

# Dr Samuel Levenson

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

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 Limefield Medical Centre

on 11 August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there were examples of incidents not being documented.
- Data showed patient outcomes were low compared to the national average.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

# Summary of findings

- Ensure that there are robust governance arrangements in place so that risks are identified and managed effectively and ensure all staff are aware of what constitutes as a significant event so that these can be documented correctly.
- The practice needs to ensure that clinical staff are involved in clinical audits.
- The provider must ensure that patient identifiable medical information is securely maintained at all times.
- The provider must ensure all staff have an appraisal, medical indemnity insurance, and that all staff have training relevant to their role including basic life support and safeguarding.
- Consider improving access to emergency medicines so they are accessible to all staff.
- Consider keeping all clinical rooms locked when left unattended.
- Improve record keeping in the practice and consider the need to document daily checks.
- Consider the need for a training spreadsheet/matrix to monitor and identify gaps in staff training.
- Review the PGD (patient group direction) folder to ensure all are signed correctly.
- Review practice policies to ensure they are all up to date and contain the necessary information.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

The areas where the provider should make improvement are:

# 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.

- There was a system in place for reporting and recording significant events, however the practice did not always identify incidents that should have been documented as a significant event.
- Not all staff had received the correct level of safeguarding training.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Medical indemnity insurance was not in place for a clinical member of staff. Since the inspection the provider has put this in place.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were low compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for some staff.
- There was some evidence that clinical audit was driving improvement in patient outcomes.
- Multidisciplinary working was taking place and we had seen evidence to confirm this.

**Requires improvement**



### Are services caring?

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

**Good**



# Summary of findings

- 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.
- Some patients expressed concern that it can be sometimes difficult getting through on the phone to book an appointment.
- The practice employed a pharmacist to review patient's medication and offer consultations to patients to ensure they had a full understanding of their medication.
- 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.

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff had received inductions but not all staff had received regular performance reviews.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for 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. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice:

- The practice offered proactive, personalised care to meet the needs of this patient population group.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these 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.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice:

- Immunisation rates for the standard childhood immunisations were mixed compared to the local and national average.

**Requires improvement**



# Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **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). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice:

- 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 reflects the needs for this age group.

**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. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice:

- 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.
- 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 but not all staff had the correct level of safeguarding training.

**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). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

However, there were examples of good practice:

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice would follow up on patients who had attended accident and emergency if they may have been experiencing poor mental health as instructed by the hospital.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- However, only 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average.

## Requires improvement





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 244 survey forms were distributed and 115 were returned. This represented 2% of the practice's patient list.

- 32% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 72%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the CCG average of 72%.
- 76% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 72%.

- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and the CCG average of 72%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Patients said they feel they have confidence in the GP and they never feel rushed during a consultation.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and very understanding of the needs of the local population.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure that there are robust governance arrangements in place so that risks are identified and managed effectively and ensure all staff are aware of what constitutes as a significant event so that these can be documented correctly.
- The practice needs to ensure that clinical staff are involved in clinical audits.
- The provider must ensure that patient identifiable medical information is securely maintained at all times.
- The provider must ensure all staff have an appraisal, medical indemnity insurance, and that all staff have training relevant to their role including basic life support and safeguarding.

### Action the service **SHOULD** take to improve

- Consider improving access to emergency medicines so they are accessible to all staff.
- Consider keeping all clinical rooms locked when left unattended.
- Improve record keeping in the practice and consider the need to document daily checks.
- Consider the need for a training spreadsheet/matrix to monitor and identify gaps in staff training.
- Review the PGD (patient group direction) folder to ensure all are signed correctly.
- Review practice policies to ensure they are all up to date and contain the necessary information.

# Dr Samuel Levenson

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Samuel Levenson

Limefield Medical Practice is located in Salford. The address of the practice is 6-8 Limfield Road, Salford, M7 4LZ. The practice has some parking facilities at the rear of the building and has good public transport links with bus stops nearby.

The practice is a single handed practice with a male GP, two practice nurses (female), a practice pharmacist, a practice manager, and a team of reception staff. The practice uses a regular locum GP.

The practice is open and offered appointments between 8am and 6.30pm Monday to Thursday. On a Friday the practice is open from 8am to 2pm in the winter and 8am to 3pm in the summer. Extended hours appointments are offered 6.30pm to 8.45pm on a Wednesday evening. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

Outside of opening hours, patients are directed to the NHS 111 out of hour's service.

The practice has approximately 5000 patients and operates under a general medical services (GMS) contract and is part of NHS Salford Clinical Commissioning Group. The practice

is in an area of Salford that homes a large population of orthodox Jewish. The practice has an above average of working age people and infants compared to the national average.

## 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 11 August 2016.

During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice pharmacist, a practice manager and administration staff, and spoke with patients who used the service.
- 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.'

# Detailed findings

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

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

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

- Older people

- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people 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 ineffective 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).
- The practice was able to provide us with examples of significant events that had been recorded using the practice's computer system, but during the inspection we became aware of incidents that had not been recorded. For example, a patient received incorrect medication due to hospital letters not being checked properly. The incident was discussed within the practice and action taken to ensure letters were checked more thoroughly in the future. Not all staff were fully able to recognise what constituted as a significant event and not all staff were aware of the practice policy.
- The practice carried out an analysis of significant events that had been recorded and these were discussed in practice meetings.
- 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.

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. For example, the GP told us of an incident that led to a patient receiving incorrect medication due to referral letters not being checked properly. The practice ensured letters would be checked more thoroughly and the practice also appointed a practice pharmacist.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. There was a lead member of staff for safeguarding. The GP 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. The lead GP was trained to child safeguarding level three, however a regular locum GP had not completed adult safeguarding training or child safeguarding training level three. We saw evidence that one nurse had completed child safeguarding level two, but the evidence for the other nurse was unavailable.
- 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. However we did observe the back office space to be untidy and unorganised. The practice nurse and practice manager were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken externally by Salford CCG and we saw evidence that action was taken to address any improvements identified as a result.
- Curtains in treatment rooms appeared to be clean; however, they were not labelled to indicate when they had last been cleaned.
- The practice had a spill kit to deal with spillages of bodily fluids but this was out of date.

## Are services safe?

- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines). However the practice did not have a system in place to identify patients that had not collected their repeat medication.
- The practice directly employed a part time pharmacist who was involved in the review of high risk medicines and would also review medical letters that came in from other services. The practice pharmacist would offer consultations to patients to ensure patients understood their medication fully, which included explaining the dosage and any risks associated. The practice pharmacist would also run drug interaction reports for patients on multiple medications and ensure the GP had this information to hand before the consultation.
- 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. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We observed that one PGD had not been countersigned.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However we observed that one of the clinical rooms was left unlocked and unattended which allowed access to blank prescription forms being stored in the printer. We also observed two post-it notes left on the GP's desk which contained patient information including their name and relating to their condition.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We found one nurse did not have medical indemnity insurance. The practice informed us after the inspection that insurance had been put in place.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had carried out one fire drill. The practice performed weekly checks of the fire alarms but this check was not documented. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice was lacking other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements 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.

### 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 option to put messages on screen on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff received annual basic life support training but there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. However the emergency medicines were not easily accessible at the time of the inspection, as the cupboard they were kept in was locked with a combination padlock, and only one member of staff knew the combination. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, this was lacking some details including emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 65% of the total number of points available and 4% exception reporting (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).

Data from 2014/2015 showed:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 82% compared to the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 72% which was below the national average of 84%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 75% which was below the national average of 84%.

Although data from 2014/2015 was below the national average, the practice was able to demonstrate that some areas had improved over the last 12 months which included areas such as cervical screening and diabetes.

- The practice informed us that the practice manager had performed two clinical audits and these were provided to us after the inspection. There was some evidence of

quality improvement from the clinical audits provided to us. Out of the two clinical audits completed in the last two years, one was a completed audit where the improvements made were implemented and monitored. The audit demonstrated an improved compliance with checking a patient's international normalised ratio (INR) before making changes to a patient's warfarin dose.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However we identified that not all staff had received an appraisal within the last 12 months.
- Staff received training that included: fire safety awareness and information governance, but not all staff had received safeguarding training and one member of the administration team informed us they had not received any medical emergency training. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We were informed that there was no system in place to review or monitor unplanned admissions.

### Consent to care and treatment

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

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

The practice's uptake for the cervical screening programme was 65%, which was below the CCG average of 77% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were below to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 90% and five year olds from 48% to 92%.

The practice informed us they believe one contributing factor to the low immunisation and cervical screening rates was due to the culture of some of its patients. The practice informed us they do try to encourage patients to attend but it can sometimes prove difficult to achieve above average results.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted 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.

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients said they feel they have confidence in the GP and they never feel rushed during a consultation. One comment mentioned that there can sometimes be a wait for getting an appointment.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 99% said the GP was good at listening to them compared to the CCG average of 89% and national average of 91%.
- 97% said the GP gave them enough time (CCG average 89%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 99% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

### 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### 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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (1% of the practice list). Carers would be offered a health check and also a flu jab. Written information was available to direct carers to the various avenues of support available to them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

- The practice offered extended opening hours on Wednesday evening until 8.45pm for working patients who could not attend during normal opening hours.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open and offered appointments between 8am and 6.30pm Monday to Thursday. On a Friday the practice was open from 8am to 2pm in the winter and 8am to 3pm in the summer. Extended hours appointments were offered 6.30pm to 8.45pm on a Wednesday evening. 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 mixed compared to local and national averages. The practice told us that they would soon be moving to new premises and were hoping that a new phone system would be in place to help improve access using the phone.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 32% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary,
- 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 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.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was not displayed in the waiting areas but staff knew and understood the values.
- The practice strategy involved a focus on quality improvement and were keen to increase uptake scores of flu vaccination and cervical cytology. The practice manager had recently joined a quality improvement steering group which seeks to improve such scores in the local area.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care but was found to be not robust in assessing and managing risks. For example, the lack of risk assessments as well as gaps in staff training and the lack of record keeping within the practice.

There were structures and procedures in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff; however some were due for a review.

### Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the senior GP was approachable and always took the time to listen to all members of staff.

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 senior GP 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 written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested that patients receive a phone call reminder the day before an appointment to reduce the number of patients failing to attend their appointment.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that the practice manager had an open door policy.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was in the process of joining with a nearby practice and

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moving into a new purpose built building. The practice was also keen to recruit more clinical staff including another GP and better utilise the skills of a member of the administration team who was a qualified nurse.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not ensure that information relating to patient medical information was secured at all times.</p> <p>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 specifically relating to infection control, COSHH and legionella monitoring and did not ensure all staff were aware of what constituted as a significant event.</p> <p>The provider had not ensured that all staff had received the correct training relevant to their role or that all staff had received an appraisal.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed</b></p> <p><b>How the regulation was not being met:</b></p>

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## Requirement notices

The provider had not ensured that all staff had medical indemnity insurance.