ensure clinical staff had access to emergency medications when needed. On the day of our visit the clinical staff on duty were unaware of the code to unlock the box containing the emergency medication. We found that the action arising from the analysis of a recent significant event had not been followed to ensure the safe management of vaccinations. Improvements were needed to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients.

Requires improvement



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Data showed patient outcomes were at national averages. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles.

Good



Are services caring?

The practice is rated as good for caring. Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Good



Summary of findings

Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The practice was aware of future challenges.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice had identified patients at risk of unplanned hospital admissions and a care plan had been developed to support them. These patients also had priority access to the practice. The practice carried out home visits and also visited care homes in the area. Last winter the practice had a bespoke service whereby a consultant in elderly medicine and a team of advanced nurse practitioners were available to undertake comprehensive geriatric reviews and dementia screening for any patients in care homes.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. Patients who were housebound were visited at home for annual reviews of long term conditions and these were planned alongside immunisations, such as flu, for patient convenience. Patients on multiple disease registers were offered extended appointments of up to 60 minutes so that their annual reviews could look at all their conditions together. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients. They kept a record of patients needing palliative care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health development and immunisation clinics were provided. Childhood immunisation rates for the vaccinations given were comparable to or exceeded CCG averages. For example, childhood immunisation rates for the vaccinations given to children of 5 years were 100% which was above the CCG average. The

Good



Summary of findings

practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns. There was a policy of same day appointments for all children. Early years fact sheets providing information around vaccination schedules, breast feeding and cytology were provided to new parents. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice had introduced a system whereby patients could cancel their appointments by text which made it easier for patients to cancel appointments and aimed to increase access by reducing wasted appointments. Health checks were offered to patients who did not have any existing chronic disease to promote patient well-being and prevent any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. Alerts were also available to ensure the length of the appointment was appropriate. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures and had received training in this.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an

Good



Summary of findings

annual health check and a high proportion had a mental health care plan agreed and reviewed. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing in line with local and national averages. There were 119 responses which represents 3.55% of the practice population.

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 88%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 86%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 86%.
- 91% said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 92% and national average of 91%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.

Responses showed the practice was above average in telephone access and experience of making an appointment:

- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 74%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

However; results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP:

- 36% of respondents with a preferred GP said they usually get to see or speak to that GP compared with a CCG average of 59% **and** national average of 60%.

Responses for waiting times and recommending the practice were slightly below local and national average:

- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.
- 72% of patients said they would recommend the practice to someone new to the area compared to the CCG average of 79% and national average of 78%.

We looked at the results of the family and friends test from April to June 2015. This showed mixed results. In April 24% (based on 17 patient responses) of patients were either extremely likely or likely to recommend the practice. In May 2015 (based on 14 patient responses) 43% were likely to recommend the practice and in June 2015 (based on 9 patient responses) 66% of patients were either extremely likely or likely to recommend the practice. Some comments from patients unlikely to recommend the practice were around the lack of regular GPs working at the practice. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.

The practice had carried out a survey in 2014/2015. This showed that 100% of respondents felt they were treated with dignity and respect and 100% of respondents had confidence and trust in the clinical and administrative staff. Ninety five per cent said they would recommend the practice to family and friends. The survey identified that a number of patients were not aware about the types of appointment on offer and chaperone service. The practice had taken action to bring this information to the attention of patients by displaying this around the practice.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards. During the inspection we spoke with three patients. Patients were generally positive about the service received, the majority

Summary of findings

said they felt listened to and involved in decision making about the care and treatment. A number of patients commented that the reception staff were caring and helpful and a number praised the service provided by one of the regular GPs.

Patients said they were generally able to get an appointment when one was needed. Three comment cards and two patients told us that there were a number of different GPs working at the practice and that this did not provide them with continuous care as they did not often get to see the same GP.

Areas for improvement

Action the service **MUST** take to improve

- Improvements need to be made to access to medications required in the event of an emergency.

Action the service **SHOULD** take to improve

- Ensure that actions arising from significant events are closely monitored to ensure they are being followed through.

- Make improvements to the continuity of GPs employed at the practice to promote effective communication between clinical staff and continuity of care for patients.
- Ensure that a contact person for GPs to approach for support around clinical issues or safety incidents is clearly available for staff to refer to.
- Ensure that the practice website contains sufficient health promotion information for patients.

Fiveways Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a second CQC inspector, GP specialist advisor and a practice manager specialist advisor.

Background to Fiveways Medical Centre

Fiveways Medical Centre is located in the Childwall area of Liverpool. It is responsible for providing primary care services to approximately 3352 patients. The practice is based in a less deprived area when compared to other practices nationally. Unemployment levels amongst the patient population are relatively low. The practice population are of mixed gender and ages.

Fiveways Medical Centre is managed by SSP Health Ltd. The staff team includes two regular GPs who are not directly employed by SSP Health Ltd, with additional GP services provided by temporary GPs (either employed by SSP Health Ltd or by an agency). There is a vacancy for a practice nurse and practice nursing was at the time of our visit being provided by a nurse employed by Liverpool Clinical Commissioning Group. Vacancies for clinical staff had been advertised and we were told that arrangements had been made to ensure that from October 2015 three regular GPs are working at the practice. There is a practice manager, medical secretary and two reception staff. The practice is open 08:00 to 18.30 Monday to Friday. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service provided by Urgent Care 24.

The practice has an Alternative Provider Medical Services (APMS) contract. The practice offers a range of enhanced services including minor surgery, flu and shingles vaccinations and learning disability health checks.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

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

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 25th August 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face during the inspection, we looked at survey results and reviewed CQC comment cards completed by patients. We spoke with senior managers and extended support team staff from SSP Health Ltd. We spoke with two locum GPs who were not regularly based at the practice, practice manager, regional manager, administrative and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of these significant events and this also formed part of GPs' individual revalidation process.

The practice held staff meetings at which significant events were a standing item on the agenda and were discussed in order to cascade any learning points. We saw that a meeting had taken place to discuss an annual summary of significant events. Learning from significant events was cascaded to GPs who did not regularly work at the practice via a newsletter sent by email. We noted that a check to ensure that all GPs had read this email was not undertaken.

We viewed documentation which included details of the events, details of the investigations, learning outcomes including what went well and what could be improved. We saw that information from patient complaints were also incorporated into significant event findings if relevant. We saw an example of how one significant event had led to an improvement in practice around monitoring urgent hospital referrals. We saw that a recent significant event regarding a vaccination fridge temperature being slightly above the recommended temperature needed to be managed more appropriately to promote the safe management of medication. Records showed that a decision had been made to quarantine the fridge contents, monitor the temperature of the fridge hourly for three days and take advice from the manufacturers of the medication to enable a decision to be made about whether the medication could be used. Hourly temperature checks had not been undertaken. The day of our inspection was the fourth day after the incident had occurred and a decision had not been made about whether the medication was safe for use. During our visit the medication was returned to the pharmacist for destruction.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included health and safety and infection control. Improvements were needed to medication management, staffing, records of recruitment and operational guidance given to GPs.

- There were arrangements in place to safeguard adults and children 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. We noted that the records regarding children subject to a child protection plan were not up to date. The practice manager advised us that this had been addressed following our visit. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. All staff who acted as chaperones had received a disclosure and barring check (DBS). These 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. One member of staff who had acted as a chaperone was not performing these duties until their DBS check had been returned.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice also 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. Checks of fire safety equipment had been carried out and fire drills took place which enabled staff to be familiar with the action to be taken in the event of a fire. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We noted that there was no spirometry (test that can help diagnose various lung conditions) or electrocardiogram (ECG is a diagnostic tool that is routinely used to assess the electrical and muscular functions of the heart) at the practice. A risk assessment to indicate the reasoning behind this had not been recorded.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol in place and staff had received up to date training. There

Are services safe?

was a vacancy for the practice nurse who had been the lead for infection control. In her absence the practice manager was carrying out this role. The practice took part in external audits from the local community infection control team and acted on any issues where practical. The last external audit available to us was from 2012 in which the practice was compliant. The regional manager had carried out an infection control audit in August 2015 which demonstrated that effective systems were in place. A legionella risk assessment had been undertaken and regular monitoring was carried out.

- Medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. SSP Ltd also employed a pharmacist who provided advice and support. Prescription pads were securely stored and there was a system in place to monitor the use of hand written prescriptions. We noted that the system for recording prescriptions returned following home visits should be reviewed to ensure that there is a clearer audit trail.
- The practice shared treatment rooms with another practice that operated from the same building. The keys for the fridges were located with the keys for the treatment rooms. We were told that this had resulted in medication from the other practice being put into the fridges belonging to Fiveways Medical Centre. This system should be reviewed to ensure that medication can be effectively monitored.
- At the time of our inspection there were vacancies for permanent GPs and for a practice nurse. There were two regular GPs working at the practice one self-employed and another employed via a recruitment agency. The rotas for a three month period showed the remaining sessions had been covered by 25 different GPs, some covering only a small number of sessions each week. We spoke to one of the owners of SSP Health Ltd who told us that they had been advertising for permanent GPs but had received little response. They were working to ensure that continuity was provided by the GPs deployed. They told us that in October 2015 a GP was being appointed to cover the remaining sessions which would mean three regular GPs would be working at the practice.

- We found that the high use of GPs who were not regularly based at the practice did not promote continuity of patient care or safe communication between staff. We spoke with two GPs who were not regularly based at the practice. They demonstrated a lack of knowledge about how the practice operated. For example, they did not know how to access the emergency medications as these were contained in a locked box and both GPs did not know the combination. One GP told us that if they were concerned about a patient or had an issue of concern they would contact the locum agency rather than a manager within SSP Health Ltd. We also found that a GP who was not regularly based at the practice had sent patient notes following a consultation through to the practice electronically which may not promote the safe transfer of confidential information and which was not SSP Health Ltd policy. All GPs had access to a handbook which explained how the practice operated. Clear information about who to approach with a clinical concern and the combination for the emergency medication box was not contained in the handbook.
- The practice had a recruitment policy in place that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at a sample of recruitment records relating to permanent salaried staff, self-employed staff and staff recruited via an employment agency. The records we reviewed showed that 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.

Arrangements to deal with 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. All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were emergency medicines available which were all in date and held securely. The receptionists knew the combination to the box which held the emergency medications, however, the nurse on duty (temporarily based at the practice and employed by the CCG) and the

Are services safe?

two GPs on duty did not know the combination which did not promote safe working practices. We noted that there was no log to check on the expiry date of emergency medicines.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and guidelines developed by Liverpool CCG and used this information to develop how care and treatment was delivered to meet needs.

SSP Health Ltd provided clinical updates to staff via email and a recently introduced newsletter. A GP forum was being held in September 2015 which would be an opportunity for GP training and learning. Regional meetings were also held by SSP Health Ltd for clinical staff to discuss current clinical issues. Clinical staff had access to training and educational events provided by the Clinical Commissioning Group (CCG).

The clinical staff we spoke to told us that patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and there was some information in the practice information leaflet. The practice had links with smoking cessation and alcohol services and staff told us these services were pro-actively recommended to patients. Health checks for patients aged 40–74 who did not have any existing chronic conditions were offered. New patients registering with the practice completed a health questionnaire and were given a new patient medical appointment with the practice nurse.

The website for the practice contained information about clinics and services available, however, there was no health promotion information available. For example, regarding treatments for common conditions, information on long term conditions or sign posting to support services such as those for drug and alcohol misuse.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Childhood immunisation rates for the vaccinations given were comparable to or exceeded CCG averages. For example, childhood immunisation rates for the vaccinations given to children of five years were 100% which were above the CCG average.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services. Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 92.6% of the total number of points available. This practice was not an outlier for any QOF clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was similar to the national average.
- The dementia diagnosis rate was 100% when compared to the national average of 83.82%.

Are services effective?

(for example, treatment is effective)

- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average.
- The percentage of patients with atrial fibrillation currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% when compared to the national average of 98.32%.

Quality improvement audits were being established and a schedule of audits had been planned for the year. For example, we saw an audit of cancer referrals and an audit for monitoring the use of high risk medications. We looked at the minutes of clinical meetings held in June and August 2015 where the results of clinical audits had been discussed between the local medical director (employed by SSP Health Ltd and responsible for quality assurance) a permanent GP, regional manager and practice manager. Given that a number of different GPs work at the practice it would be difficult for any learning from audits to be shared through formal meetings which highlighted the importance of newsletters and email updates as a method of communication. The practice participated in local CCG audits such the prescribing of specific medications.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Further information was needed in the operational guidance given to temporary GPs. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- New GPs received an induction from the practice manager and they had access to a Bank GP and locum GP Induction Pack which included information about the operation of the practice and policies and procedures. Clear information about who to approach with a clinical concern and the combination for the emergency medication box was not contained in the handbook.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in- house training.

A sample of records showed that GPs (both regular and temporary) were up to date with their yearly appraisals. GPs who were not employed by SSP Health Ltd had external performance reviews. SSP Health Ltd monitored this to ensure these were up to date. There were annual appraisal systems in place for all other members of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 11 comment cards and spoke to three patients. Patients all said that their privacy and dignity were promoted and they were generally positive about the service experienced. A number of patients said the reception staff were caring and helpful and a number praised the service provided by one of the regular GPs.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. 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. Written information was available for carers to ensure they understood the various avenues of support available to them.

Data from the National GP Patient Survey July 2015 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about average when compared to local and national averages for example:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 88%.
- 92% said the GP gave them enough time compared to the CCG average of 89% and national average of 86%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 86%.
- 91% said the nurse was good at listening to them compared to the CCG average of 91% and national average of 91%.
- 89% said the nurse gave them enough time compared to the CCG average of 92% and national average of 91%.
- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and national average of 97%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

The practice had carried out a survey in 2014/2015. This showed that 100% of respondents felt they were treated with dignity and respect and 100% of respondents had confidence and trust in the clinical and administrative staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that generally they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88% 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%.
- 86% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 89%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 84%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as dementia assessments, avoiding unplanned admissions to hospital and providing tests for patients at the practice to avoid delays in care and hospital appointments.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

The practice had until recently an active Patient Participation Group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice manager was in the process of re-establishing this group and had a PPG meeting booked for September 2015. Records showed that last year the PPG had raised an issue about school children using the practice as a short cut at home time. This had been addressed by the practice. Records from the end of year PPG report in March 2015 showed that another issue raised had been the consistency of GPs and the action taken by the provider to address this.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- There were longer appointments available for patients who needed them, such as patients with a learning disability.
- Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Patients were able to register for telehealth for home monitoring of long term conditions (telehealth is the exchange of information on the telephone or computer between a patient at home and their clinician(s) to assist in diagnosis and monitoring).
- The practice worked with the local pharmacy to support collection and delivery of medication to housebound patients.
- Winter pressures were dealt with by making extra GP sessions available to help reduce hospital admissions.
- There were disabled facilities and translation services available.

- Staff spoken with indicated they had received training around equality and diversity.

Access to the service

Results from the national GP patient survey from July 2015 showed that patient's satisfaction with some aspects of access to care and treatment was comparable to or above local and national averages. People we spoke to on the day were able to get appointments when they needed them. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 93% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 74%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

However, patient satisfaction about seeing a preferred GP was significantly lower than local and national averages. Responses for waiting times were slightly below average. For example:

- 36% of patients with a preferred GP said they usually get to see or speak to that GP compared to the CCG average of 59% and national average of 60%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

We received 11 comment cards and spoke to three patients. Patients said they were generally able to get an appointment when one was needed. Three comment cards and two patients told us that there were a number of different GPs working at the practice and that this did not provide them with continuous care as they did not often get to see the same GP.

The practice had carried out an audit of capacity for appointments in April 2015. This concluded that the practice was offering 1.5% more appointments than was needed by its patient population.

We looked at a patient survey carried out by the practice in 2014/2015. We noted this did not look at patient's experiences of accessing appointments in any detail. The survey results indicated 88% of patients said the

Are services responsive to people's needs?

(for example, to feedback?)

telephones were always answered promptly. The survey identified that 50% of patients were not aware that routine appointments could be booked four weeks in advance, 50% were not aware that in cases of medical emergency they would be seen on the day and 28% were unaware they were able to request a chaperone to be present during a consultation. The practice had taken action to bring this information to the attention of patients by displaying this around the practice.

The practice was open from 08:00 to 18:30 Monday to Friday. The practice offered pre-bookable appointments up to four weeks in advance, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. The practice had introduced a system whereby patients could cancel their appointments by text to reduce wasted appointments. Repeat prescriptions could be ordered on-line or by attending the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room and in a practice leaflet. The

complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. We reviewed two complaints received within the last 12 months. Both had been dealt with appropriately. Minor issues were not logged as complaints, however, the practice manager told us that this would be addressed to ensure patterns and trends in complaints could be easily identified.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The 'Vision Statement' of SSP Health Ltd stated how the practice aimed to deliver outstanding clinical services responsive to patient's needs. This was detailed in a patient information leaflet which was available within the patient waiting areas.

Governance arrangements

Regular staff attended a monthly meeting where practice related issues were discussed, such as significant events. Clinical meetings also took place and we saw the minutes from the last two meetings in June 2015 and August 2015 which showed audits, safeguarding and palliative care were discussed.

There was a system for reviewing GP consultations. We saw records that showed this had been carried out for the regular GPs and temporary GPs at the practice. We were told that if any concerns were identified a meeting would be arranged to address them. Peer reviews of referrals were taking place between the regular GPs at the practice.

The practice had a number of policies and procedures in place to govern activity and staff knew how to access them. We looked at a sample of policies and procedures, the policies had been recently reviewed and contained the required information. The Bank GP and Locum Induction Pack needed to contain clear information on who temporary GPs would approach if they had a clinical concern about a patient that they needed support with or if they needed to discuss a safety incident. Arrangements for accessing emergency medication also needed to be clearer.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The clinical staff spoken with and senior managers told us that QOF data was regularly reviewed and action plans were produced to maintain or improve outcomes. The practice had achieved 92.6% of total QOF points available which was about average when compared to other practices nationally.

Quality improvement audits were being established to improve clinical care and a schedule of audits had been planned for the year. Audits of non-clinical areas such as computer coding systems and medical document scanning also took place.

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

The Patient Participation Group (PPG) had until recently been active and the practice manager had set up a meeting with possible members to re-establish this group. The practice sought patient feedback by other means such as utilising a suggestions box in the waiting room, having an in-house patient survey and utilising the Friends and Family test. Staff told us they felt able to give their views at practice meetings or to the practice manager. Staff told us they could raise concerns and felt they were listened to.

Innovation

The practice was aware of future challenges. The biggest challenge it faced was recruitment of GPs to ensure consistent GPs for continuity of patient care. A further GP had been recruited and we were told that from October 2015 there would be three regular GPs providing services to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	Ensure that clinical staff know how to access emergency medicines to ensure care and treatment is provided safely to patients.
Treatment of disease, disorder or injury	