

Richmond Medical Centre

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

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 Richmond Medical Centre on 5 January 2016. Overall the practice is rated as good.

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

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and the national average.
- There was robust safeguarding systems in place for both children and adults at risk of harm or abuse.
- All staff had received Gillick Competence / Fraser Guidelines training.
- All members of staff including GPs had received Dementia Friends training.
- 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. All GPs, nurses and health care assistants had signed up to the NICE website and received email alerts of NICE updates.

- Flu vaccination rates for the over 65s were 80.75%, and at risk groups 52.16%. These were above national averages.
- The practice had up to date fire risk assessments and carried out regular fire drills. A fire action plan was on display informing patients and staff what to do in the event of a fire. The practice had a fire warden. We saw evidence that weekly tests of the fire alarm panel were carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care.
- 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.
- Not all risks to patients were assessed and well managed. The practice did not have a carpet cleaning schedule in place. Not all areas of the practice were cleaned in line with the practice cleaning schedule and guidelines.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure appropriate systems and processes are in place relating to infection control in line with national guidance, ensuring consulting and treatment rooms are cleaned as per practice cleaning schedule and guidelines and implementation of carpet cleaning schedules.
- Ensure a system of clinical supervision/mentorship is in place for nurse independent prescribers.

The areas where the provider should make improvement are:

- Ensure actions agreed to ensure lessons learned following discussion of a significant event are documented with timely review dates.
- Ensure records are kept of all completed significant event report forms received.
- Ensure multi-disciplinary meetings are recorded.

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 a 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 were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a written or verbal apology. They 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 patients safe and safeguarded from abuse.
- All blank prescriptions were recorded and signed out to GPs and nurse prescribers for use to ensure security of all prescriptions.
- The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a GP lead for prescribing of medicines.
- The practice had risk assessments in place including the control of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- A carpet cleaning schedule was not in place. Areas of the practice were not always cleaned in line with the practice cleaning schedule and guidelines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice held regular end of life care meetings.
- Clinical audits demonstrated quality improvement.

Summary of findings

- There was a GP lead for clinical governance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received training relevant to their roles and were up to date with all mandatory training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice either slightly below or comparable to 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. Patient information leaflets were available in numerous different languages for patients whose first language was not English, patients also had access to interpreter services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered extended hours appointments on a Monday evening until 8pm with both GPs and a nurse for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.

Summary of findings

- All members of staff had received Gillick Competency / Fraser Guidelines training.

Are services well-led?

The practice is rated as good for being well-led.

- The practice 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 and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



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 provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the national average.
- Those at high risk of hospital admission and with end of life care needs were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.
- The practice held regular end of life care meetings to review the needs of these patients.
- Flu vaccination rates for the over 65s were 80.75%, and at risk groups 52.16%. These were above national averages.

Good



People with long term conditions

The provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- Nursing staff had lead roles in chronic disease management such as diabetes and patients at risk of hospital admission were identified as a priority.
- There was a care coordinator in the practice for patients identified as at risk of hospital admission.
- Performance for diabetes related indicators was 96.5% which was better than the national average of 89.2%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- There was a nurse in the practice who specialised in diabetes management.
- The practice provided an in-house smoking cessation service.

Families, children and young people

The provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 practice's uptake for the cervical screening programme was 94.7%, which was higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered an 'adolescent' service which included access to emergency contraception.
- All members of staff had received Gillick Competence / Fraser Guidelines training.
- The practice provided sexual health advice and chlamydia screening.

Good



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Good



Summary of findings

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, extended hours appointments were available and online services such as ordering repeat prescriptions, appointment booking and access to patient care records for the convenience of patients who worked or had other commitments during the day. Patients could also view their patient care record online.
- 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.
- A range of health promotion and screening was available including NHS health checks, smoking cessation and travel advice and vaccinations.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and ensured care plans and regular reviews were in place.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. There were alerts on patient care records to alert clinicians of specific needs of vulnerable families and children.
- All staff have had received safeguarding children and adults training.

Good



Summary of findings

- All patients identified as vulnerable had a care plan in place which was reviewed regularly.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia.
- All members of staff including GPs have received 'Dementia Friends' training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing either slightly below or in line with local and national averages. 253 survey forms were distributed and 116 were returned. This represented a response rate of 45.8% of the practice's patient list.

- 68.8% found it easy to get through to this surgery by phone compared to a CCG average of 77.2% and a national average of 73.3%.
- 86.4% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.8%, national average 85.2%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 86.9%, national average 84.8%).

- 79.6% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.6%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients said that they were treated with dignity and respect and that staff were helpful, friendly and professional and able to see their preferred GP.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. 92% of patients who completed the friends and family test said they would recommend this practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure appropriate systems and processes are in place relating to infection control in line with national guidance, ensuring consulting and treatment rooms are cleaned as per practice cleaning schedule and guidelines and implementation of carpet cleaning schedules.
- Ensure a system of clinical supervision/mentorship is in place for nurse independent prescribers.

Action the service **SHOULD** take to improve

- Ensure actions agreed to ensure lessons learned following discussion of a significant event are documented with timely review dates.
- Ensure records are kept of all completed significant event report forms received.
- Ensure multi-disciplinary meetings are recorded.

Richmond Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Richmond Medical Centre

Richmond Medical Centre provides primary medical services to a population of approximately 9,079 patients in North Hykeham and the surrounding area. The practice provides services to patients residing in five residential care and nursing homes in the surrounding area.

In 2011 the practice were awarded the Quality Practice Award (QPA) by the Royal College of General Practitioners (RCGP). The QPA award is given to GP practices to show recognition for high quality patient care by all members of staff in the team.

The practice has a higher distribution of patients between the ages of 45-69 years of age and an even distribution of male/female patients.

At the time of our inspection the practice employed six GPs, three practice nurses, two health care assistants, a practice manager, two practice nurses, two secretaries, an administrator and a team of reception staff.

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is Richmond Medical Centre, Moor Lane, North Hykeham, Lincoln, LN6 9AY.

The current practice premises are in need of updating. During our inspection we were told that planning permission had been agreed for the development of a new purpose built practice close to the vicinity of the current practice. The practice had risk assessment processes in place to monitor the risks the current premises presented.

The practice is open from 8am to 6.30pm Monday to Friday. The practice provides extended opening hours on a Monday until 8pm. Pre-bookable appointments and on the day 'urgent' appointments are available. Pre-bookable appointments can be booked up to two weeks in advance. The practice also provides a home visit service for patients. The practice offers on-line services for patients such as on-line appointment booking, ordering repeat prescriptions and viewing patient care records.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice is located within the area covered by NHS Lincolnshire West Clinical Commissioning Group (LWCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services. There are significant health inequalities in Lincolnshire West, linked to a mix of lifestyle factors, deprivation, access and use of healthcare.

The practice has opted out of the requirement to provide GP consultation when the surgery is closed, the out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

Detailed findings

The practice has car parking and pedestrian access and additional parking is available in public car parks near to the practice.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, a practice manager, a practice nurse and members of the reception and administration team. We also spoke with patients who used the service.
- Spoke with two members of the patient participation group (PPG).

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager for significant events of any incidents and there was a recording form available on the practice's computer system. However, we were unable to find records of all completed significant event report forms during our inspection. Staff told us significant events were discussed in monthly practice meetings and staff were invited to attend. Staff we spoke with were able to give examples of significant events which had been discussed during practice meetings.
- During our inspection we looked at seven significant events. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed.
- We saw evidence of meeting minutes which showed that significant events were discussed with the practice team however, sometimes there were significant delays in discussion and review of significant events. Meeting minutes did not always record a review date following any actions agreed to ensure lessons were learned.
- We saw evidence of a significant event audit which included a record of actions taken and lessons learned.

There was a GP lead who was responsible for the coordination and dissemination of safety alerts. All safety alerts were disseminated to staff by email and in paper format. We saw evidence of meeting agendas which showed us that significant events were discussed in regular practice meetings.

Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) directly by email. The practice had a nominated lead who was responsible for responding to alerts relating to equipment and medicines.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had not ensured that all systems, processes and practices in place kept patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. There were five chaperones in the practice. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw evidence of a chaperone policy dated February 2015. We also saw evidence of chaperone training records and DBS checks during our inspection.
- The practice had not maintained appropriate standards of cleanliness and hygiene in all areas of the practice. There was a schedule of daily, weekly and monthly cleaning in place however, on inspection of a consulting room and a treatment room, a medical couch, exposed furniture and window ledges contained high levels of dust.
- We observed carpeted floors in consulting rooms however, we did not see evidence of a carpet cleaning schedule in place during our inspection.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling and security). However, not all medical supplies and emergency medicines were stored appropriately. During our inspection we found some emergency medicines stored in a doctors bag for home visits and medical supplies were stored in a cupboard against a radiator which was projecting heat. These were moved immediately after our inspection, we also received written confirmation of this action taken.
- During our inspection we observed patients who were escorted to their consulting rooms for their appointment by walking past the reception desk and through an open reception office leading from the patient waiting area. Staff were present in the reception area at all times and patients were escorted by a member of staff at all times. We were provided with a risk assessment immediately following our inspection to ensure security of prescriptions and information governance risks were highlighted and control measures implemented to ensure risks were minimised.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. All blank prescriptions were recorded and signed out to GPs and nurse prescribers for use to ensure security of all prescriptions.
- There was no evidence of mentorship and support in place for Independent Nurse Prescribers from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. We saw evidence of a fire risk assessment carried out in June 2015. A fire action plan was on display informing patients and staff what to do in the event of a fire. The practice had a fire warden. We saw evidence that weekly tests of the fire alarm panel were carried out.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence that the last electrical and clinical equipment checks were carried out in October 2015.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of health and safety, infection control, confidentiality, building temperatures, substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place dated November 2015 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- All GPs, nurses and health care assistants had signed up to the NICE website and received emails of NICE updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We saw evidence of meeting minutes where NICE updates had been discussed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.4% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96.5% which was better than the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 95.67% which was better than the national average of 83.65%.
- Performance for mental health related indicators was 100% which was better than the national average of 92.8%.

Clinical audits demonstrated quality improvement.

- During our inspection we reviewed various clinical audits which included medication audits, an audit of two week wait cancer referrals, physiotherapy referrals, GP referral rates and an audit of patients diagnosed with type 2 Diabetes. One audit was a completed cycle audit of a medication called Ciprofloxacin which is an antibiotic. The first audit cycle carried out in 2014 showed that the practice had a high prescribing rate of this medication compared to other practices within their locality. The audit highlighted that the use of locum GPs in the practice had led to an increase in prescribing rates. A second audit carried out in 2015 showed a reduction in prescribing.
- The practice had also completed several other medicine management reviews of prescribing with a focus on prescribing of antibiotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence of a staff handbook which was provided to all new employees.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- We saw evidence of training records during our inspection. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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 signposted to the relevant service.
- We observed that various health information and leaflets were available including diabetes awareness, mental health, smoking cessation, dementia awareness and influenza vaccination campaigns in the patient waiting area.

The practice's uptake for the cervical screening programme was 94.7%, which higher than the CCG average of 73.3% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for female patients who had attended for breast screening within six months of invitation was 76.7% which was higher than the national average of 73.2%. The practice's uptake for patients aged 60-69 who were screened for bowel cancer within 6 months of invitation was 70.3% which was higher than the national average of 55.4%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.9% to 97.6% and five year olds from 86.9% to 93.9%.

Flu vaccination rates for the over 65s were 80.75%, and at risk groups 52.16%. These were above 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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. At the time of our inspection the practice

Are services effective?

(for example, treatment is effective)

had achieved an uptake rate of 70% of eligible patients for NHS health checks. The practice were a pilot practice within their CCG to look at ways of supporting other practices to increase their uptake rate.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, one consulting room did not have a privacy curtain, this was due to space restrictions of the room. A process was in place to ensure the door was locked during examination of patients to ensure privacy was maintained.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

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

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

- 86.9% said the GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 87.1% said the GP gave them enough time (CCG average 88.1%, national average 86.6%).

- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)
- 85.9% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.4%, national average 85.1%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.7%, national average 90.4%).
- 85.7% said they found the receptionists at the practice helpful (CCG average 87.7%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86%.
- 81.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.6%, national average 81.4%)
- 87.2% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 84.8%)

Staff told us that if families had suffered bereavement, their usual GP contacted them to arrange either a bereavement visit in their own home or a consultation in the practice arranged at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patient information leaflets were available in different languages.

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. The practice had identified 1.52% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointment on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Automated doors were in place for ease of access to the premises.
- There was a wheelchair available for those patients who required this.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.
- There were baby changing facilities available.
- There were children's toys available in the waiting room.
- The practice offered on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

Access to the service

The practice was open between 8am and 6.30pm on a Monday to Friday. Extended surgery hours were offered by GPs and a nurse between the hours of 6.30pm and 8pm every Monday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 76.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.3% and national average of 73.8%.
- 68.8% patients said they could get through easily to the surgery by phone (CCG average 77.2%, national average 73.3%).
- 86.4% patients said they always or almost always see or speak to the GP they prefer (CCG average 85.8%, national average 85.2%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice offered on-line services for patients such as on-line appointment booking and ordering repeat prescriptions.

Listening and learning from concerns and complaints

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

- We saw evidence of a complaints policy dated May 2016. The 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. Information was available in the practice leaflet which was available at the reception desk for patients.

We looked at 11 complaints received in the last 12 months. These were satisfactorily handled, and dealt with in a timely way, we saw evidence of a written acknowledgement sent to the patient and an apology given where necessary.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission and vision statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff told us they felt happy and supported and that patients appreciated the services provided by the practice. Staff also told us that the practice learning time sessions that were held regularly gave them an opportunity to learn together as a team and they found this valuable.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. During our inspection we looked at seven policies including business continuity, safeguarding vulnerable adults and children, whistleblowing, complaints and chaperone policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and either a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, the PPG had been

Are services well-led?

Good 

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

actively involved in the plans for the practice to move to new purpose built premises. The PPG attended regular meetings in relation to the development of new premises on behalf of the practice.

- Staff told us there was an open door policy and that the partners, management team and colleagues were approachable and would not hesitate to give feedback and discuss any concerns or issues. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice team was forward thinking and were in the process of completing plans for the development and relocation to a new purpose built practice close to the vicinity of the current practice.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users.</p> <p>The provider was not assessing the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.</p> <p>The provider did not have mentorship processes in place for newly qualified independent nurse prescribers.</p> <p>The provider did not ensure carpet cleaning schedules were in place and adhered to.</p> <p>The provider did not ensure cleaning schedules and guidelines were adhered to.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(c)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>The provider did not ensure carpet cleaning schedules were in place and adhered to.</p> <p>The provider did not ensure cleaning schedules and guidelines were adhered to.</p> <p>This was in breach of regulation 15(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>