Carrfield Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carrfield Medical Practice on 16 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. We did not see evidence that people received a verbal or written apology if appropriate.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks and a legionella risk assessment of the building.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Urgent appointments were available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.

The areas where the provider must make improvements are:

- Ensure they have a complaints procedure in place which is fully responsive and in line with recognised guidance.
- Investigate safety incidents thoroughly and ensure that people affected receive reasonable support and a verbal and written apology.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Summary of findings

- Ensure management of prescriptions complies with NHS Protect guidance.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner.
- Take action to address identified concerns with infection prevention and control practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that all fridges which are used to store medications are checked so that the correct temperature regulation is maintained, and to avoid over-storage of products.

In addition the provider should:

- Consider a continuous quality improvement programme to include clinical audit, medication optimisation and other performance activity to improve outcomes 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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. People did not always receive a verbal and written apology if appropriate.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Safeguarding policies should be up to date and include safeguarding for children.
- DBS checks were not in place for all relevant staff.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were at or above average for the locality.
- Knowledge of and reference to national guidelines was inconsistent.
- We did not see evidence of audit activity which included two audit cycles to see that changes made through audit were monitored to see if outcomes were improving.
- Multidisciplinary working was taking place but was generally informal.
- There was minimal engagement with other providers of health and social care.
- There was no appraisal process in place for staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- There was a complaints policy in place but no designated person responsible for handling complaints although staff did understand how to progress concerns and complaints from patients.

Are services well-led?

Requires improvement

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

- It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were out of date.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

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

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population for example, all patients over 75 years have a named GP and are offered health checks.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs

People with long term conditions

Requires improvement

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

- The nurse practitioner had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes on the register who have a record of blood testing in the preceding 12 months was comparable to other practices at 83.33% and higher than the national average of 78.53%.
- Longer appointments and home visits were available when needed. Each patient had a named GP and an annual review but there was no evidence of a personalised care plan to check that their health and care needs were being met.

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.

Summary of findings

- Immunisation rates for the standard childhood immunisations were mixed. For example, the percentage of children under two years that received the MMR vaccination was 100% compared to the CCG average of 90.8%. The percentage of children under two years that received the Men C booster was 75% compared to the CCG average of 90.5%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was comparable with other practices at 90.21% and higher than the national average of 81.88%.
- Joint working with midwives, health visitors and school nurses was described as work in progress.

Working age people (including those recently retired and students)

Requires improvement

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- The practice offered extended opening hours for appointments from Monday to Friday. Patients could not book appointments or order repeat prescriptions online.
- Patients told us that health promotion advice was offered and health promotion material was available through the practice.

People whose circumstances may make them vulnerable

Requires improvement

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

- There was no evidence of a register of patients living in vulnerable circumstances including homeless people and travellers.
- There were no policies or arrangements to allow people with no fixed address to register or be seen at the practice.
- It had carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.

Summary of findings

- It was not evidenced that the practice had informed vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- 80% of people diagnosed living with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The percentage of patients with mental health disorders who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was comparable to other practices 64.29% compared to the national average of 86.04%.
- There was no clear evidence that the practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those living with dementia.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations.
- It did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Of 369 survey forms distributed, 118 were returned which is a practice percentage of 10%.

- 93% found it easy to get through to this surgery by phone compared to a CCG average of 69.8% and a national average of 73.3%.
- 87.9% found the receptionists at this surgery helpful (CCG average 85.4, national average 86.8%).
- 86.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.4%, national average 85.2%).
- 97.4% said the last appointment they got was convenient (CCG average 91.1%, national average 91.8%).
- 77.4% described their experience of making an appointment as good (CCG average 69.2%, national average 73.3%).
- 80% usually waited 15 minutes or less after their appointment time to be seen (CCG average 61.5%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Many comments referred to an excellent service. All staff were praised, for example, the reception staff were described as helpful and friendly; the GP was viewed as approachable, good at listening and supportive; the nurse practitioner was commended for her caring, kind and professional attitude.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Carrfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Carrfield Medical Centre

Carrfield Medical Centre is situated in central Sheffield with a list size of 1,199 patients. The practice catchment area is classed as within the group of the third more deprived areas in England. The practice are registered with CQC as a partnership although only Dr. Manish Singh works at the practice. Dr. Thondiculum Venkatraman has removed himself from the partnership but has not yet informed CQC. Practice staff include: Dr Manish Singh (male), the registered manager; a practice nurse (female) a practice manager (female) and two reception staff.

The practice is open for appointments between 7.30am until 6pm on Monday and Tuesday; 8am until 6pm on Wednesday and Fridays and from 7.30 until midday on Thursdays. Early morning appointments are available on Monday, Tuesday and Thursday. Out of hours services are in place if the practice is closed.

Carrfield Medical Centre is registered to provide maternity and midwifery; treatment of disease, disorder or injury; family planning and diagnostic and screening procedures from Carrfield Street Sheffield, S8 9SG,

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as Healthwatch and the local Clinical Commissioning Group to share what they knew. We carried out an announced visit on 16 December 2015. During our visit we:

- Spoke with a range of staff (GP; practice nurse; practice manager; reception staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and family members.
- Reviewed 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.'
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Detailed findings

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events requires improvement.

- Staff told us they would inform the practice manager or GP of any incidents.
- The practice did not consistently use information such as significant events or clinical audits to identify risks and improve patient safety. New systems, processes and practices had been recently introduced but they had not been monitored to determine whether those systems implemented were robust. All of the staff we spoke with were aware of their responsibilities to raise concerns.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. We reviewed some safety records, incident reports, national patient safety alerts and recent minutes of meetings where these were discussed. However, lessons were not shared across the team and there was no evidence to ensure that action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people received reasonable support, and truthful information. We did not see evidence that people received a written and verbal apology if appropriate. The practice reported it had started to have minuted team meetings every two weeks to address this situation. We saw minutes of these meetings which confirmed this.

Overview of safety systems and processes

The practice had some processes and practices in place to keep people safe and safeguarded from abuse:

- Some arrangements were in place to protect adults from abuse that reflected relevant legislation. Local requirements and policies were accessible to staff. The GP stated they had no "at risk" children within the practice population.
- We were told the GP was the lead member of staff for safeguarding. Some staff were unsure who the lead was. There was no evidence the safeguarding lead had attended safeguarding meetings. Other staff demonstrated they understood their responsibilities and all had received training relevant to their role. The safeguarding lead was trained to safeguarding level three.
- A notice in the waiting room advised patients nurses or reception staff would act as chaperones, if required. Staff who acted as chaperones had received in house training for the role and had received a disclosure and barring (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 whose circumstances may make them vulnerable).
- The practice maintained satisfactory standards of cleanliness and hygiene. We observed the premises to be clean but some areas were cluttered and untidy. The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol in place but staff had not received up to date training. An annual IPC audit had been undertaken. An action to replace the waiting room seating had not been followed up.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Governance around the use of prescription pads did not comply with NHS Protect guidance for the storage of prescriptions as they were not tracked through the practice.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed four 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. However we found one member of clinical staff did not have appropriate checks through the Disclosure and Barring Service. The practice manager told us this would be addressed immediately.
- We reviewed the fridge used for the storage of medications and found this to be within the correct temperature range but over stocked with products. The

practice manager advised that a new fridge would be sourced immediately. A cold chain policy was in place to ensure all fridges were regulated to the correct temperature.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were some 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. The practice had up to date fire risk assessments but did not carry 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 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. We asked to see a risk assessment for legionella and were told that there was not one although staff told us all water appliances were flushed regularly.
- Arrangements were in place to ensure the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.
- All 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. There was no oxygen or risk assessment to address this. There was also a first aid kit and accident book 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had some 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 peoples' needs.
- Systems were not in place to ensure all clinicians are kept up to date with national guidance and guidelines for example MHRA alerts.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 5% exception reporting. Data from 2013/14 showed;

- Performance for diabetes related indicators was above the national average. For example the percentage of patients with diabetes on the register who have a record of a blood test in the preceding 12 months was 93% compared to the national average of 86%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. For example, the percentage of patients in whom the last blood pressure reading measured in the preceding nine months is 150/90mmHg or less was 91.11% compared to the national average of 83.11%.
- Performance for mental health related indicators was similar to the CCG but below the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have an agreed care plan documented in the record in the preceding 12 months was 64.29% compared to the national average of 86.04%.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits demonstrated a level of quality improvement.

- There had been four clinical audits undertaken in the last two years although the second cycle was not completed for any of them.
- The practice had not participated in applicable local audits using 2 cycles but was supported by the CCG pharmacist for medicine audits.
- Findings were not used by the practice to improve services.
- Information about patients' outcomes was not used to make improvements.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through individual ad hoc reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included: one-to-one meetings and clinical supervision. We were told that the staff appraisal system had been 'patchy' and this would be addressed in the new year.
- 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.

Coordinating patient care and information sharing

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

- 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.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings were taking place and care plans were routinely reviewed and updated at these meetings.

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

Health promotion and prevention

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

- These included patients 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.
- A dietician was not available on the premises however, smoking cessation advice was available from a local support group.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 90.21%, which was above the national average of 81.88%. There was no policy to offer telephone reminders for patients who did not attend for their cervical screening test although it was reported that staff did this. The practice did not encourage its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 1.3% to 100.0% and five year olds from 89.4% to 95.8%. Flu vaccination rates for the over 65s were 78.26%, and at risk groups 50%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; however conversations taking place in these rooms could 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.

All of the 26 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice staff offered an excellent service and staff were helpful, caring, listened to them and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed responses for its satisfaction scores on consultations with doctors and nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 87.5% and national average of 86.6%.
- 84.6% said the GP gave them enough time (CCG average 87.5%, national average 86.6%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 96.2%, national average 95.2%)
- 80.1% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.8%, national average 85.1%).
- 92.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.6%, national average 90.4%).
- 87.9% said they found the receptionists at the practice helpful (CCG average 85.4%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 82.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.8% and national average of 86.0%.
- 80.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 81.4%)

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 20.9% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice website was not up to date.

Staff told us that if families had experienced a 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.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's 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. The practice was striving to achieve the avoidance of hospitals admissions programme.

- The practice offered early morning appointments on Monday and Tuesdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice have a specialist counsellor who provided weekly sessions.

Access to the service

The practice was open for appointments between 7.30am until 6pm on Monday and Tuesday; 8am until 6pm on Wednesday and Fridays and from 7.30am until midday on Thursdays. Early morning appointments are available. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them. Out of hours services are in place through the 111 system if the practice is closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were were able to get appointments when they needed them.

- 80.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.4% and national average of 74.9%.
- 92.9% patients said they could get through easily to the surgery by phone (CCG average 69.8%, national average 73.3%).
- 77.4% patients described their experience of making an appointment as good (CCG average 69.2%, national average 73.3%.
- 80% patients said they usually waited 15 minutes or less after their appointment time (CCG average 61.5%, national average 64.8%).

Listening and learning from concerns and complaints

The practice did not have a clear system in place for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice.
- We did not see information available to help patients understand the complaints system in the waiting room but there is information on the practice website.

We looked at complaints received in the last 12 months and found that these were not satisfactorily handled. Lessons were not learned from concerns nor action taken to as a result to improve the quality of care. There was no acknowledgement letter from the practice to the complainant nor letters of apology and explanation. We witnessed a complaints policy which was not being adhered to. We were assured by the practice manager that future written and verbal complaints will be recorded and processed appropriately.

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 were in the process of developing a vision to deliver quality care and promote good outcomes for patients.

- The practice did not have a mission statement but staff were committed to providing a good standard of care.
- The practice manager and GP told us that they were developing a range of business plans to reflect the vision and values.
- The practice did not have a patient participation group although they had made a number of attempts to recruit one. There was evidence to recruit a PPG through a poster seen in the waiting room and guidance on the practice website.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. There were some structures and procedures in place:

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures to govern activity but some were overdue a review.
- There was no programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.

Leadership, openness and transparency

A new practice manager had recently started in post working 12 hours per week over two days. The team had a clear development plan for prioritising areas recognised as needing improvement. The GP who runs the practice has the experience to maintain the delivery of quality care. The clinical team are able to prioritise safe, quality and compassionate care. Some staff told us that the GP was approachable and takes time to listen to their concerns and ideas.

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

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support and truthful information.
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management.

- Staff told us that the practice had started to hold regular team meetings since November 2015.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the new practice manager. Staff were involved in discussions about how to develop the practice, and the GP encouraged all members of staff to improve the service.

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

We were told how the practice was actively trying to recruit members to the patient participation group through a surgery advertisement and via the practice website.

- There had been no in house staff or patient survey.
- There was no suggestion box on the premises but feedback is encouraged via the practice website.
- The practice had recently started to gather feedback from staff through staff meetings and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Family planning services Maternity and midwifery services Nursing care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **The regulation was not being met because:** • We were told that legionella testing had not been completed in the last 12 months. We were told cleaning staff flushed the taps regularly. • We observed that the most recent infection control audit had identified that new chairs were needed in the waiting room. We saw no evidence that this had been actioned. • The fridges used for medication storage were overstocked. • Safety incidents we reviewed had not been investigated thoroughly to ensure that people affected received reasonable support or a verbal/written apology. • Robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses were not in place. For example there was no shared learning from these events. • Systems were not in place to ensure all clinicians are kept up to date with national guidance and guidelines for example MHRA alerts. • The management of prescriptions did not comply with NHS Protect guidance.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Nursing care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The regulation was not being met because:** • We found that there was no investigation of complaints nor action in response to complaints. We did not see a complaints book or register of actions.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Nursing care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The regulation was not met because:** • Audits were not used routinely to monitor the quality of the service and practice. For example, the clinical audits that we saw did not ensure that improvements had been achieved nor re-audits completed. • A fire risk assessment of the premises had been completed and fire equipment was tested annually but we were told fire drills were not performed.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Nursing care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The regulation was not met because:** • The practice recruitment policy stated all staff were to undergo DBS checking procedures. We were shown a DBS certificate which related to a clinical member of staffs previous employment with another organisation and not relevant to their current role.

This section is primarily information for the provider

Enforcement actions

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.