Wombwell Medical Centre Practice

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wombwell Medical Centre Practice on 16 December 2014. Overall the practice is rated as inadequate.

While we assessed this practice as providing a caring service and rated this as good, improvements are needed to assure safe, effective, responsive and well led services. Improvements were also required with respect to services for the specific population groups, namely for 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 and people experiencing poor mental health (including people with dementia).

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments.
- Information about services and how to complain was available and easy to understand.

The areas where the provider must make improvements are:

- Ensure there are systems to regularly assess and monitor the quality of the service, and that governance arrangements are in place and staff are aware how these operate.
- Ensure that patients are safeguarded against the risk of abuse.
- Ensure that patients, staff and others are protected against identifiable risks of acquiring healthcare associated infections.
- Ensure medicines are managed appropriately.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appropriate support and training to fulfil their roles

In addition the provider should ensure that:

- There are systems to support staff to learn from events and incidents.
- Safety alerts circulated to relevant members of the clinical team have been acted upon.
- Audits of practice are undertaken, including completed clinical audit cycles.
- The needs of the local population are fully identified and taken into account when planning services.
- Services are planned and delivered in conjunction with other services.
- All staff have appropriate policies, procedures and guidance to carry out their role.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not always carried out and lessons learned were not shared with staff to support improvement. Systems and processes to address risks, such as safeguarding, were not implemented well enough to ensure patients were kept safe. Some staff had not completed safeguarding training, the management of medicines was ineffective and there were shortcomings in infection control and emergency procedures.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Knowledge of and reference to national guidelines were inconsistent. We saw no evidence that audit was effective in driving improvement in performance to improve patient outcomes. Outcome indicators for patients were average or below average for the locality. Some multidisciplinary working was taking place but this was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Urgent appointments were usually available the same day. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Although the practice was aware of the needs of its local population, it had not put in place plans to secure improvements. Patients who did not attend review appointments were not followed up. There was limited working with other local services, such as health visitors and midwives. Feedback from patients reported that access to their preferred GP was usually good but they often had to wait too long after their scheduled appointment time to be seen. Patients could access information about how to complain. However, there was no evidence that there was any learning from complaints that had been shared with staff.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led as there are areas where improvements should be made. It had a vision to provide good patient care but had not developed a strategy or effective plans to ensure this was consistently implemented. The practice had sought feedback from patients and had recently supported the development of a patient participation group. There were no documented leadership structures and not all staff had been provided with job descriptions. The practice had some policies and procedures to govern activity, but there was no formal system of management or governance meetings. New staff had not received appropriate inductions. Some staff had not received regular performance reviews or attended staff meetings or development events.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe and for well-led and requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. Services were available to screen older patients for cognitive decline and where appropriate make referrals to the local memory clinic. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. However, care and treatment of older people did not always reflect current evidence-based practice. Nationally reported data (QOF) showed that outcomes for patients for conditions commonly found in older people were mixed. For example, outcomes for asthma, cancer, and hypertension were significantly lower than the CCG and national averages.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. The provider was rated as inadequate for safe and for well-led and requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients with long term conditions were seen by the practice nurses at specialist clinics. Nursing staff had lead roles in chronic disease management. However, clinic appointments were not coordinated so as to reduce the number of separate visits for patients with multiple conditions. Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and for well-led and requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were no systems in place to identify and follow up children living in disadvantaged circumstances or children who were at risk. For example, children and young people who had a high number of A&E attendances. There was limited liaison with health visitors and the practice had been slow to make improvements recommended following a serious case review.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people. The provider was rated as inadequate for safe and for well-led and requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. The age profile of patients at the practice was mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group. Information about extended hours for appointments was unclear. Health promotion advice and screening was offered but the practice was not proactive in following up patients who failed to attend.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances make them vulnerable. The provider was rated as inadequate for safe and for well-led and requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice did not hold a register of patients living vulnerable circumstances including homeless people and travellers. Some staff had not received role related safeguarding training. Safeguarding concerns were not consistently reported and learning from incidents was not routinely shared. There was limited multi-disciplinary team working in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice was rated as inadequate for the care of people experiencing poor mental health. The provider was rated as inadequate for safe and for well-led and requires improvement for effective and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. The staff used the practice clinical system to identify patients experiencing poor mental health. We were told the practice wrote to these patients offering them review appointments but did not follow up those that did not attend. There was no evidence of patients receiving medication for mental ill-health being regularly monitored. Practice data collected by Public Health England indicated that the practice's performance was significantly lower than the England average for indicators such as; the proportion of patients with mental health concerns who had a comprehensive care plan and patients newly diagnosed with depression who had received a review within 35 days.

Summary of findings

What people who use the service say

During our visit we spoke with seven patients and reviewed six completed CQC comment cards.

Patients were generally complimentary about the staff and the care and treatment they received. They told us they were pleased with the service they received and had been treated with care and compassion. They said they could usually get an appointment when they wanted one but some said they often had to wait too long after their appointment time to be seen.

The results of the most recent (July 2014) national general practice survey indicated that of the 107 patients (33% response rate) who had responded by the time of our visit found the practice performing better than the average for all practices in the CCG in the following areas:-

- 94% said the last nurse they saw or spoke to was good at treating them with care and concern (CCG Average 82%).
- 93% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG Average 81%).
- 71% with a preferred GP usually get to see or speak to that GP (CCG average 59%)

But the practice was worse than the average for all practices in the CCG in the following areas:-

- 79% said the last GP they saw or spoke to was good at giving them enough time (CCG average 86%).
- 77% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 82%).
- 44% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%).

Areas for improvement

Action the service MUST take to improve

- Ensure there are systems to regularly assess and monitor the quality of the service, and that governance arrangements are in place and staff are aware how these operate.
- Ensure that patients are safeguarded against the risk of abuse.
- Ensure that patients, staff and others are protected against identifiable risks of acquiring healthcare associated infections.
- Ensure medicines are managed appropriately.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure staff receive appropriate support and training to fulfil their roles.

Action the service SHOULD take to improve

- Ensure there are systems to support staff to learn from events and incidents.
- Ensure safety alerts circulated to relevant members of the clinical team have been acted upon.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure the needs of the local population are fully identified and taken into account when planning services.
- Ensure services are planned and delivered in conjunction with other services.
- Ensure all staff have appropriate policies, procedures and guidance to carry out their role.

Wombwell Medical Centre Practice

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 second CQC Inspector, a GP and specialist advisor with experience of GP practice management.

Background to Wombwell Medical Centre Practice

Wombwell Medical Centre Practice is located approximately five miles from Barnsley. The practice provides primary medical care services for approximately 9680 patients under the terms of the nationally agreed NHS General Medical Services contract. The practice catchment area, which includes Wombwell and Hemingfield, is classed as within the group of the fourth more deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Barnsley CCG area.

There are three GP Partners (two male and one female) at the practice. They each perform 7.5 or 8 clinical sessions a week. There are also two part-time Salaried GPs (one male and one female) who each perform 4 clinical sessions a week. The GPs are supported by three practice nurses, two healthcare assistants and an administrative team.

The practice reception is open from 8.00am until 6.00pm each weekday. GP appointments are available from 8.00am to 11.20am each weekday morning and 2.00pm to 6.00pm weekday afternoons, except Wednesdays. Minor surgery, diabetes, asthma, family planning, antenatal and mother & baby clinics are run each week. Out of hours care is provided by Care UK.

When the practice was inspected in December 2013 we found that systems to regularly assess and monitor the quality of the service were ineffective and issued the practice with a compliance action. We also advised the practice that; staff were unclear about whistleblowing procedures, there was no nominated lead for infection control and staff training arrangements were unclear. When we revisited the practice in July 2014 to check what they had done to improve we found that the practice had made improvements in assessing and monitoring the quality of the service, including gathering feedback from patients.

The CQC intelligent monitoring (December 2014) placed the practice in band 1. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band 6 representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Wombwell Medical Centre Practice is registered to provide; diagnostic and screening procedures, family planning, maternity and midwifery services surgical procedures and the treatment of disease, disorder or injury from Wombwell Medical Centre Practice, George Street, Wombwell, Barnsley, South Yorkshire, S73 0DD.

Detailed findings

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. This inspection was planned to check whether the provider was 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 information that we hold about the practice and asked Barnsley Clinical Commissioning Group (CCG) and NHS England to share what they knew. We carried out an announced visit on 16 December 2014. During our visit we spoke with four of the GPs, the practice manager and two practice nurses and three members of the administration team. We also spoke with seven patients who used the service and reviewed six comment cards where patients shared their views and experiences of the service.

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

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

We also looked at how well services 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)

Inadequate

Are services safe?

Our findings

Safe track record

Systems, processes and practices were not always reliable or appropriate to keep people safe. The practice did not routinely use information such as significant events or clinical audits to identify risks and improve patient safety. Monitoring whether safety systems were implemented was ineffective. For example, there was no system to check whether safety alerts received by the practice manager and circulated to relevant members of the clinical team had been acted upon.

The staff we spoke to were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. However, several members of staff told us they were not aware of any whole practice team meetings and they had not been involved in discussions about learning from incidents.

Learning and improvement from safety incidents

Safety concerns were not consistently identified or addressed. The practice did not have an effective system for reporting and recording significant events. We were provided with summaries of four significant events that had occurred during the last 12 months. Only one of the GPs had identified significant events and none had been recorded since April 2014. Staff had differing perceptions of arrangements for managing significant events. Some members of staff told us information about significant events was shared at the weekly practice meetings. However, there were no written records of the meetings, investigations or evidence of reviews to evidence that any actions had been implemented. There was little evidence of learning from events or action taken to improve safety.

Reliable safety systems and processes including safeguarding

There was insufficient attention to safeguarding children and adults. The practice did not have effective systems to manage and review risks to vulnerable children, young people or adults. Safeguarding information, including the name of the CCG Lead, was available to all staff on the practice intranet. Staff told us they would report any concerns to one of the GPs. However, some of the staff we spoke with said they had not received relevant role specific training. None of the GPs, including the safeguarding lead, had completed level 3 children's safeguarding training. The practice had not adopted GMC guidance or the Royal College of Paediatrics and Child Health Intercollegiate guidance on safeguarding training.

We were told of one incident involving a vulnerable adult who had been brought to the practice with significant injuries. A member of staff provided emergency care and directed the patient and carers to the local accident and emergency unit. We were told the incident was written up as a serious incident but no safeguarding referral was made and the incident was not discussed at a practice meeting to share learning.

In another incident a child safeguarding concern had been reported by a health visitor. The subsequent Serious Case Review in April 2014 had identified weaknesses in communications between the practice and the health visitors. At the time of our inspection a recommended improvement action from the case review, i.e. to meet with the health visitor once a month, had not been implemented.

While there was no practice policy on the use of chaperones there were notices displayed to inform patients of the availability of chaperones. We were told that some of the reception staff had been trained by the nurses and were occasionally asked to act as chaperones if the nurses were unavailable. One member of staff told us when they acted as a chaperone they remained in the consulting room but stood out of sight of the actual examination. Where a chaperone is requested they should be positioned so as to be able to observe the examination and confirm it was conducted appropriately.

Medicines management

Systems, processes and practices to manage medicines were not always reliable or appropriate to keep people safe. Monitoring whether systems were implemented was ineffective. There were some concerns about the consistency of understanding of medicines management procedures and the number of staff who are aware of them.

Blank prescription forms were handled in accordance with national guidance and kept securely at all times. The practice was supported by a pharmacist from the Clinical Commissioning Group (CCG) to audit the use of prescribed medicines. Repeat prescriptions were reviewed and signed by a GP before they were issued. The GPs also carried out medication reviews opportunistically. We were told the

reception staff would alert the GPs to any reviews that were significantly overdue. In such cases the GPs completed the review but did not always recall the patient for a review appointment. There were no practice protocols for medication reviews and there were no examples of any medication review audits having been completed.

Processes to check that stocks of medicines were within their expiry date and suitable for use were ineffective. Expired and unwanted emergency medicines had not been disposed of in line with waste regulations. We were told that each GP was responsible for stocking and checking that the medicines in their bags were appropriate and within their expiry date. There was no documented practice protocol or system to check that medicines carried in GPs bags were within their usable date. We were also told that one of the GPs carried a supply of a schedule 2 controlled drug (diamorphine) in their bag for home visits. There were no systems or protocols to check that controlled drugs were used appropriately, stored securely, that access to them was restricted or that there were arrangements in place for their destruction.

The practice had not put in place a policy to inform staff of the correct procedures for the safe management of medicines. There were no systems or protocols to ensure that medicines were kept at the required temperatures or that action was taken in the event of a failure of the cold chain. We checked the temperature records of three medicines refrigerators at the practice. All three refrigerators contained medicines or vaccines which were marked with a requirement for storage at a temperature between 2 degrees and 8 degrees Celsius. From the temperature records shown to us we saw that the records for one of the refrigerators was incomplete and did not include a record for each working day. The records also indicated that all three refrigerators had repeatedly exceeded 8 degrees Celsius during the previous three months. No actions had been taken by the staff to report or investigate the risk of a breach of the cold chain. Before completing our inspection we told the practice they must obtain advice on the storage and disposal of medicines and vaccines from Public Health England as a matter of urgency.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. Patients said they found the practice clean and had no concerns about cleanliness or infection control. Daily checks were carried out by the staff to assess standards of cleanliness. Detailed daily and weekly cleaning schedules had recently been prepared by the practice manager but these had not been put into operation at the time of our visit. Systems, processes and practices to manage cleanliness and infection control were not always reliable or appropriate to keep people safe. Monitoring whether systems were implemented was ineffective.

Treatment rooms were fitted with impermeable flooring and seating. Facilities were available for the segregation and disposable of clinical waste, including sharps. Hand washing materials were available. However, we noted that there were no paper towels in one of the GP consulting rooms. In addition in one of the nurse treatment rooms and one of the patient toilets paper towels were left unwrapped on a worktop next to the sink and on a toilet cistern. Paper hand towels should be stored in wall mounted dispensers to reduce the risk of contamination and the spread of infection.

Separate named lead members of staff were responsible for infection control in clinical and non-clinical areas of the premises. Neither of the infection control leads had received training in infection control. Other staff we spoke with were unaware of who had lead responsibility for infection control. There was no infection control policy to advise and inform staff about infection and prevention control requirements. The practice had not considered recommended Department of Health guidance on the prevention and control of infections (The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance).

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of servicing and calibration of equipment such as weighing scales in the treatment rooms. However calibration of medicines refrigerator temperature probes had not been carried out.

Staffing and recruitment

Inadequate

Are services safe?

The practice recruitment policy set out the standards it followed when recruiting clinical and non-clinical staff. It included provisions to ensure; job descriptions and specifications existed for advertised posts, Disclosure and Baring Service (DBS) checks were carried out and new staff received an induction. The policy also required a DBS check of existing staff every five years. We looked at staff personal files and found that DBS checks had not been obtained for any of the non-clinical staff, including those who acted as chaperones. There was no evidence of risk assessments having been completed to determine whether DBS checks were needed.

There was no system to check that the practice nurses had maintained their professional registration with the Nursing and Midwifery Council. Before our inspection visit we checked the GMC Register and confirmed that all the GPs were registered and licensed to practice.

The most recently appointed member of staff, the practice manager, had been in post for approximately eight months. The practice had not carried out adequate recruitment checks prior to their employment. They had not; received an adequate induction, been issued with a job description or given clear guidance as to the extent of their role and responsibilities. There was no competency framework for the practice manager role or assessment of their learning and development needs to enable them to adequately fulfil the role.

Monitoring safety and responding to risk

There were no systems to identify and respond to risks to patients, such as deteriorating health, well-being or medical emergencies. There was no evidence of emergency processes in place for patients with long-term conditions, children or acute pregnancy complications. There was no evidence of patients receiving medication for mental ill-health being regularly monitored. The practice did not maintain a risk log or records to show that risks were discussed at GP partners' meetings, other practice team meetings or were logged or managed.

Arrangements to deal with emergencies and major incidents

The practice did not have arrangements in place to safely manage emergencies. We were told that staff had completed annual basic life support training. Emergency equipment was available including oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Records confirmed that the equipment was checked regularly. Emergency medicines were available but not all staff knew of their location.

The practice did not have a business continuity plan to deal with emergencies or major incidents, such as power failure, adverse weather or unplanned sickness, which may impact on the daily operation of the practice. Fire alarms were tested weekly but there were no records of any fire risk assessments or fire evacuation drills.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients' needs were not always assessed and care and treatment was not consistently delivered, in line with current legislation, standards or evidence-based guidance. For example, we were told that two of the GPs were nominated as clinical leads for diabetes and heart disease. However, other GPs we spoke with were not able to describe the clinical protocols for the management of these conditions. There was no protocol for medicine reviews. There was no system to share information about new clinical guidelines produced by the National Institute for Health and Care Excellence (NICE). There was no evidence of risk profiling or risk stratification being used to ensure that patients' needs were assessed and care planned and delivered proactively.

We were told that there was no discrimination when making care and treatment decisions, for example with respect to age, gender, race or culture.

Management, monitoring and improving outcomes for people

The practice did not routinely assess or compare its performance in terms of patient outcomes against other practices in the Clinical Commissioning Group (CCG) area. The practice did not participate in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area.

Before our inspection visit we asked the practice to send us evidence that the quality of treatment and services had been monitored within the last 12 months. The practice told us that the patients with long term conditions (chronic diseases) were continually monitored in line with Quality Outcome Framework (QOF) requirements. They said monthly searches of the practice clinical system were used to identify and recall patients for reviews. They also told us that newly diagnosed patients with long term conditions who required monitoring were assigned to a clinician within the practice or where necessary referred to secondary care. The practice told us that searches were also carried out to identify patients aged over 40 and eligible for a NHS Health Check.

We checked the information sent to us against the QOF results for 2013-14. We saw that the practice achieved 564.80 points out of a total 894.00 (62.8%) in 2013-14.This performance was 27.8% below the CCG average and 30.8% below the England average. Practice data collected by Public Health England also indicated that the practice's performance was significantly lower than the England average in a number of areas. These included; referral of newly diagnosed patients with diabetes to an education programme, patients with mental health concerns who had a comprehensive care plan, patients newly diagnosed with depression who had received a review within 35 days and patients with cancer who had been reviewed within three months of diagnosis.

Individual GPs had completed clinical audits as part of their requirements for annual appraisal and revalidation. During our inspection visit we were provided with examples of these audits. One involved an audit of medication prescribed for the treatment of heart failure. The subsequent re-audit of the heart failure medication however did not show any increase in the number of patients being treated in accordance with national guidance and receiving optimised dosages of medication. There was no clear practice rationale for the use of clinical audit to improve patient care and outcomes and no evidence of audits being discussed or evaluated by the practice clinical team.

Separate chronic disease management clinics were run by the three practice nurses. For example, for patients with diabetes, asthma, COPD or heart disease. There were no arrangements to coordinate appointments in order to reduce the number of visits to the practice for patients with multiple conditions. There was no evidence of clinical audits having been completed to improve the management of chronic diseases and outcomes for patients. Baby clinics were managed by a practice nurse. Medication details (batch numbers/expiry dates) of vaccinations were prepopulated by a member of the non-clinical staff and checked and added to the individual patient record by the nurse administering the vaccine. The practice told us that this 'one click' system made more clinical time available to patients.

Effective staffing

The practice employed medical, nursing, managerial and administrative staff. All the GPs had arrangements in place for their annual appraisal and had either undergone

Requires improvement

Are services effective?

(for example, treatment is effective)

professional revalidation or had a date scheduled for their revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

The administrative staff we spoke with could not recall when they last had an appraisal. The practice manager told us that appraisals were underway but was unable to provide any staff appraisal records. There were no training records or training and development plans for the administrative staff. Some practice nurses had received annual appraisals but were expected to identify their own training needs. It was unclear whether they were sufficiently supported and allowed time to attend relevant training sessions. We saw evidence that one of the nurses had completed training in the administration of immunisations and paediatric spirometry.

Working with colleagues and other services

The practice manager and GPs did not routinely attend locality or peer review meetings. We were told that given the workload pressures it was considered more important to focus on patient care.

The practice did cooperate with some other local service providers to meet patient's needs. Blood test results, X-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service were received both electronically and by post. The GP who received these documents or had requested the test results was responsible for the action required. There were systems to ensure that letters and results were checked when GPs were absent.

The practice GPs and nurses held separate clinical meetings. There were no arrangements to share the records of the meetings. The community matron visited the practice each week but there were no formal arrangements to meet with the rest of the primary healthcare team or palliative care staff.

Information sharing

Staff used an electronic patient record to coordinate, document and manage patients' care. Coding of carers to identify them on the system had recently been improved and the practice was exploring ways to identify housebound patients. Information and messages, for example patients requesting a telephone consultation with a GP, were shared with staff using message pads or paper printouts in preference to the electronic messaging supported by the practice IT system. The new practice manager had been involved in training and developing the staff to make better use of the practice's IT systems and reduce the use of paper based systems.

Consent to care and treatment

We found that staff were generally aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. The clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. Some clinical staff were unfamiliar with the deprivation of liberty safeguards and it was unclear how they would identify potential concerns for example, when visiting patients in residential care settings or prescribing certain medicines. Staff told us they did not often see patients who lacked capacity. Where they did they involved carers or relatives to support the patient. Where no carer or relative was available staff sought advice from the mental health team.

Clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

It was practice policy to ask all new patients to complete a health questionnaire and offer them a health check with the practice nurse. Patients who were receiving repeat medicine were referred to one of the GPs. All patients aged over 75 years were offered an annual health check. The practice also offered NHS Health Checks to patients aged 40 to 74 years who were identified as infrequent users of primary care services.

The staff told us that advice was offered on smoking cessation and patients were also referred to specialist health promotion or lifestyle clinics. Patients were encouraged to participate in screening programmes but other than cervical screening they were not routinely followed up if they did not attend.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations. Recall arrangements were in place for older patients requiring

Requires improvement

Are services effective?

(for example, treatment is effective)

seasonal influenza, pneumococcal and shingles immunisations. Performance for 2013-14 for childhood immunisations was similar to the averages for the CCG, and there was a policy for following up non-attenders.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction from the national patient survey (July 2014). Of the 107 patients who had responded to the survey 94% said nurses at the practice treated them with care and concern. Similarly 93% said the nurses were good at explaining tests and treatments. These results were better than the averages of 82% and 81% for other practices in the CCG.

Responses for the GPs were slightly lower than those for other practices in the CCG. Of those that responded 79% said their GP was good at giving them enough time and 77% said their GP was good at explaining tests and treatments. In comparison the average for all practices in the CCG were 86% and 82% respectively.

Patients completed CQC comment cards to tell us what they thought about the practice. We received six completed cards all of which were positive about the service experienced. Patients said they felt the practice offered an excellent service and the staff were very caring. These views were also supported by the patients we spoke with during the inspection visit.

In response to comments made by patients the waiting room seating had been moved away from the reception desk to improve the privacy of patients speaking to staff at the reception desk. There was also a private room available for patients who preferred not to discuss their care and treatment at the reception desk.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

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 supported by staff to make an informed decision about the choice of treatment they wished to receive. The most recent national GP survey found that 83% of patients who responded said the last GP they saw or spoke to was good at listening to them, 78% said the GP was good at involving them in decisions, and 76% said the GP was good at explaining test results. These responses were similar the average for all practices in the CCG area.

We were told that patients with dementia were helped to develop care plans. We were also told that children and young people were treated in an age-appropriate way, recognised as individuals and reassured that their consultation was confidential. For example respecting the young person's preference not to have their parent present during their consultation.

Patient/carer support to cope emotionally with care and treatment

Notices in the patient waiting room and patient website advised patients how to access a number of support groups and other local services. The practice's computer system alerted GPs if a patient was also a carer. Staff told us that patients who have experienced bereavement were signposted to support agencies such as CRUSE. The patients we spoke with on the day of our inspection and the comment cards we received also indicated that staff responded compassionately when they needed help and provided support when required. Patients told us how they had been supported as carers and also when referred for urgent care at the local hospital.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice population included a number of patients originally from eastern Europe. The practice had male and female GPs and had recruited a salaried GP who spoke Polish. Other GPs were able to access translation services and offered extended appointments where appropriate. Patients were able to book appointments and request repeat medicines using the practice's on-line service. All the GPs offered home visits for patients, such as those with long term conditions who found it difficult to attend the practice. Same day urgent appointments were available for children and babies.

The practice worked with the palliative care team in relation to specific patients but did not hold regular palliative care meetings at the practice. We were told that anticipatory medicines were prescribed and where appropriate Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were faxed to out of hours services.

The practice had recently established a patient participation group (PPG). We spoke with two members of the PPG. They told us the group was still in the early stages of development but had met three times and between six and eight members attended each meeting. They could ask for items to be added to the agenda for discussion and had made suggestions for improvements, for example to the appointments system. They said they felt their views were listened to and taken seriously by the practice.

Tackling inequity and promoting equality

The practice was situated in purpose built primary care premises. Office and administrative space was on the first floor. Patient consultation and treatment rooms were all located on the ground floor. Access to the practice was via a shallow ramp and automatic doors. There was space in the entrance lobby for prams. The waiting area was large enough to accommodate patients with wheelchairs and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice, including baby changing facilities.

Services were available to screen older patients for cognitive decline and where appropriate make referrals to the local memory clinic. Patients with long term conditions were seen by the practice nurses at specialist clinics. The staff also used the practice clinical system to identify patients experiencing poor mental health. We were told the practice wrote to these patients offering them review appointments but did not follow up those that did not attend. Mother and baby clinics were held each week. However we were told midwives worked independently and there were no formal meetings with the clinical staff at the practice.

Access to the service

Information about the practice opening hours and access to services was available on the practice website and the practice leaflet. This included how to arrange appointments, home visits and request repeat prescriptions. There was an automated telephone service which allowed patients to manage their appointments at any time of the day. Routine appointments were available up to four weeks in advance.

We were told early morning and evening appointments were available to improve access for patients with work commitments. However, the practice leaflet and website stated only that appointments were available from 8am to 11.20am on weekday mornings and from 2pm to 6pm on weekday afternoons except for Wednesdays.

Patients we spoke with were generally satisfied with the appointments system. They said the staff were helpful and tried to accommodate their preferences. They confirmed that they could usually see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. Patients also commented that they often had to wait after their booked appointment time with the doctor to be seen. This was reflected in the results of the national GP patient survey (December 2014). Of the 107 patients who responded only 44% said they usually had to wait 15 minutes or less after their appointment time to be seen. This percentage was significantly lower than the CCG average of 62%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Information about the complaints procedure was available on the practice website and practice leaflet. Copies of the practice complaints form were available in the reception area. The form explained the complaints

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

procedure and which member of staff was responsible for managing complaints. Patients we spoke with were not aware of the process to follow if they wished to make a complaint. However, none of the patients we spoke with had ever needed to make a complaint about the practice.

The practice had received eight complaints in the last 12 months. We were shown summaries of each complaint and the action taken, however, there was no system for the annual review of complaints to identify themes or trends.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had completed a Statement of Purpose as required by the Health and Social Care Act 2008. The staff we spoke with told us the practice's main priority was to deliver good patient care. The staff placed high value on staff stability, understanding the needs of patients and continuity of care. They said there was a supportive and friendly culture among the staff. Staff also noted that there had been a greater emphasis on improving the service since the recruitment of the new practice manager.

The practice had identified its main priorities as; meeting the increase in patient demand in terms of numbers, expanding the number of clinical staff, introducing electronic prescribing and improving privacy in reception. The new practice manager was conscious of the need to improve planning and organisation within the practice. They had set about developing a long term action plan and had initially focussed on preparing a three month Practice Development and Business Action Plan for 2015. The plan included actions, such as staff recruitment, IT training for staff and staff development reviews for the period January to March 2015. However, it was unclear what measures or management arrangements were in place to monitor and manage achievement of the practice's priorities. Staff did not understand how their role contributed to achieving the strategy. The governance arrangements and their purpose were unclear and there was no monitoring of performance.

Governance arrangements

The governance arrangements and performance management were ineffective. There had been no recent review of governance arrangements within the practice, development strategy or information used to monitor performance. Roles and responsibilities were not documented. Not all staff had been issued with current job descriptions. Annual appraisal of non-clinical and some nursing staff had only recently been introduced.

The practice had not taken advantage of data available from the Quality and Outcomes Framework (QOF) to measure or benchmark its performance. QOF is a voluntary annual incentive scheme that rewards GP practices for implementing systematic improvements in quality of care for patients. The QOF data for this practice showed it had performed significantly lower (30.7% lower in 2013-14) than national standards. QOF data was not regularly discussed at practice meetings and no action plans were produced to maintain or improve outcomes. There was no formalised ongoing programme used to monitor quality and systems to identify where action should be taken. There was no system for identifying, recording and managing risks. Risk assessments had not been carried out and there were no action plans. There were no records of practice meetings to show that performance, quality and risks had been discussed.

Leadership, openness and transparency

The majority of staff had worked at the practice for many years. Until 2012 there were four GP partners. Following a retirement the three remaining GP partners had been assisted by two part-time salaried GPs. The practice had also recently appointed a new practice manager. We were told there were generally good working relationships among the staff.

The practice population had increased by over 500 over the previous year following the closure of a neighbouring practice and this had created additional pressures on the practice and staff. The GPs acknowledged they were managing significant workload pressures and as a result were prioritising attending to patient needs over other matters. They were alert to the need to improve the management of demand and increase clinical capacity within the practice.

Staff told us that there was an open culture within the practice and they were happy to raise issues with the senior GP partner or practice manager. We were told that there were regular staff meetings. Although some handwritten records of practice meetings were available it was unclear how information and agreed actions were circulated or shared among the practice team.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through a patient suggestion box located in the reception area, complaints, a patient survey and responses to the friends and families test. We saw as a result of patient suggestions the practice had improved the appointments system, introduced online booking and made changes to the reception area to improve privacy. There were no

Are services well-led?

Inadequate

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

arrangements for staff surveys. Feedback from staff was largely informal, either as and when issue arose or through 'team huddles' which staff told us were used to resolve problems.

Management lead through learning and improvement

Staff told us that learning and development events did take place from time to time. However, there were no formal training plans and opportunities for learning and development were identified 'as and when'. Multidisciplinary team meetings did not routinely take place and there were no arrangements for regular reviews of clinical practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that the registered person had not ensured that patients, staff and others were protected against identifiable risks of acquiring healthcare associated infections. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person had not ensured that specified checks had been carried out with respect to the suitability of staff employed at the practice. This was a breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered person had not ensured that staff were appropriately supported to enable them to deliver care and treatment to an appropriate standard. This was a breach of Regulation 23 of the

This section is primarily information for the provider

Requirement notices

Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person had not protected service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of the services provided and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.** Regulation 10(1)(a)(b), 2(a)(b)(c)(d).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **The registered person had not made suitable arrangements to ensure that service users are safeguarded against the risk of abuse.** Regulation 11(1)(a)(b).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines **The registered person had not protected service users against the risks associated with the unsafe use and management of medicines, by means of the making of**

This section is primarily information for the provider

Enforcement actions

appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13.