

Irlam Group Practice

Quality Report

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Date of inspection visit: 27 March 2017

Date of publication: 06/06/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Irlam Group Practice on 27 January 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the 27 January 2016 inspection can be found by selecting the 'all reports' link for Irlam Group Practice on our website at www.cqc.org.uk.

This inspection was undertaken as an announced comprehensive inspection on 27 March 2017. Overall the practice is still rated as requires improvement.

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

- The practice did not have a robust governance system in place and staff were not always aware of their own responsibilities.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- The practice had a number of policies and procedures to govern activity, but were not always accessible to staff.
- The service did not have a system in place to ensure patient safety and medicine alerts were acted on and disseminated to staff.
- Clinical staff were not always aware of their own safeguarding responsibilities within the practice.
- We found that patients who complained did not always receive a response.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients we spoke with 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.

Summary of findings

- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

The areas where the provider must make improvements are:

- Systems and processes must be established and operated effectively to ensure governance is in place.
- The service must ensure that information requested by the Commission is sent in a timely manner.
- Safeguarding systems and processes must be established and operated effectively.
- The service must monitor and improve the quality and safety of the service provided.
- The service must establish and operate effectively a system for responding to complaints.

In addition the provider should:

- Signed contracts for all staff should be available in recruitment files.
- Clinicians should have access to updates and alerts that may be sent via email.
- The practice should identify more patients who are carers

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

REQUIRES IMPROVEMENT

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

- Safeguarding processes were inconsistent within the practice. The practice was unable to provide us with an adult safeguarding policy when requested. All staff had received safeguarding training relevant to their role.
- The service did not have a robust system in place to ensure all staff received patient safety and medicine alerts.
- The practice had various risk assessments in place but had not completed the actions recommended within the legionella risk assessment.
- The practice had adequate arrangements to respond to emergencies and major incidents including emergency drugs and a business continuity plan.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.

Requires improvement



Are services effective?

REQUIRES IMPROVEMENT

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average.
- Knowledge of and reference to national guidelines were inconsistent.
- There was no evidence that audit was driving improvement in patient outcomes.
- There evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Good



Summary of findings

- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

- Information about how to complain was available and learning from complaints was shared with staff but we found an example of a complaint that had not been acted on.
- 62% of patients said they found it difficult in getting through to the practice on the phone compared with the CCG average of 72%.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Are services well-led?

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

- The practice had a vision but not all staff were aware of this and their responsibilities in relation to it.
- The practice lacked a formal strategy in how to implement changes and improve.
- There was a documented leadership structure and most staff felt supported by management but at times but felt there was a lack of communication from the partners.
- The practice had a number of policies and procedures to govern activity, but staff struggled to locate policies when requested.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

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

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The needs of these populations 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 opening hours and Saturday appointments.
- 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.
- The practice offered a walk in clinic on a Wednesday morning for patients to see a GP without booking an appointment.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. However, not all staff were aware of what safeguarding responsibilities they held.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- 45% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is significantly below the national average of 84%. The practice believed that this could have been caused by issues with read coding.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2017. The results showed the practice was performing in line for some aspects with local and national averages. 248 survey forms were distributed and 116 were returned. This represented 3% of the practice's patient list.

- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Patients said they never felt rushed by the GPs and that they provided a good service. Some patients said it was sometimes difficult getting an appointment.

We spoke with 7 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Systems and processes must be established and operated effectively to ensure governance is in place.
- The service must ensure that information requested by the Commission is sent in a timely manner.
- Safeguarding systems and processes must be established and operated effectively.
- The service must monitor and improve the quality and safety of the service provided.
- The service must establish and operate effectively a system for responding to complaints.

Outstanding practice

- Signed contracts for all staff should be available in recruitment files.
- Clinicians should have access to updates and alerts that may be sent via email.
- The practice should identify more patients who are carers.

Irlam Group 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 GP specialist adviser and a member of staff from our intelligence directorate.

Background to Irlam Group Practice

Irlam Group Practice is a GP practice located in Salford. The address of the practice is 523 Liverpool Road, Irlam, Salford, M44 6ZS.

The practice has good parking facilities and is easily accessed through public transport. It is a single story building and all parts of the building are easily accessible. The practice has approximately 4100 registered patients.

The practice has two male GP partners and a newly recruited salaried GP (female), a female practice nurse who works part time, a female assistant nurse practitioner, a business manager and a practice manager, as well as a team of administration staff.

The practice operates under a General Medical Services contract.

The surgery is open from 8am until 6.30pm every Monday, Tuesday, Thursday, Friday and until 12.30pm on a Wednesday. Extended opening hours are on a Monday until 8.30pm. Appointment times are:

Monday 8.30am-11am and 3pm-8pm
Tuesday 8.30am-11am and 2.30pm – 5.30pm
Wednesday 8.30am-9.30am
Thursday 8.30am-11am and 2.30pm – 5pm
Friday 8.30am-11am and 2pm – 5pm

Outside of opening hours patients are diverted to the 111 out of hour's service.

Why we carried out this inspection

We undertook a comprehensive inspection of Irlam Group Practice on 26 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We also issued a requirement notice to the provider in respect of good governance, safe care and treatment and fit and proper persons employed. The full comprehensive report on the 26 January 2017 can be found by selecting the 'all reports' link for on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Irlam Group Practice on 27 March 2017. This inspection was carried out to ensure improvements had been made.

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 27 March 2017 During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our previous inspection on 27 January 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of health and safety and servicing of medical equipment.

Some of these arrangements had improved when we undertook a follow up inspection on 27 March 2017 but there were still areas that required improvement.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system and staff could also raise significant events using the online system. There was an inconsistent approach to how staff would raise a significant event, with some staff members using the paper form and some staff using the online system but all significant events were recorded. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a recent incident led to the vaccines storage fridge being compromised. The practice took the correct action in destroying the vaccines before they were used on patients.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding were inconsistent within the practice were not always accessible to all staff and when we requested the adult safeguarding policy we were informed that it was unavailable. The child safeguarding policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff and a deputy for safeguarding but some staff were unsure of their own responsibilities. For example, the deputy safeguarding lead were unaware they held this responsibility.
- Staff interviewed demonstrated they understood safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and nurses were trained to child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being

Are services safe?

dispensed to patients and there was a reliable process to ensure this occurred. Blank prescription forms were securely stored but we found some prescription pads not stored securely and there were no systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We found that there was no contract in place for a newly recruit clinician.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had failed to carry out the recommended actions that were stated in the legionella risk assessment.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- 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 stored securely.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 27 January 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), clinical audits and staff appraisal needed improving.

These arrangements had not improved since we undertook a follow up inspection on Day Month Year. The provider is still rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were not always aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have a system to keep all clinical staff up to date and staff did not always have access to the latest guidelines from NICE. One clinician had been unable to access their email account for some time which would be where clinical updates and alerts were sent to and they told us that they were not aware of the most recent NICE updates.

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 71% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 95%.

This practice was an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was lower than the CCG and national averages. For example, the percentage of patients with diabetes whose HbA1c was 64mmol/mol or less in the preceding 12 months was 59% compared to the CCG average of 76% and the national average of 78%.

- Performance for mental health related indicators was lower than the CCG and national averages. For example, the percentage of patients with dementia whose care plan had been reviewed in the preceding 12 months was 45% compared to the CCG average of 86% and the national average of 84%.

The practice told us that they felt the low QOF scores were due to the practice having been without a practice nurse and had only recently recruited a new one. The practice also felt that incorrect read coding was an issue and had booked two members of staff onto a course to be trained up in this area.

There was evidence of clinical audit but this did not demonstrate quality improvement:

- There had been two clinical audits commenced in the last two years, both of these were completed audits but the practice had not demonstrated improvements had been made in relation to antibiotic prescribing for sore throats and urinary tract infections.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to 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 but there was evidence to show that care planning was not always effective.

- We reviewed records from four patients and found that three had not had their care plan reviewed since 2015 in two instances.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when patients with complex needs were routinely reviewed.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 74%, which was comparable with the CCG average of 77% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable (with the exception of the pneumococcal booster which was below average) to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 68% to 98% and five year olds from 94% to 100%.

There was a policy to offer telephone or written 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. There were failsafe systems 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.

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

Are services caring?

Our findings

At our previous inspection on 27 January 2016, we rated the practice as good for providing caring services. The practice is still rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 29 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 but some patients said that they felt it was sometimes hard to get an appointment.

We spoke with seven patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

Are services caring?

- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%)

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 27 January 2016, we rated the practice as good for providing responsive services.

We undertook a follow up inspection on 27 March 2017 where we identified an issue with the practices complaint's system. The practice is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The practice offered a walk in clinic on a Monday and Wednesday morning from 8.30am – 9.30am where no appointment was needed.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

Access to the service

The surgery is open from 8am until 6.30pm every Monday, Tuesday, Thursday, Friday and until 12.30pm on a Wednesday. Extended opening hours were on a Monday until 8.30pm. Appointment times were: Monday 8.30am

-11am and 3pm-8pm, Tuesday 8.30am-11am and 2.30pm – 5.30pm, Wednesday 8.30am - 9.30am, Thursday 8.30am -11am and 2.30pm – 5pm, Friday 8.30am -11am and 2pm - 5pm.

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

- 70% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 73% and the national average of 73%.
- 74% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

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

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns but this was found to be ineffective. We found one complaint from a patient that had been filed away in the complaints folder without a response being sent to the patient and the complaint was dated October 2016. We informed the practice about the issue who informed us

Are services responsive to people's needs?

(for example, to feedback?)

they would respond to the patient as soon as possible. The practice also informed us that they do not record verbal complaints. We also looked at other complaints received in

the last 12 months and found that responses and investigations were carried out and apologies were offered to patients. Lessons were learned from individual concerns and complaints.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 27 January 2016, we rated the practice as requires improvement for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We found some arrangements had improved in relation to the practice vision when we undertook a follow up inspection of the service on 27 March 2017. The practice is still rated as requires improvement for being well-led.

Vision and strategy

The practice told us they had a clear vision to deliver high quality care and promote good outcomes for patients but accepted that there were still improvements to be made.

- The practice had a mission statement but not all staff were familiar with it.
- The practice lacked a clear strategy but had taken on a non-clinical partner to act as a business manager to try and implement improvements.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of the strategy.

- Prior to the inspection we requested a 'Provider Information Return' which contains information that we review prior to the inspection. The provider was unable to return the information to us in a timely manner.
- The practice lacked a clear staffing structure and staff were sometimes unaware who was responsible for various tasks within the practice. For example, the CCG pharmacist was responsible for performing patient medicine and safety searches on the computer system but there was currently no one allocated to this post and searches had not been carried out since November 2016 as staff were unaware this was being done by the pharmacist.
- Practice specific policies were implemented but were not always available to staff. For example, we requested a copy of the adult safeguarding policy and after sometime of searching on the computer system we were told that it was unavailable.

- The provider did not have a comprehensive understanding of some aspects of the performance of the practice. For example, there was a lack of patient medicine searches being performed and clinical audits were not being used to improve the service. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.

Although there was a system in place to carry out clinical audit there was no evidence that the audits had led to improved patient outcomes. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice told us they told us they prioritised safe, high quality and compassionate care but we found that the practice was lacking clear leadership. Staff told us that communication between the partners and the rest of the team did not always occur and some staff members felt uninvolved in decisions that were made.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice manager encouraged a culture of openness and honesty.

There was a leadership structure but staff did not always feel supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Staff said they felt respected, valued and supported by the practice manager.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The NHS Friends and Family test, complaints and compliments received

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

We were told that the practice had been actively looking for more suitable premises for some time as it was recognised by the practice that the building was not ideal for providing primary care. However, there were no formal plans yet in place.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not have a system in place to ensure patient safety and medicine alerts were acted on and disseminated to staff. The service had not performed the recommended actions from their legionella risk assessment Prescription pads were not always stored securely or logged.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The service did not have an adult safeguarding policy in place. Staff were not always aware of their own safeguarding responsibilities.