

Caerleon Surgery

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Caerleon Surgery on Thursday 18 February 2016. Overall the practice is rated as requires improvement.

- There was an open and transparent approach to safety and a system was in place for reporting significant events. However, the recording of significant events were insufficiently detailed to show lessons learned, action to be taken and ongoing monitoring.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However administration and reception staff had not received training related to keeping patients safe, this included chaperoning, health and safety and infection control.
- Risks to patients were assessed, however a full legionella risk assessment had not been completed.
- Robust systems were not in place to ensure that appropriate pre-employment checks were carried out for all staff.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information about services and how to complain was available and easy to understand.
- 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 proactively sought feedback from staff and patients, which it acted on.
- There was a clear leadership structure and staff felt supported by the management team. The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure that staff who undertake the role of a chaperone have a Disclosure and Barring Service (DBS) check or an appropriate risk assessment carried out to demonstrate why a DBS check is not in place.

Summary of findings

- Ensure that all staff receive appropriate support, training, development and appraisals to enable them to carry out the duties they are employed to do.
- Ensure that all necessary employment checks are made for all staff. This should include a full employment history, DBS check and health history.
- Implement robust governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. This should include completed clinical audit cycles and the maintenance of accurate records to demonstrate ongoing improvements.

The areas where the provider should make improvement are:

- Ensure that a full risk assessment for legionella is carried out.

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 providing safe services as there are areas where improvements should be made. There was an effective system in place for reporting significant events. When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology. They were told about any actions taken to improve processes to prevent the same thing happening again. However there was limited documentation to demonstrate learning, action to be taken and the details of ongoing monitoring to demonstrate that the action taken was appropriate. The practice had systems in place to keep patients safe and safeguarded from the risk of abuse. However pre-employment checks for staff were not robust to ensure the safety of patients. Disclosure and Barring Service (DBS) checks had not been completed for non-clinical staff who carried out chaperone duties or an appropriate risk assessment carried out to demonstrate why a DBS check was not in place. Non-clinical staff had also not completed training in health and safety, infection control and chaperoning.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes related to some areas of care were below the average for the locality and compared to the national average. The practice had taken action to address this with the support of the local Clinical Commissioning Group (CCG). Action to be taken included closer working with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Staff assessed needs and delivered care in line with current evidence based guidance. The practice had a programme of clinical audits but documentation available did not demonstrate the audits were structured to clearly show the analysis, outcomes and any quality improvements. Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of staff appraisals, however some appraisals lacked details to show personal development plans for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher or similar to others for several

Good



Summary of findings

aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice was involved in a local project to develop and enhance a multidisciplinary approach to the care of older people in care homes. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvements should be made. The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Although there was a governance framework in place it was not robust enough in some areas for example the clinical audit programme, to support the delivery of the practice strategy and ensure good quality care. The 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 and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The practice is rated as requires improvement for the domains of safe and well led and rated as good in effective, caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice offered home visits and urgent appointments for those older patients with enhanced needs. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had a proactive working relationship with four care homes. There was effective communication between the practice and care home staff and visits to the homes were made when requested. Weekly ward rounds were made to patients in care homes.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as requires improvement for the domains of safe and well led and rated as good in effective, caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group. The practice performance in some areas related to the management of patients with long term conditions was lower than the national average. For example, the Quality and Outcomes Framework data showed that performance for diabetes assessment and care was 76% compared to the national average of 89%. The practice had taken action to identify the causes and it planned to be involved in a local Clinical Commissioning Group (CCG) initiative to improve the care and treatment of patients with diabetes. The practice had looked at the reasons for its performance with the support of the CCG and had reviewed the staff skill mix to support the care of patients with long term conditions.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as requires improvement for the domains of safe and well led and rated as good in effective, caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high

Requires improvement



Summary of findings

number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as requires improvement for the domains of safe and well led and rated as good in effective, caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Patients were supported to access local healthy lifestyle programmes.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as requires improvement for the domains of safe and well led and rated as good in effective, caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group. The practice held a register of patients with a learning disability and carried out annual health checks for these patients. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.

Staff had been trained to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies. The practice was not aware of any patients living in vulnerable circumstances including homeless people or travellers. The practice was aware of the need to allow people with no fixed address to register or be seen at the practice. It had told vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as requires improvement for the domains of safe and well led and rated as good in effective, caring and responsive. The concerns that led to these ratings apply to everybody using this practice including this population group. The QOF data showed that 76% of patients on the practice register who experienced poor mental health had a comprehensive agreed care plan in the preceding 12 months (2014/15). This was lower than the national average of 88%. The practice confirmed that there had been improvements in this area (88%) for the QOF year 2015/16. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 76%, which was also lower than the national average of 84%. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. Staff had a good understanding of how to support people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. A total of 323 surveys (9.9% of the patient list) were sent out and 102 (31.6%) responses, which is equivalent to 3.1% of the patient list, were returned. Results indicated the practice performance was higher than or similar to other practices in most aspects of care, which included for example:

- 96% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our inspection. We received 11 comment cards which were overall positive. Patients said they received good care from the practice, staff were very helpful, doctors listened to their problems, excellent care and advice was given to them by the doctors and staff were very professional.

We also spoke with four patients on the day of our inspection, which included one member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received. The practice monitored the results of the friends and family test monthly. The results for responses received between the 6 May 2015 and 17 February 2016 showed that of the 43 responses, 27 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment and 13 patients were likely to recommend the practice. The remaining responses showed that three patients were neither likely or unlikely to recommend the practice and two patients responded 'don't know'.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that staff who undertake the role of a chaperone have a Disclosure and Barring Service (DBS) check or an appropriate risk assessment carried out to demonstrate why a DBS check is not in place.
- Ensure that all staff receive appropriate support, training, development and appraisals to enable them to carry out the duties they are employed to do.
- Ensure that all necessary employment checks are made for all staff. This should include a full employment history, DBS check and health history.

- Implement robust governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. This should include completed clinical audit cycles and the maintenance of accurate records to demonstrate ongoing improvements.

Action the service **SHOULD** take to improve

- Ensure that a full risk assessment for legionella is carried out.

Caerleon Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Caerleon Surgery

Caerleon Surgery is located in a deprived area of Wolverhampton and provides Primary Medical Services (PMS) to a population of approximately 3,275 patients. The practice has a higher proportion of patients between the ages of 60 and 85+ years compared with the practice average across England. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England.

The practice team consists of two GPs (one male and one female). The male GP took over ownership of the practice in February 2014. The other GP is a salaried GP. The practice used GP locums to support the clinicians and meet the needs of patients in times of absence. The clinical practice team also includes a practice nurse. The clinical practice staff was supported by a practice manager and office supervisor and five administration/ receptionists support staff. In total there are nine staff employed either full or part time hours to meet the needs of patients.

The practice is open from 8am to 7.30pm on Monday, 8am to 6.30pm, Tuesday and Friday, 7am to 6.30pm Wednesday and 8am to 4pm on Thursday. Extended surgery hours are from 6.30pm to 7.30pm on Mondays and 7am to 8am on Wednesday mornings. A separate appointment schedule is

available for appointments with the practice nurse. The practice does not provide an out of hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service, NHS111, Primecare and the local Walk-in centre.

The practice has a contract to provide Primary Medical Services (PMS) for patients. This is a contract for the practice to deliver primary medical services to the local community. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 18 February 2016.

During our inspection we:

Detailed findings

- Spoke with a range of staff including GPs, practice nurses, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, national patient safety alerts and incident reports where these were reported and discussed. The practice had recorded 13 significant events, both clinical and operational over the last 12 months. There had been a number of events related to patients receiving medicine prescriptions intended for other patients, and incorrect medicines prescribed for patients. The outcomes of the investigations of these incidents showed that staff needed to ensure that patients' identification details were thoroughly checked and confirmed with the patient. The practice had updated its procedures for staff on the process to be followed when checking patients. However there was limited documentation to demonstrate that any lessons had been learnt, that any necessary action had been taken and that any ongoing monitoring to demonstrate that the action taken was appropriate had been undertaken. When there were unintended or unexpected safety incidents, patients received reasonable support, relevant information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from the risk of 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. The principal GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice in the waiting room advised patients that chaperones were available if required. We found that the

reception staff who acted as chaperones were not all trained for the role. Reception staff had also not had a Disclosure and Barring service (DBS) check completed to confirm that they were suitable and safe to undertake this role or had a risk assessment in place to explain why a DBS was not necessary. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The lead GP and practice manager told us that this would be addressed.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the lead for infection control supported by the practice nurse who was the clinical lead and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place which staff were aware of. We looked at the results of an infection control audit completed in March 2015 by the local infection control team. The practice audit did not score well and had achieved 77%. The practice implemented an action plan to address the recommendations made. The audit was repeated in September 2015 and showed an improved score of 93%. However there were two outstanding recommendations that the practice had not yet addressed. The practice had not ensured that all staff received training in infection prevention and control and regular hand hygiene audits had not been carried out for all staff. We saw that the practice had plans in place to address these.

The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed staff personnel files and found that they did not demonstrate that full pre-employment checks had been undertaken prior to employment. For example four of

Are services safe?

the staff files we looked at did not include a full employment history, DBS checks and health history. Application forms were not available for recently recruited staff. The practice had accepted curriculum vitae (CV) (a written overview of a person's experience and other qualifications). However the CV's did not include full details of previous employment history, which would highlight any employment gaps. We also saw that staff files did not all contain documents which included signed contracts, confidentiality agreements and references. The practice manager assured us that these checks would be completed and started the process to obtain DBS checks for the administration and reception staff before we left the practice.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 the lighting in the practice was poor. The practice had opted for 50% of the main lights to be operational. The practice had plans in place to address this.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). However records available did not show that a full assessment of the water system to identify any areas at risk of developing the legionella bacterium and any that may already be infected had been completed. The practice was unaware that only a partial assessment had been completed and followed this up at the time of our visit.

There were emergency processes in place for identifying acutely ill children and young people. Staff we spoke with told us that children were always provided with an on the day appointment if required. Patients with a change in their condition were reviewed appropriately. Staff at the practice shared examples of emergency situations which involved the sudden deterioration in patients condition. These patients were referred to a duty GP for assessment.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice was aware that there was a shortage of clinical staff and used GP locums where appropriate to ensure patients' needs were met. There was a rota system in place for all the different staffing groups to ensure that enough staff with appropriate skills were on duty.

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 had received cardio pulmonary resuscitation training. Robust systems were in place to ensure emergency equipment and medicines were regularly checked. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a resuscitation trolley, 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.

The practice had a business continuity plan in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 92% of the total number points available for 2014-2015 which was the same as the local Clinical Commissioning Group (CCG) average and slightly lower than the national average of 95%. The practice clinical exception rate of 8.6% was between the local CCG average of 7.5% and the national average of 9.2%. Clinical exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. Further practice QOF data from 2014-2015 showed:

- Performance for diabetes assessment and care was much lower than the national average (76% compared to the national average of 89%). The exception reporting in this clinical area was 8.3%, slightly lower than the local CCG average of 8.8% and national average of 10.8%.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average (84% compared to the national average of 84%).

- Performance for mental health assessment and care was lower than the national average (76% compared to the national average of 88%). The exception reporting in this clinical area was 5% lower than the local CCG average of 8.4% and national average of 11.1%.
- The dementia diagnosis rate was lower than the national average (76% compared to the national average of 84%). The exception reporting in this clinical area was 5.9% slightly lower than the local CCG average of 7% and national average of 8.3%.

We saw that the CCG bench marked the practice against other practices in the locality. This information was provided to the practice as part of their Practice Support Visit carried out by the CCG on 30 September 2015. Areas identified as requiring improvement had been discussed and an action plan developed. Although the practice had performed well and achieved a high percentage of the QOF points available there were a number of areas of patient care where the practice had performed lower than the national average. These areas of care were related to patients with diabetes, heart disease, mental health and dementia. The practice had started to look at the reasons for their performance and carried out audits and individual patient reviews. The practice had identified the need to involve other clinical specialists in the overall management of the care of patients with chronic diseases. The practice had also looked at their staff skill mix and recruited a practice nurse to support the care of patients with long term conditions. The practice had identified that the data for mental health assessments and the dementia diagnosis rates were inaccurate because patients were incorrectly coded.

We saw a number of clinical audits had been carried out. These included audits on the management of patients with diabetes, heart failure and high blood pressure. The practice had not completed a second cycle of these audits and told us these would be undertaken later this year. The practice told us that improvements had been made and the management and treatment of the patients included in the audit reviewed. We found that insufficient information had been provided to demonstrate a positive change or what other changes were needed to improve patient care. The practice also engaged with the local CCG pharmacist to carry out medicines audits and to ensure prescribing was in line with best practice.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had had an appraisal within the last 12 months. The staff appraisal records we looked at lacked the details to show staff learning needs and personal development plans. Training records showed that not all staff had received training in health and safety, infection prevention and control or chaperoning.

Clinical staff confirmed that the practice provided them with training opportunities to update their skills. The practice nurse had access to and made use of training opportunities with their peer groups. The practice nurse could demonstrate role-specific training and updates they had attended. For example the practice nurse had sort the support of community specialists to update their skills on the care of patients with long-term conditions and administering vaccinations. GPs were up to date with revalidation requirements and the practice nurse received training specific to meeting the needs of patients with long-term conditions and vaccinations. The practice was discussing with the practice nurse the support needed for revalidation (A process requiring nurses and midwives to demonstrate that they practise safely).

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 shared computer drive. This included risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care such as hospital or to the out of hours service.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included providing a service to patients in care homes, when people moved between services, including when they were referred, or after they were discharged from hospital. The practice held three monthly practice meetings to discuss patients on the practice palliative care register. However these were not always attended by staff from the wider multidisciplinary team

due to their limited availability. The practice monitored and ensured that care plans were routinely reviewed and updated and maintained telephone contact with the local community health teams.

Consent to care and treatment

We found that 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests, minor surgery procedures and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were then signposted to the relevant service for example, referrals were made to local smoking cessation clinics and dietary support services in the local community. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website. Patients had access to appropriate health assessments and checks.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations were higher than the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 82% to 100% (CCG 74% to 95%), children aged two to five 88% to 97% (CCG 84% to 96%) and five year olds from 87% to 97% (CCG 77% to 95%).

Are services effective?

(for example, treatment is effective)

We saw that the uptake for cervical screening for women between the ages of 25 and 64 years for the 2014-2015 QOF year was 80% which was comparable to the national average of 82%. The practice was proactive in following

these patients up by telephone and sent reminder letters. Public Health England national data showed that the practice was comparable with local and national averages for screening for cancers such as bowel and breast cancer.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. We saw that reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and patients were offered a private area where they could not be overheard to discuss their needs.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 11 completed cards. The cards contained positive comments about the practice and staff. Patients commented that the practice provided a very good service, they were treated with respect and dignity and that staff were professional, helpful and caring. We also spoke with four patients on the day of our inspection which included a member of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to the local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the local Clinical Commissioning Group (CCG) average of 83% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 83%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in January 2016 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:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (National average 82%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (National average 85%).

Patient and carer support to cope emotionally with care and treatment

Notices and leaflets 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. The practice identified patients who were also carers and an alert was put on the practice computer system to alert the GPs. There were 37 carers on the practice carers register, which represented 1.1% of the practice population. The practice

Are services caring?

also had 108 patients who were identified as cared for. These patients were mainly elderly patients who lived in care homes. This represented 3.3% of the practice population.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. The practice was not aware of any patients living in vulnerable circumstances including homeless people or travellers. The practice was aware of the need to allow people with no fixed address to register or be seen at the practice. For example:

- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had access to translation and interpretation services to ensure patients were involved in decisions about their care.
- Facilities for patients with mobility difficulties included level access to the practice and adapted toilets for patients with a physical disability. Access in the waiting area was limited for wheelchair users and parents with pushchairs. The height of the reception desk was not accessible to patients in a wheelchair. Facilities were in place to support meeting the needs of patients who were hearing impaired.
- Telephone consultations were available every day after morning clinics.
- Extended opening hours were available one morning and one evening per week to people who worked.

Access to the service

The practice was open from 8am to 7.30pm on Monday, 8am to 6.30pm, Tuesday and Friday, 7am to 6.30pm Wednesday and 8am to 4pm on Thursday. Extended surgery hours were from 6.30pm to 7.30pm on Mondays and 7am to 8am on Wednesday mornings. GP appointments were from 9am to 12 mid-day on Mondays, Tuesdays and Fridays, 7.30am to 10.30am on Wednesdays,

and 8.30am to 4pm on Thursdays. Afternoon appointments were available from 3pm to 7pm on Mondays and 3pm to 6.30pm Tuesdays, Wednesdays and Fridays. A separate appointment schedule was available for appointments with the practice nurse. The practice did not provide an out of hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service, NHS111, Primecare and the local Walk-in centre.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was higher than the national average.

- 87% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the national average of 78%.
- 96% patients said they could get through easily to someone at the practice by phone compared to the national average of 73%.
- 81% patients said that the last time they wanted to see or speak to a GP or nurse at the practice they were able to get an appointment compared to the national average of 76%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint. Records we examined showed that the practice responded formally to both verbal and written complaints.

The practice had completed an annual review of the complaints received over the last 12 months. The report identified 15 verbal and seven written complaints and found that all had been responded to, satisfactorily handled and dealt with in a timely way. Minutes of

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

meetings we looked at showed that these had been discussed at practice meetings, lessons learnt were shared with staff and action was taken to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had recently been taken over by one of the GPs as a single handed GP practice with the support of a salaried GP. The practice had started the process with us to de-register the partners and make the change to the registration. To support these changes the practice had reviewed its vision to ensure the delivery of high quality care and promotion of good outcomes for patients. This included plans to extend the existing premises and review the layout of the reception area to improve patient access to the premises. Staff and patients felt that they were involved in the future plans for the practice. Members of the Patient Participation Group (PPG), patients and staff were aware of the plans to improve access to the practice. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

We found that although the practice had a governance framework to support the delivery of the practice's strategy for good quality care some areas needed strengthening to ensure that it was robust.

- There was a clear staffing structure and all staff were clear about their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice held monthly meetings at which governance issues were discussed to ensure all staff had a comprehensive understanding of the performance of the practice
- The practice had a programme of clinical and internal audit in place, however this was not sufficiently robust to ensure continuous monitoring of the quality of services and ensure appropriate improvements.
- There were some arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. However robust recruitment procedures were not in place and not all staff had attended training appropriate to their role to support minimising risks to patients.

Leadership and culture

The GP at the practice had the experience and capability to run the practice and ensure high quality care. The management team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The 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 gave affected people reasonable support, relevant information and a verbal and written apology. There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Staff described the culture at the practice as open, transparent and very much a team approach. This was encouraged and supported by team away events.

Regular practice, clinical and team meetings involving all staff were held and staff felt confident to raise any issues or concerns at these meetings. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the PPG, surveys and complaints received. The PPG was consulted on possible changes at the practice and asked to provide suggestions about future improvements.

Are services well-led?

Requires improvement 

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

For example a member of the PPG and patients spoken with told us that the practice manager and GP had asked for their feedback on a review of the opening times at the practice appointments system which they had acted on.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incidents. We saw records to confirm this. However there was limited documentation to demonstrate

learning, action to be taken and the ongoing monitoring to demonstrate that the action taken was appropriate. We found that insufficient information had been provided following clinical audits to demonstrate a positive change and whether other changes were needed to improve patient care.

The practice had been successful in being shortlisted and accepted to pilot a model of care. The model of care would involve joint working across primary, community and secondary care to provide a multidisciplinary approach to care and improvements to the care of patients who lived in care homes. The practice had reviewed the skill mix of staff and was in the process of recruiting clinical staff to ensure the needs of patients could be met in the long term.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure systems and processes were in place to assess monitor and:</p> <ul style="list-style-type: none">• improve the quality and safety of the services provided in the carrying on of the regulated activity• mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. <p>Regulation 17(1)(2)(a)(b)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that persons employed received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18(2)(a)</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

The provider had not ensured that they had gathered all available information to confirm that they had made all appropriate checks on persons employed for the purposes of carrying on a regulated activity before they are employed.

Reg. 19(1)(b)(2)(a)(3)(a)Schedule 3(b)