

# Durnford 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

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 Durnford Medical Centre on 20 January 2016. Overall the practice is rated as requires improvement.

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

- Information about services and how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Risks to patients were not always assessed and well managed, in particular those relating to recruitment checks and to those relating to safeguarding children.
- Data showed patient outcomes were low compared to the locality and nationally.

- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice did not proactively seek feedback from patients and did not have an active patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Implement reliable systems to keep children and vulnerable adults safe such as follow up those that did not attend hospital appointments.
- Use READ coding within the clinical system.

In addition the provider should:

# Summary of findings

- Seek patient feedback regarding access to the surgery and consider setting up a patient participation group.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was insufficient attention to safeguarding children and vulnerable adults. Processes were not in place in a way to keep patients safe.
- One of the GPs had not had a check with the disclosure and barring service carried out. (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) .There was no risk assessment in place to justify why no DBS check had been undertaken.

### Are services effective?

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

**Requires improvement**



- Data from the Quality and Outcomes Framework (QoF) showed patient outcomes were at or below average for the locality and compared to the national average. Some areas of QoF had an extremely high exception rate.
- Clinical data was not consistently coded as required .
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and staff had access to e learning however there was not a designated time set aside for training.

# Summary of findings

- The GPs worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, although the practice nurses were not routinely invited to these meetings.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said once they got through on the telephone to the surgery 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.
- The practice had not conducted a recent patient survey and did not have a patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However learning from complaints was not always shared with staff.
- Patients reported difficulty getting through to the surgery by telephone and some were concerned with the lack of extended opening hours.

Requires improvement



## Are services well-led?

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

Requires improvement



# Summary of findings

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff said they felt supported by management. The practice teams worked in silo with each team holding separate meetings. Clinical meetings involved the practice nurses by arrangement otherwise the practice nurses held their own meetings. Non clinical staff did not hold regular meetings. There was a lack of a governance framework to support 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 within the clinical team to ensure appropriate action was taken, the practice nurses were also signed up to the relevant websites to ensure they were notified personally.
- The practice did not proactively seek feedback from staff and patients and it did not have a patient participation group.
- The practice is a training practice and results from the General Medical Council 2015 national training survey show that although the trainee doctors found the practice above average for local teaching, it found them below average for clinical supervision.
- The practice have a succession plan for known retirement dates.

# 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 because there are aspects of the practice in safe, responsive and well led that require improvement and therefore this impacts on all population groups. However;

- 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.
- Telephone appointments were available where needed.
- Vaccinations were offered against flu, shingles and pneumonia.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions because there are aspects of the practice in safe, responsive and well led that require improvement and therefore this impacts on all population groups. However;

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the QoF shows inconsistencies for example 81.45% of patients with diabetes, on the register, has a blood pressure reading of 140/80mmHg or less in the preceding 12 months which is higher than the national average of 78.03%. 62.52% of patients on the diabetes register have a record of having a foot examination and risk classification in the preceding 12 months which is lower than the national average of 88.3%.
- Longer appointments and home visits were available when needed.
- Patients diagnosed with asthma were offered a personalised asthma plan with contact numbers in the case of an emergency.
- 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 GPs 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 because there are aspects of the practice in safe, responsive and well led that require improvement and therefore this impacts on all population groups. However;

- There were systems in place to identify children living in disadvantaged circumstances however there were no systems in place to follow up those children and young people who had a high number of A&E attendances or those that did not attend hospital appointments. Immunisation rates were high for all standard childhood immunisations.
- 39.73% of patients with asthma had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions was lower than the national average of 75.35%.
- 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.
- 80.93% of women aged 25-64 had their notes recorded that a cervical screening test had been performed in the preceding 5 years was comparable to the national average of 81.83%.
- 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.
- Family planning was offered by the practice including coil fitting.
- The practice welcome breast feeding mothers.

**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) because there are aspects of the practice in safe, responsive and well led that require improvement and therefore this impacts on all population groups. However;

- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were not offered by the practice.
- Telephone consultations were offered for those that could not attend the surgery.

**Requires improvement**





# Summary of findings

- The practice did not carry out its own patient survey nor did it respond to national survey results in order to reflect the needs of its patients in this group.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable because there are aspects of the practice in safe, responsive and well led that require improvement and therefore this impacts on all population groups. However;

- The practice held a register of patients living in vulnerable circumstances including military veterans and those with a learning disability.
- 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.
- 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.
- The practice did not have a system in place for following up children under the age of 18 that did not attend hospital appointments.

**Requires improvement**



## 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) because there are aspects of the practice in safe, responsive and well led that require improvement and therefore this impacts on all population groups.

- 71.93% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84.01%.
- 52.94% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in their record in the preceding 12 months is lower than the national average of 89.55%.

**Requires improvement**



# Summary of findings

- QoF data showed that 81.8% of patients aged 18 or over with a new diagnosis of depression in the preceding April to March had been reviewed between 10 and 56 days after the diagnosis, however the exception rate for this was 63.9%.
- 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.
- Staff had an understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed that in some areas the practice was performing below local and national averages. 331 survey forms were distributed and 119 were returned which is a completion rate of 36% and represented 1.19% of the practice population.

- 38% of patients found it easy to get through to this surgery by phone compared to a CCG average of 59% and a national average of 73.%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 85%.
- 81% of patients described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and national average of 85%.
- 79% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 72% and 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 28 comment cards which were all positive about the standard of care received, however, there were negative comments about the appointment system.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring. However five of the patients would like to see the practice offer later appointments and all patients commented about the difficulty getting through to the practice by phone. This is aligned with the national patient survey results where 63% of people say the practices' opening hours are convenient compared to the CCG average of 73% and national average of 75% and 37% of people find it easy to get through to the surgery by phone compared to the CCG average of 59% and national average of 73%.

## Areas for improvement

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

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Implement reliable systems to keep children and vulnerable adults safe such as follow up those that did not attend hospital appointments.

- Use READ coding within the clinical system.

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

- Seek patient feedback regarding access to the surgery and consider setting up a patient participation group.

# Durnford 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 adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Durnford Medical Centre

Durnford Medical Centre provides primary medical services in Middleton near Manchester from Monday to Friday. The practice is open between 8am and 6pm. The first appointment of the day with a GP is 8.45am and the last appointment with a GP is 5pm. Appointments are available for “walk in” patients. The practice do not offer extended hours at this location.

Durnford Medical Centre is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

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

Durnford Medical Centre is responsible for providing care to 9019 patients .

The practice consists of five GP partners one of whom is female and two salaried male GPs and two practice nurses. The practice is supported by a practice manager and reception and administration teams. It is a training practice with two trainee GPs.

When the practice is closed patients are directed to the out of hour's service.

The practice are part of a local federation in providing 8am to 8pm, seven days a week access to a GP in the local area.

In 2013 the practice were awarded the Pride in Practice Gold Award from the Lesbian, Gay, Bisexual and Transgender (LGBT) Federation.

## 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 and 8 October 2013. During our visit we:

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and written apology and were told about any actions to improve processes to prevent the same thing happening again. An example was where the practice found that a child had attended A&E numerous times but had not been highlighted by the practice, the child's record was subsequently flagged.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard 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 lead member of staff for safeguarding which included radicalisation. 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 were trained to Safeguarding level 3.
- Although the practice had a policy in place for safeguarding children there was no process in place to follow up children under the age of 18 who did not attend hospital appointments. We found numerous children that had not been followed up following a DNA appointment or those that had a high number of A&E attendances.
- 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 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).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment for four employees. However one of the GPs had not received a check 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. All electrical equipment was checked to ensure the

## Are services safe?

equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

· There was an 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 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 staff had systems, within their own teams, in place to keep 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 that the practice had achieved 79.6% of the total number of points available, with 4% overall 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 2014/2015 showed;

- Data from the QoF shows inconsistencies for example 81.45% of patients with diabetes, on the register, had a blood pressure reading of 140/80mmHg or less in the preceding 12 months which is higher than the national average of 78.03%.
- 62.52% of patients on the diabetes register have a record of having a foot examination and risk classification in the preceding 12 months which is lower than the national average of 88.3%.
- The percentage of patients with hypertension having regular blood pressure tests was 79.83% which was similar to the national average of 83.65%.

• Performance for mental health related indicators was worse than the national average for example, 71.93% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84.01%,

• 52.94% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in their record in the preceding 12 months is lower than the national average of 89.55% and 81.8% of patients aged 18 or over with a new diagnosis of depression in the preceding April to March had been reviewed between 10 and 56 days after the diagnosis, however the exception rate for this was 63.9%.

Although we found evidence of problems with coding we were unable to clearly establish the reason for the variance in the practice figures in comparison to CCG and national figures.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, all of these were two cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a certain type of drug which had high risk side effects had been reduced by 61.5%.
- Clinical data was not consistently coded as required .
- 

### 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.

- 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



# Are services effective?

## (for example, treatment is effective)

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 forum and team 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 had an appraisal within the last 12 months.
- 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 and 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.
- A dietician was available on the premises and smoking cessation advice was available from the practice nurse.

The practice's uptake for the cervical screening programme was 80.93%, which was comparable to the national average of 81.83%. 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 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.7% to 96.7% and five year olds from 91.5% to 96.8%.

Flu vaccination rates for the over 65s were 68.46%, and at risk groups 46.7%. These were lower than the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

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.

# 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.

- Privacy screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 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.

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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 86% of patients said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 85% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average 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 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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 83% , national average 82%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% , national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. British Sign Language was also available. We saw notices in the reception areas informing patients this service was available.

### 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 155 carers on the practice list. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered 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 and/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

### 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 did not offer extended hours for working patients who could not attend during normal opening hours, however the practice was part of a local federation offering appointments with a local GP between 8am and 8pm.
- 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.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.45am to 5pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice encouraged book on the day appointments. There was a number of appointments available each day for walk in patients.

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

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 37% of patients said they could get through easily to the surgery by phone (CCG average 59%, national average 73%).
- 58% of patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through the practice information leaflet and on the website.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care and service provided.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff said they felt supported by management.
- The practice teams worked in silo within each team holding separate meetings. Clinical meetings involved the practice nurses by arrangement otherwise the practice nurses held their own meetings. Non clinical staff did not hold regular meetings.

There was a lack of a governance framework to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We found that clinical data was not consistently coded as required.

### 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
- 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

Although the partners in the practice had the experience, capacity and capability to run the practice they did not demonstrate good systems to support the management of the service.

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. However the practice did not hold meetings where all staff were invited to attend, this included allocated training time.

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 a verbal and written apology

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff told us the practice held separate team meetings. The whole practice did not get together however we were told that the GPs were planning to hold monthly meetings with the practice nurses.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues within their own team meetings and felt confident in doing so and felt supported if they did. We were told that the practice did not have meetings for learning and development.

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

The practice did not proactively seek patient or staff feedback. It relied on a historic survey for results regarding access to the practice. There was no patient participation group.

### Continuous improvement

There was some focus on continuous learning and improvement within the practice. The practice team was working towards the Accessible Information Standard which was identifying needs and recording, flagging, sharing and meeting the needs in an accessible form for the patient/carer.

After the inspection the practice told us they intended to include regular meetings with the practice nurses.

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

Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The practice did not have systems in place to follow up children under the age of 18 who did not attend for hospital appointments or those that had a high number of A&E attendances.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Clinical data was not consistently READ coded as required .

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Recruitment checks were not consistently undertaken. One of the GPs had not had a check with the disclosure and barring service carried out.