St Mary's Medical Centre

Quality Report

Rock Street
Oldham
OL1 3UL
Tel: 0161 620 6667
Website: www.stmarymc.co.uk

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	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 St Mary's Medical Centre on 25 July 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were not always assessed and managed properly.
- Data showed patient outcomes were low compared to the national average.
- Some clinical audit cycles had been carried out.
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies and procedures to govern activity, but not all were practice specific or being followed.
- GPs from the practice visited an intermediate care unit and respite care home daily.

The areas where the provider must make improvements are:

- The provider must ensure action is taken in a timely manner when risks are identified. This includes risks identified following fire risk assessments and legionella assessments.
- The provider must ensure that all complaints are appropriately investigated. People making complaints must be informed how they can escalate their complaint if they are unhappy with how it has been dealt with.
- The provider must ensure they monitor the quality of the service with a view to making improvements. This includes being fully aware of their Quality and Outcomes Framework (QOF) data and screening data, where scores are below the local and national average.

Summary of findings

- The provider must ensure staff training is monitored and all staff have the support and training required.
- The provider must ensure they have a system in place to follow when a positive Disclosure and Barring Service (DBS) check is received or where negative information is provided about potential employees. They must ensure all staff are of good character.

In addition the provider should:

- The provider should have practice specific policies for the prevention and control of infection.
- The provider should have procedures in place to monitor all blank prescriptions, including those in printers.

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.

- A fire risk assessment and legionella assessment had been carried out in the two weeks prior to the inspection. Both these highlighted safety issues that needed action, but not all actions had been completed.
- There was no policy in place to manage circumstances where a positive Disclosure and Barring Service (DBS) was received. When this had occurred a formal assessment of the staff member's suitability for employment had not been considered.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- The business continuity plan contained information about premises that could be used if the practice site was unavailable. Although we were told during the inspection that these premises had not been approached to ask if it would be possible to use the buildings, following the inspection the lead GP informed us this was incorrect and an arrangement was in place with a nearby healthcare provider.

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 low compared to the CCG and national average. For example, the most recently published Quality and Outcome Framework (QOF) score was 84%, which was lower than the local average of 93% and the national average of 95%. The practice had not addressed this.
- Staff training was not well monitored and there were gaps in training for staff of all levels.
- Most staff had had an appraisal in the past year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We saw evidence of two cycle clinical audits showing improvements made.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

- Patient feedback was mainly positive with patients commenting 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?

Requires improvement

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

- Patients could get information about how to complain in a format they could understand. However, complaints were not always appropriately investigated. Responses to complaints did not inform people how they could take their complaint further if they were unhappy with how the practice had handled it.
- 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.
- Most patients said they found it easy to make an appointment with a GP when required.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

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

- The practice had a number of policies and procedures to govern activity, but not all of these, for example the infection control and complaints policy, were practice specific or being followed.
- Although the practice had a governance framework and a governance co-ordinator, arrangements to monitor and improve quality and identify risk were not operated effectively.
- The practice told us they had a vision and a strategy, and this included a bid for new premises. There was a mission statement that staff were aware of.
- There was a leadership structure and staff said they felt supported by their managers.
- Most staff had received inductions and had annual appraisals.

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 practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safe, effective, responsive and well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had responsibility for the care of patients at a nearby intermediate care unit and a respite care home. A GP from the practice visited both these places daily.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as requires improvement for safe, effective, responsive and well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, some examples of good practice.

- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was 72%. This was worse than the CCG average of 82% and the national average of 89%.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safe, effective, responsive and well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

Summary of findings

There were, however, some 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Staff 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 some examples of joint working with midwives, health visitors and school nurses.
- The number of females aged 25 to 64 who attended cervical screening within a target period was 71%. This was below the CCG average of 73% and the national average of 74%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as requires improvement for safe, effective, responsive and well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, some examples of good practice.

- Extended opening hours were not available at the practice.
- Health promotion advice was offered and NHS health checks for patients over the age of 40 were carried out.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safe, effective, responsive and well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safe, effective, responsive and well-led care. The issues identified as requiring improvement overall affected all patients including this population group.

There were, however, some examples of good practice.

- 86% of percentage of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the last 12 months, which was slightly less than the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was usually performing above local and national averages. 307 survey forms were distributed and 107 were returned. This was a completion rate of 35% representing 2.16% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 73% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 completed comment cards. 43 of these contained positive comments about the standard of care received. Some mentioned it was difficult to access appointments and waiting times could be long.

We spoke with two patients during the inspection. These patients told us they were satisfied with the care they received.

Areas for improvement

Action the service MUST take to improve

- The provider must ensure action is taken in a timely manner when risks are identified. This includes risks identified following fire risk assessments and legionella assessments.
- The provider must ensure that all complaints are appropriately investigated. People making complaints must be informed how they can escalate their complaint if they are unhappy with how it has been dealt with.
- The provider must ensure they monitor the quality of the service with a view to making improvements. This includes being fully aware of their Quality and Outcomes Framework (QOF) data and screening data, where scores are below the local and national average.
- The provider must ensure staff training is monitored and all staff have the support and training required.
- The provider must ensure they have a system in place to follow when a positive Disclosure and Barring Service (DBS) check is received or where negative information is provided about potential employees. They must ensure all staff are of good character.

Action the service SHOULD take to improve

- The provider should have practice specific policies for the prevention and control of infection.
- The provider should have procedures in place to monitor all blank prescriptions, including those in printers.

St Mary's Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and also included a GP specialist adviser.

Background to St Mary's Medical Centre

St Mary's Medical Centre is located close to the centre of Oldham. The practice provides services from a purpose built two storey building. Consulting rooms are on the ground floor only. There is a car park with space for disabled parking.

At the time of our inspection there were 4949 patients registered with the practice. The practice is a member of NHS Oldham Clinical Commissioning Group (CCG). The practice delivers commissioned services under the Personal Medical Services (PMS) contract.

The practice is in a very deprived area and there is a lower than average life expectancy. The practice age and gender profile is similar to the national averages, and the proportion of patients registered who have a long standing health condition is below the CCG and national average.

There are three GP partners, two male and one female. There is one male salaried GP. There is also a nurse practitioner, two practice nurses, a healthcare assistant, a practice manager and administrative and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available:

Monday 9am – 11.20am and 3.30pm – 5.30pm

Tuesday 9am – 11.20am and 1.30pm – 5.30pm

Wednesday 9am – 11.20am and 3.30pm – 6.30pm

Thursday 9am – 1.20pm and 3.30pm – 5.30pm

Friday 9am – 1.20pm and 3.30pm – 5.30pm.

On occasions a locum GP starts surgery at 8.30am.

The practice is a teaching and training practice for medical students and registrars.

There is an out of hours service available provided by Go to Doc Limited via NHS 111.

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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 July 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and reception and administrative staff.
- Spoke to two patients

Detailed findings

- Observed how patients were being spoken with at the reception desk.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information at the practice such as personnel files, training information, policies and procedures, risk assessments and audits.

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.

Requires improvement

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice manager told us they carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. GPs were trained to the required level 3. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies in place but none of these were practice specific. The practice manager told us they adopted the policies from other organisations as their own. An infection control audit had been carried out in May 2016. This highlighted that training was not up to date and the action plan noted that staff were responsible for their own training. We asked the practice nurse about this and they confirmed that handwashing training was arranged for all staff but each staff member organised other training themselves. The infection control audit also highlighted that disposable privacy curtains were not always used and the action plan stated they would be ordered. We saw that some privacy curtains in the practice were fabric. The practice manager told us they had decided to keep some fabric curtains and they made a diary entry to have the curtains dry cleaned every six months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and other than for prescriptions stored in printers there were systems in place to monitor their use
- We reviewed six personnel files and found appropriate recruitment checks had usually been undertaken prior to employment. Evidence of identity was held for staff. The practice manager told us that in line with their

safeguarding and recruitment policy they usually asked for two references for new staff. However, they only asked for one reference for a recently employed clinician because they knew them. We saw there was a weakness in the recruitment process. In particular a significant issue regarding conduct in previous employment and an issue highlighted on a DBS check had not been dealt with thoroughly. There was no policy in place for how to manage situations when a positive DBS check was received.

Monitoring risks to patients

Procedures for monitoring and managing risks to patient and staff safety were not adequate.

- There was a health and safety policy available with a poster in the staff kitchen but the local health and safety representative was not identified. The practice manager told us they were the health and safety representative and they had completed on-line health and safety training. They said they did not carry out any formal health and safety checks but would take action if they noticed anything was required.
- A fire risk assessment had been carried out in the two weeks prior to our inspection by an external company. We saw the 'significant findings' report that had been given to the practice following the assessment. Some of the issues identified had been actioned, but others, including setting up monthly checks for emergency lighting and arranging a fire evacuation drill had not yet been completed and there was no action plan in place.
- An external company had carried out a legionella assessment in the two weeks prior to our inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The report provided to the practice showed several areas where action was required as soon as possible. The practice manager told us they had looked through the report but had not yet been able to put an action plan in place.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff usually provided cover for each other, but locum GPs were used when necessary. We saw appropriate checks were carried out for locum GPs.

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 basic life support training. The last training had been carried out in April 2015. The practice manager told us they had booked refresher training for August 2016 but had had to change this to October 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were kept in the nurse's room. We saw that the practice nurse checked they were ready for use. The practice manager told us if they were needed and the nurse had a patient they would go into the room to retrieve them.
- 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 stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had been updated in July 2016. The plan included emergency contact numbers for most staff but not all clinicians. We asked the practice manager about the buildings identified for use if the practice was unavailable. They told us that although some buildings had been identified and included in the plan, they had not actually been approached to ask if this would be possible. However following the inspection the lead GP told us this was incorrect, and they did have an agreement with a nearby health provider.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 84% of the total number of points available. This was less than the CCG average of 93% and the England average of 95%. The exception reporting rate was 5.1%, which was less than the CCG average of 6.8% and the England average of 9.2%. (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). A GP partner told us the QOF results for 2015-16 had not improved, and they thought more time was needed for nurses to carry out reviews for long term conditions. This had not been put in place at the time of our inspection. They were on the whole unaware of the extent of the low QOF scores. Another GP partner told us they did not know why their QOF results were below average.

This practice was an outlier for two QOF (or other national) clinical targets:

- The percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015). The practice percentage was 77% compared to a CCG average of 92% and an England average of 94%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015). The practice percentage was 74% compared to a CCG average of 81% and an England average of 84%.

Data from 2014-15 showed:

- Performance for diabetes related indicators was 72%. This was worse than the CCG average of 82% and the England average of 89%.
- Performance for mental health related indicator was 68%. This was worse than the CCG average of 92% and the England average of 93%.
- Performance for depression was 100%. This was higher than the CCG average of 92% and the England average of 92%. The exception reporting rate was 32%, higher than the CCG average of 23% and the England average of 25%.

  There was evidence of quality improvement including clinical audit.
- There had been at least two clinical audits completed in the last two years which were completed audits where the improvements made were implemented and monitored. These were around prescribing.
- The practice received medicine benchmarking information from the CCG. One GP partner told us they did not do any formal referral benchmarking, but they did look at the referrals GP registrars made.

Effective staffing

We did not see evidence that all staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered information about the practice and their role. There was also induction information for GP registrars.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. The practice manager told us the practice nurse training from the CCG was improving and nurses wanted to attend training. However, they were needed at the practice so could not all attend. They told us that staff had access to training records so they could monitor their own training. The practice manager said staff usually noticed if training was required so managers did

not usually prompt staff for training. We spoke with one staff member who was unsure if they had received training in infection control. Training records showed they had completed this training two months prior to the inspection. The effectiveness of the training was therefore not demonstrated.

- Staff appraisals usually took place each year. Most of the staff had received an appraisal in the last year. We saw that prior to the inspection the practice manager had asked the salaried GP when they had last had an appraisal. The practice manager had said this was in case the CQC asked for the date. The salaried GP had responded but evidence they had been appraised was not provided. Following the inspection the lead GP told us they did hold evidence the salaried GP's appraisals were up to date. The staff we spoke with told us they felt well supported at work.

Coordinating patient care and information sharing

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

- We saw some evidence of handwritten care plans. These were well completed but not available to other relevant staff on the practice's computer system. Following the inspection the practice informed us 61 patients had a care plan and these were available on the computer system.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Meetings took place with other health care professionals on a monthly basis when the care of patients, including patients receiving palliative care, was discussed.

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. Some staff had received training on the Mental Capacity Act. 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, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service or treated at the practice as appropriate.
- The healthcare assistant provided weight management advice.
- The practice manager told us an alcohol support worker had met with them a few months ago with a view to holding surgeries at the practice. They had discussed this with the partners and they said they were going to organise this. Drug clinics were held at the practice twice a month.

The practice's uptake for the cervical screening programme was 71%, which was lower than the CCG average of 73% and the national average of 74%. Practice nurses told us they did not telephone patients who did not attend cervical screening appointments. However, they did offer opportunistic screening if a test was due and a patient attended the practice for another reason.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 74% and five year olds from 73% to 76%.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

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

Good

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

43 of the 47 patient Care Quality Commission comment cards we received were mainly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was usually above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was mainly positive, with patients stating they felt listened to and well supported.

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 above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Some information leaflets for example for diabetes, were available in languages such as Urdu and Bangla.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which 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 151 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Good

Are services caring?

Staff told us that if families had suffered bereavement, a card was sent to them by the practice. One patient told us a close relative had recently died. The said the care given to the patient and the family was very caring and the GPs visited whenever this was requested.

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- Letters were sent to patients who were new parents. These congratulated parents on the birth of their baby and gave information about registering new babies, post-natal checks and who the named GP would be.
- A GP from the practice attended a nearby intermediate care unit each morning. The practice registered residents of the unit as temporary residents and they had the responsibility for all patients being admitted to and discharged from the unit.
- A GP from the practice attended a respite care home for a short time each day while patients were temporary residents at the home.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday Appointments were available:

Monday 9am – 11.20am and 3.30pm – 5.30pm

Tuesday 9am – 11.20am and 1.30pm – 5.30pm

Wednesday 9am – 11.20am and 3.30pm – 6.30pm

Thursday 9am – 1.20pm and 3.30pm – 5.30pm

Friday 9am – 1.20pm and 3.30pm – 5.30pm.

On occasions a locum GP started surgery at 8.30am.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

Most people told us that they were able to get appointments when they needed them, but some said access could be difficult.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns but it was not always effective.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However the policy was not being followed.
- 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. The practice's website advised people to contact the practice manager.

The practice's complaints policy stated that if a patient made a verbal complaint details would be taken. However, no further guidance about verbal complaints was provided.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Not all staff thought verbal complaints could be actioned. Some told us they would advise patients to contact the practice manager and one said patients would be told to put their complaint in writing.

We looked at the practice's complaints file. Some of these had also been treated as significant events. We saw that a verbal complaint had been made about one clinician and the complainant had been given a form to complete. This had not been returned so no further action was taken and the complaint was not investigated. We saw another complaint had been made about a trainee doctor. The trainee doctor had written the response to the complainant, which the practice manager had sent with a covering letter. The practice manager told us it was normal practice for the person the complaint was against to make the response. We did not see that any written responses to complaints informed people how they could escalate their complaint if they felt it had not been dealt with appropriately by the practice.

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 told us they had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

Governance arrangements

The practice had a governance framework in place and this included their bid for new premises.

- Not all policies, for example the infection control policy, were practice specific. Other policies were in place but not always followed, for example the complaints policy.
- A comprehensive understanding of the performance of the practice was not always maintained. For example GP partners were not aware of all the low Quality and Outcome Framework (QOF) scores and the low cervical screening update had not been discussed.
- Some clinical audit cycles had taken place.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept some written records of verbal interactions as well as written correspondence when people had raised a concern or complaint. However, we saw that when a verbal complaint had been made this had not been investigated because the complainant did not return a complaints form.

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

- Staff told us the partners were approachable and always took the time to listen to all members of staff.
- Staff told us the practice held regular team meetings. The practice manager told us these tended to be informal but minutes were kept.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team.
- Staff said they felt respected, valued and supported.

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

The practice told us they encouraged and valued feedback from patients:

- The practice had a virtual patient participation group (PPG). Surveys were sent to the PPG to complete so their views could be collated. We saw a survey had been completed in March 2016 where members of the PPG were asked about the appointment system and if they used the website. There were 23 responses. An action plan had been put in place and the practice manager told us the improvements suggested were ongoing.
- The practice manager told us they looked at the national GP patient survey to see where improvements could be made. They said the lowest score was usually relating to patients not being seen on time, and they did not think anything could be done about this.
- The practice manager told us they received an alert if a patient commented on the NHS Choices website. They had not responded to the most recent comment as they could not locate the instructions to be able to do this.

Continuous improvement

The practice was a teaching and training practice for medical students and registrars. The partners told us patients had been very receptive to students and registrars being at the practice. They also offered work experience to students prior to going to university so they could have some clinical insight.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Where risks had been identified following a fire risk assessment and legionella assessment not all required actions had been completed in a timely way.** **This was in breach of regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The registered person did not appropriately investigate all complaints that were made. When responding to complaints they did not inform people how they could escalate their complaint if they were unhappy with how it had been dealt with.** **This was in breach of regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

The registered person did not have a system in place to assess, monitor and improve the quality of the service. This included being aware of Quality and Outcome Framework (QOF) scores and screening data so improvements could be made when scores were low.

This was in breach of regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person did not have a system in place to ensure all staff received the training they required. There was no overall monitoring of training and staff were expected to monitor their own training needs. This was in breach of regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person did not have a system in place to ensure all staff employed were of good character. When information was received regarding staff they did not formally assess the suitability of the staff members to carry out the roles and responsibilities they were employed to do. This was in breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.