

The Village Medical Centre

Quality Report

Grove Medical Centre

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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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Medical Centre on 8 December 2015. Overall the practice is rated as good.

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 assessed and managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients were treated with care, compassion, dignity and respect and they were involved in their care and

decisions about their treatment. They were not rushed at appointments and full explanations of their treatment were given. They valued their practice and felt confident with the skills and abilities of staff.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example refurbishment of the waiting area and a dementia awareness event.
- Information about services and how to complain was available.
- Patients said they sometimes had difficulty getting through to the practice by phone and that it was not always easy to make an appointment with a preferred GP. Routine and urgent appointments were readily available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

There was an area where the provider must improve, this was to:

- Ensure accurate recording of medicine fridge temperatures and ensure the correct procedures are followed if the temperatures fall outside of the required range for temperature sensitive medicines.

There were areas where the provider could make improvements and they should:

- Implement patient specific directives (PSDs) for administration of medicines by non-registered nurses.
- Implement a Legionella action plan to ensure water supplies are monitored and safe.
- Make the business continuity plan easily accessible to all staff.
- Implement a system to record actions taken when national patient safety and other relevant alerts and guidance are followed.
- Appoint a suitably experienced and qualified infection control lead.
- Hold a stock of children's defibrillator pads.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people received reasonable support and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these; however the infection control lead did not have suitable qualifications or experience and no monitoring of water temperatures took place.
- A medicine storage fridge had not been monitored accurately for temperatures. The records showed temperatures outside of the range and correct procedures had not been taken to report a possible breach in the cold chain storage of medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- An active patient participation group implemented events for carers and for dementia awareness.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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.
- Patients said they sometimes had difficulty in getting through to the practice by telephone although convenient appointments were available when they did. Some patients did not find it easy to make an appointment with a preferred GP. Routine and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that 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 good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality of care.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and involved in practice developments.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. There was a named GP for older patients.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the national average.
- It was responsive to the needs of older people, and offered home visits (including to their patients in care homes) and urgent appointments for those with enhanced needs. It followed up all hospital admissions of over 75year olds within 72 hours of discharge from hospital.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority through the risk stratification tool. (Stratifying patients accordingly aids the delivery of good long term conditions management. By using a risk prediction approach it is possible to identify those people who are the most regular users of hospital services (and are at risk of re-admissions), then stratify them according to complexity of need and commission cost effective interventions to meet those needs.)
- Performance indicators for management of diabetes were at or above national average.
- The percentage of patients in the defined clinical risk groups who received a seasonal flu vaccination was higher than the national average.
- Routine longer appointments and home visits were available.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. Systems ensure patient recalls are highlighted.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There was a clinical lead for child safeguarding
- There were systems in place to identify, prioritise and follow up vulnerable 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 and who did not attend for appointments.
- Immunisation rates were high for all standard childhood immunisations with the majority of immunisations uptake for 2 years and under at 100% and those for five years old ranging from 85% to 100%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was above the national average at 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses, for example antenatal midwifery care and post-natal child surveillance was offered within the practice and monthly meetings took place with the health visitor to discuss any SG concerns)

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The 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. For example the practice offered morning and evening appointments, face to face or via the telephone.

Good



Summary of findings

- 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.
- They offered a number of specialist in house clinics such as musculoskeletal opinions, joint injections and minor surgery.
- They offered a number of additional in house services including counselling, physiotherapy and phlebotomy.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice had a clinical safeguarding adults lead and a register of vulnerable adults was held. Regular discussions around adult safeguarding concerns took place at clinical and multi-disciplinary meetings
- Vulnerable adults had an alert on their records so that staff were aware and could prioritise them if they requested an appointment.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were familiar with patients from this group and knew and understood family dynamics.
- 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The practice had a mental health and dementia lead. They carried out memory testing for dementia on site at the practice and were able to signpost patients experiencing poor mental health to access various support groups and voluntary organisations.

Summary of findings

- It carried out advance care planning for patients with dementia and 95% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 100% of people experiencing poor mental health had a comprehensive, documented care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- All patients with poor mental health were given extended appointments.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing around and higher than average in some questions asked. There were also areas for improvement where the practice was performing below average. There were 118 responses which represented a 35.4% completion rate for surveys sent out and 4% of the patient list. The results showed:

- 81% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 50% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 91% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 84% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 70% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 63% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. All patients we spoke with and comments reviewed told us staff were caring and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were responded to and they felt the service was excellent at this practice.

Areas for improvement

Action the service **MUST** take to improve

There was an area where the provider must improve, this was:

The practice must ensure accurate recording of medicine fridge temperatures and ensure the correct procedures are followed if the temperatures fall outside of the required range for temperature sensitive medicines.

Action the service **SHOULD** take to improve

There were areas where the provider could make improvements and they should:

- Implement patient specific directives (PSDs) for administration of medicines by non-registered nurses.
- Implement a Legionella action plan to ensure water supplies are monitored and safe.
- Make the business continuity plan easily accessible to all staff.
- Implement a system to record actions taken when national patient safety and other relevant alerts and guidance are followed.
- Appoint a suitably experienced and qualified infection control lead.
- Hold a stock of children's defibrillator pads.

The Village Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to The Village Medical Centre

The Village Medical Centre is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 7500 patients living in Wirral. The practice is situated in a purpose built health centre. The practice has three male GPs and four female GPs, a practice manager, practice nurses, administration and reception staff. The Village Medical Centre holds a Primary Medical Services (PMS) contract with NHS England.

The practice is open: Monday to Friday 8am – 6.30pm and remains open over lunchtime.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in the Wallasey area of Wirral. The practice population is made up of a slightly higher than average elderly population with 31% of the population

aged over 65 years old. Fifty four percent of the patient population has a long standing health condition and there is a lower than national average number of unemployed patients (1.7%).

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider (Wirral GP Out of Hours service) via NHS 111 for help. Information regarding out of hours services is available on the website and on the telephone message.

Why we carried out this inspection

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

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.

How we carried out this inspection

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

Detailed findings

- 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 living in vulnerable circumstances

- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

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 also a recording form available on the practice's computer system.
- Staff told us there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents.
- The practice carried out a thorough analysis of the significant events and reviewed them individually as required.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patient safety alerts were disseminated by the practice manager to relevant staff. However we found that the alerts were not documented as having been actioned.
- When there were unintended or unexpected safety incidents, people received support and an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice could demonstrate safety through having risk management systems in place for safeguarding and health and safety including infection control and staffing. Improvements were needed to the safe management of medicines, in particular the safe storage of temperature sensitive medicines.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. Staff had access to relevant local safeguarding authority policies and procedures. Contact details and process flowcharts for both child protection and adult safeguarding were displayed around the offices and treatment rooms. There were clinical leads for safeguarding adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to

their role. The practice had systems for identifying and alerting children and vulnerable adults who were at risk. The practice held regular safeguarding meetings with the multi-disciplinary team.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. All staff who had acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure.
- Historic paper patient records were stored securely off site. Electronic records were secure and password protected. Computer screens were not visible to patients in the reception area.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean, tidy and fit for purpose. The current infection control lead had not received an appropriate level of infection prevention and control training. Plans were in place to delegate infection control responsibilities to the lead practice nurse. There was an infection control policy and related procedures in place. Staff had received update training. An infection control audit had been undertaken in 2014 and we saw evidence that action was taken to address any improvements identified as a result. However not all actions had been completed, for example the recommended hardwiring of the fridge. A re audit was due to be undertaken shortly by the community team. The practice had a Legionella risk assessment undertaken in 2014, however no action had been taken since and as a result of the risk assessment, for example they did not undertake regular monitoring of water temperatures.
- The arrangements for managing emergency drugs, non-temperature sensitive medicines storage and security of prescription pads were safe. Medication audits were carried out with the support of the local CCG medicines management teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use.
- The arrangements for managing vaccinations and other temperature sensitive medicines in the practice were

Are services safe?

not safe. We found one of the medicine fridges had recorded readings of maximum temperatures that were outside of the required range for safe storage for the last five months. In November the maximum temperature log had been reset and was then showing temperatures to be within the normal range. There was a risk that a breach in the cold chain had occurred and the efficacy of the medicines stored within the fridge may have been compromised. Staff monitoring the fridges had not followed protocol to report the out of range temperatures. The practice responded by immediately quarantining the medicines and contacting the medicines management and screening and immunisations teams for advice on the efficacy of the medicines and further actions to take. A significant event was logged in order to analyse what had happened and to reduce the potential for a recurrence.

- The healthcare assistant (HCA) followed patient group directives when administering vaccinations. They should carry out this practice by following patient specific directives (PSDs). This was brought to the attention of the practice who immediately responded and commenced implementation of appropriate patient specific directives for the HCA. PSDs are the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- Recruitment checks were carried out. We looked at six staff files and these showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS).

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 were health and safety policies and procedures in place. The practice had undertaken general environmental, COSHH and fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks. There were no child size defibrillator pads available. There was also a first aid kit and accident book available.
- There were emergency medicines available in the nurse's room.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was not easily accessible to staff as it was held in the manager's office and staff were not aware of its location.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

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 peoples' needs.
- Latest guidance and protocols were disseminated through the team by various means such as one to one meetings, staff meetings and update training.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Services provided were tailored to meet patients' needs. For example routine extended appointments in the morning and long term condition reviews conducted in extended appointments. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the palliative care register, vulnerable and at risk children. The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Consent was obtained and recorded for minor procedures such as joint injections.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening

programmes to monitor outcomes for patients. Current results were 97.7% of the total number of points available, compared to a national average of 94.2% with 4.5% exception reporting. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed

- Performance for diabetes related indicators were at or above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was similar to the national average.
- Cervical smear screening uptake for women was similar to the national average.
- Childhood immunisation rates were consistently higher than average.
- Clinical audits demonstrated quality improvement.
- We looked at a sample of four clinical audits completed in the last two years; these were all completed audits where any improvements made or needed were implemented and monitored. All of these audits (atrial fibrillation treatment, contraceptive implants, minor surgery and joint injections) demonstrated positive outcomes for patients had been achieved.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff, including locum and trainee GPs.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and

Are services effective?

(for example, treatment is effective)

facilitation and support for the revalidation of doctors. All staff had an annual appraisal and the GPs had recently been re validated or were preparing for their forthcoming revalidation.

- The practice was a training practice and occasionally had medical students and trainee GPs working at the practice. They were fully supported by GP trainers and the team in their training and development.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and training events. We saw evidence that demonstrated all staff were up to date with their relevant training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered in house support and signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 82%, which was similar to the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were high with the majority of immunisations given attaining 100% of eligible children. Child non-attenders were followed up. Flu vaccination rates for the over 65s were 76%, and at risk groups 54%. These were around the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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 and that 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 15 patient CQC comment cards we received were positive about the caring service experienced. Patients said they felt the practice offered a good service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with five patients including one member of the patient participation group. They also told us they were very 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.

Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Comments also told us that staff listened to them, provided them with options of care and gave appropriate advice and treatment for their specific condition. Patients with long term conditions, vulnerable patients and those with children told us they were given good care, were listened to and time given to them.

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

- 94% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 93% said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 90% said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Some results were below local and national average for example:

- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey were around average or above for questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 94% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.
- 84% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85 %.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and patients told us they were well supported if

they were also a carer. The practice had identified and held a register of its carers. The PPG had held events to support carers and in dementia awareness. Written information was also available for carers to ensure they understood 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 identified its patient population needs and worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

There was an active patient participation group (PPG) and we spoke with one member on the day of inspection. The PPG worked well with the practice and represented patients' views. They had quarterly meetings with the practice staff and good information exchange took place. We were told that the practice listened to the views of the PPG and were given examples of how improvements had been made as a result of feedback from the PPG. For example, a revamp of the waiting area and organisation of the notice boards.

The PPG helped to carry out annual patient surveys and encouraged comments and concerns to be raised by patients and staff with information around the practice advising how they could do this.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were routine longer appointments available in the morning and longer appointments for people with a learning disability and poor mental health.
- There were longer appointments available for people with multiple diseases/conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice offered morning and evening appointments with telephone consultations also available.
- The practice was accessible to disabled patients and all the treatment/consultation rooms were on the ground floor.
- Smoking cessation and health promotion services were available.
- There was a weekly antenatal clinic held at the practice with the community midwife in attendance.
- Access to translation service for patients whose first language was not English.

The practice had dedicated clinical leads for the various patient groups and conditions.

Access to the service

The practice was open: Monday to Friday 8am – 6.30pm

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available and some routine appointments were available on the same day. Appointments and repeat prescriptions could be booked online and patients we spoke with on the day told us this was a very useful service.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was slightly lower than local and national averages. For example:

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 75%.
- 81% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 70% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

The views of patients we spoke to on the day were mixed. Some patients told us they had no issues with accessing appointments, waiting times or getting to see a preferred GP, whilst two patients told us they had difficulty getting through to the practice on the telephone; however once they got through they were able to get a suitable appointment that day.

There were three male GPs and four female GPs working at the practice. The practice was also a teaching practice and had medical students and trainee doctors working there on occasions. There was a mix of female and male GPs to enable patient choice.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 for example information in the waiting/reception area and a specific information leaflet regarding how to make a complaint.

- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a statement of purpose, vision and an ethos to be the patient's advocate and provide high quality healthcare.

- The practice had a strategy and was currently considering business plans relating to achieving larger premises to enable future developments in service provision.

Governance arrangements

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, staff were familiar with and that they could all access.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' outcomes.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through an active PPG, surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents the practice gave affected people support and an apology

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

- Regular staff meetings, partner meetings and clinical and multi-disciplinary meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management in 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS friends and family test and complaints received. There was an active PPG which met on a regular basis, helped to carry out surveys and submitted proposals for improvements to the practice management team.
- The practice had also 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.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. Training and development was encouraged and supported.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example in the care/treatment of children, elderly patients, those with long term conditions and those with learning disabilities and poor mental health.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Temperature sensitive medicines were not stored and managed safely. Policies and procedures to ensure safe, temperature controlled storage were not followed. Regulation: 12 (2) (g)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	