

The Gateway Medical Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
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

On 14 October 2014 we carried out an announced inspection to The Gateway Medical Practice.

The Gateway Medical Practice is located in the Northfleet area of Gravesend in Kent. Approximately 7200 are registered with the practice. We carried out a comprehensive inspection of the practice on 14 October 2014.

The practice was going through a period of transition and had a new practice manager who had been in post for three months. A nurse practitioner had been introduced to provide an extra seven and a half hours of appointments for patients. The change had been made as a response to feedback from a patient survey carried out in March 2014. Patients who had responded to the satisfaction survey had expressed that they could not get appointments when they needed them or get through on the telephone. Patients we spoke with told us that although the extra appointments had been added with the nurse practitioner they were still experiencing problems getting to see a GP.

We spoke with twenty two patients during the inspection. We met with two members of the patient participation group and spoke with two GPs and a range of practice staff.

Gateway Medical Practice was rated requires improvement overall

Our key findings were as follows:

- Patients were happy with the care treatment and support they had received. Patients told us they had been involved and felt included in decisions about their care, treatment and support at the practice.
- Patients had concerns with the current appointment system and found it difficult to obtain an appointment when they needed one and they were often unable to get through on the telephone.
- The practice had not engaged patients and staff sufficiently in the operation of the service or ensured that staff had received appropriate learning and development opportunities to enable them to provide effective care, treatment and support to patients.

Summary of findings

- The practice was clean and patients told us that they had no concerns with the cleanliness of the practice

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- ensure that all staff receive regular training and complete appropriate induction to prepare them for their role
- Implement robust, formal systems to monitor the quality of care, treatment and support patients receive.

- Have a clear clinical audit programme for ensuring the safety of patients, staff and visitors that includes a review of infection control and act on the results to improve the service.
 - Seek and act on the views of patients and staff to improve the service.

In addition the provider should:

- Review the reception and waiting area to improve the risk of confidential issues being overheard.
- Implement contingency planning to avoid disruption to patients should the service be unavailable

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 safe. The practice demonstrated that changes had been made as a result of learning when things had gone wrong. The information about incidents had been shared amongst the team and measures had been put into place to reduce the risk of re-occurrence. There were safeguarding systems in place but not all staff were trained to recognise signs of abuse and what to do if abuse was suspected. The practice appeared clean and tidy. However staff did not have access appropriate guidelines to ensure high standards of hygiene were maintained. Regular audits were not completed to ensure that the risk of infection was reduced. Staff were trained and equipped to deal with medical emergencies and in the event of a fire. There was no evidence of safeguarding training for all staff or staff induction.

Requires improvement



Are services effective?

The practice was rated as good for effective. There were enough staff to meet the needs of the patients who used the practice with its current appointment system. We saw evidence that the practice worked with other healthcare providers and the practice held and participated in a number of multidisciplinary meetings with other health and social care professionals. We saw information was supplied to patients or was on display in the waiting area that included information on health promotion, prevention and health related travel advice. Staff we spoke with were able to demonstrate their understanding of the consent process.

Good



Are services caring?

The practice was rated as good for caring. We were told how compassionate the GPs were with regard to end of life care and how they had supported patients through bereavement. Patients commented on how they were involved in their own care and had their care and treatment options explained to them.

Good



Patients commented on the lack of privacy at the reception desk and in the waiting area as well as difficulties in accessing appointments, both in person and on the telephone.

Are services responsive to people's needs?

The practice was rated as requires improvement for responsive. There were systems and processes in place to respond and take action when things did not go as planned. The practice had a complaints procedure but complaints had not always been responded to in a timely manner. There was no clear process for

Requires improvement



Summary of findings

patients to make suggestions to improve the services they received. Patients had not been listened to and we saw that actions had not been taken as a result of any comments and feedback that the practice had received.

Are services well-led?

The practice is rated as requires improvement for well-led There was leadership from the GP partnership in the practice. Staff had key areas of responsibility and demonstrated that they had the knowledge and expertise to fulfil these roles. There were no clear measures to assess and monitor the quality of the services provided. The practice did not respond positively and proactively to patient and staff feedback in order to develop and improve. We were told by staff that no audits had taken place in the preceding twelve months and no audit plan was in place.

Requires improvement



Summary of findings

What people who use the service say

Patients we spoke with on the day of our inspection were generally happy about the services they had received at The Gateway Medical Centre. They raised concerns about the current appointment system and told us about the difficulties they experienced when trying to obtain an appointment. They also said that there had been mistakes and delays with their repeat prescriptions. However, they told us that they were happy with the GPs and nurses and said that they were always caring, supportive and sensitive to their needs. Patients told us that they felt safe when visiting the practice or when the GPs visited them in their homes.

Patients indicated that they had no concerns with regard to hygiene and the cleanliness of the practice. They told us that staff always washed their hands when examining them or carrying out a procedure.

We heard how patients felt that they were involved in their care and treatment and that options were always

explained and discussed with them. Patients told us that staff did not always give them enough information to be able to make decisions with regard to their care, but they could make decisions in their own time.

Patients said that the reception and waiting area offered no privacy and sensitive information could easily be overheard.

Patients we spoke with told us that it was difficult to get an appointment when they needed one and to obtain an appointment with the GP of their choice would involve a long wait. They said that the online booking system allowed them to look at appointment availability and choose the time, day and which GP they preferred to see, but few patients were aware that this service was available. All but one of the patients we spoke to said that they had been told to go to the walk in centre adjacent to the practice as there were no appointments available on the day they had enquired.

We did not receive any comments via the comment cards that had been provided prior to our visit.

Areas for improvement

Action the service **MUST** take to improve

Ensure that all staff receive regular training and complete appropriate induction to prepare them for their role

Implement robust, formal systems to monitor the quality of care, treatment and support patients receive.

Have a clear clinical audit programme for ensuring the safety of patients, staff and visitors that includes a review of infection control and act on the results to improve the service.

Action the service **SHOULD** take to improve

Review the reception and waiting area to improve the risk of confidential issues being overheard.

Implement contingency planning to avoid disruption to patients should the service be unavailable

The Gateway Medical 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 and a specialist advisor who is a practice manager.

Background to The Gateway Medical Practice

The Gateway Medical Practice provides primary medical services Monday to Friday from 8.30am to 6:30pm, with extended opening hours on Thursday mornings and Tuesday evenings, for patients in Northfleet, Kent and the surrounding areas. The practice provides a service for approximately 7200 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and the nursing team. There are a range of patient population groups that use the practice.

The practice has three GPs, one advanced nurse practitioner, one practice nurse and a practice manager. There was also one health care assistant who carried out, blood pressure tests, electro cardiographs (ECG's), new patient checks and NHS health checks. The practice has a physiotherapist service based at the practice which is available for both NHS and private referrals.

Quarterly clinician meetings were held and we saw evidence of how decisions were made about patient's needs.

Emergency cover outside of normal surgery hours was provided by another local service and information was displayed to patients in the practice and on the website about how to contact them.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

Detailed findings

- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our visit to The Gateway Medical Centre, we reviewed a range of information we hold about the practice. This included information about the patient population groups, results of surveys and data from the Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. We asked other organisations to share what they knew about the practice, this included the local clinical commissioning group and local Healthwatch.

We carried out an announced visit on 14 October 2014. Prior to our visit we provided comment cards for the practice to place in their waiting area so that patients could share their views and experiences of using the practice. However, none of these were completed. During our visit we spoke with a range of staff which comprised of two of the GP partners, the practice nurse, the practice manager and three administration staff. We also spoke with 22 patients who used the practice and two representatives from the patient participation group (PPG). We observed how patients were managed by the reception staff in the waiting area before they were seen by the GPs. We observed how people were being cared for and talked with carers and family members and reviewed practice records, policies and protocols.

Are services safe?

Our findings

Safe Track Record

The practice had a system to report, record and analyse significant events with outcomes being shared at clinical meetings every four months. Staff told us about and we saw examples of the reporting form that was completed as soon as possible after an event occurred. Completed forms were sent to either the lead GP or the practice manager. Clinical significant events were included in the quarterly clinical meetings.

Learning and improvement from safety incidents

The Practice has a system in place for reporting and recording of incidents. However there was no monitoring or analysis of safety incidents or significant events which had occurred to identify trends and implement changes. We saw that seven significant events had been recorded this year, and a recent significant event was in the process of being recorded. Records we saw included information regarding each event and what follow up action had been taken or what changes had been made as a result. We saw that the practice had made positive changes as a result of events. For example, incorrect medication had been dispensed and once identified it was discussed with one of the GPs. The error pertained to the wrong patient details on the prescription. In response to this prescriptions issued were double checked to make sure that the correct patient details had been added. We also saw evidence that the practice had learned from incidents such as a failure of the emergency alarms to summon help when an emergency occurred. They had made changes to reduce the risk of this happening again.

Reliable safety systems and processes including safeguarding

Patients we spoke with told us that they felt safe when visiting the practice or when they had a home visit. They told us that if they had any concerns they would speak to the practice manager or directly to their GP. The practice offered a chaperone option where a member of staff would be available to escort patients during examinations at their request. We saw notices in the waiting area and in consultation rooms to that effect. GPs and nursing staff had completed safeguarding training that was appropriate to their role. Administrative staff we spoke with were not aware of their responsibilities with regard to identifying and reporting any concerns of patient abuse but said that they

would approach the GP lead for safeguarding if they had any concerns but did not know who to report to outside of the practice. The practice had a designated safeguarding lead and quarterly meetings were held with health visitors and social care professionals.

GPs and nursing staff were able to give examples of appropriate safeguarding considerations in a clinical scenario. They were able to give examples of the types and signs of abuse and knew who to report any concerns to but were not aware of local authority reporting procedures. GPs and Nursing staff knew where to locate the practice's safeguarding policy.

The practice had a whistleblowing policy and all staff we spoke with told us they were aware of the procedure to follow if they wished to raise concerns outside of the practice.

Staff had been recruited safely, with robust checks being carried out before staff began to work at the practice. Employment files we looked at confirmed that staff had relevant checks in place to ensure that they were safe to work with vulnerable people.

Medicines Management

We saw that the practice had guidelines in place which they followed for maintaining the vaccine cold chain. (The vaccine cold chain is system that controls the transportation and storage of vaccines within a safe temperature range) so that the viability of vaccinations could be assured. Staff explained to us how the vaccines were kept in line with the manufacturers' recommendations. The vaccines were kept in a locked fridge which was located in the nurse's consultation room. We saw that staff were routinely monitoring and recording the fridge temperature to ensure that it was operating within a safe range. The fridge temperature was recorded daily with the exception of weekends when the practice was closed. Staff told us that the fridge would set off an alarm if the temperature was out of the safe range or if it failed at night or over a weekend. They told us of the local protocol for seeking advice from the relevant manufacturers to determine whether the vaccines required replacement if they had been exposed to non-standard temperatures.

We found that emergency medicines were acquired, monitored and stored appropriately and safely. A stock of emergency medicines were readily accessible during clinic

Are services safe?

times. Emergency medicines were stored in a central place and oxygen and an external automated defibrillator (AED) was available. Outside of clinic times or when the surgery was closed we saw that the medicines were secured in a locked cupboard in a locked room. The practice nurse had responsibility for carrying out regular checks of the emergency medicines to ensure they were in date and fit to use. We saw documents indicating that these checks had been carried out regularly.

We found that prescription forms were being stored in line with the practice prescription policy. We found that blank prescriptions were kept securely and all prescription forms were locked away when not in use and at the end of each clinical session.

Repeat prescriptions were handled by the reception team during the day. Staff told us that they usually had them ready to be collected within two to three days but due to staff shortages and not having protected time to deal with the repeat prescription requests there had been delays of up to two weeks. We saw that this had been discussed at a recent practice meeting and as a result staff now had a dedicated office and protected time to prepare, obtain authorisation and issue repeat prescriptions in the specified two day timescale. Patients were able to collect the prescriptions themselves, or from a local pharmacy of their choice. Patients had told us that there had been improvements with receiving their repeat medicines.

Cleanliness & Infection Control

During our inspection we visited patient waiting and treatment areas, administrative and office spaces. The practice appeared clean and tidy. There was hard flooring in the treatment and consultation rooms which was clean and intact. We saw there were body fluid spillage kits in the clinical rooms. However there was no guidance in the practices infection control policy or available protocol for staff to follow in the event of a body fluid spill, therefore there was a risk that contamination or spillages may not be cleaned efficiently and effectively.

Staff were able to tell us about the infection control policy and their roles with regard to infection control practices and the importance of adherence to the policy. However, the policy did not contain guidance for staff on the safe handling, segregation, transportation and disposal of clinical waste. The policy only related to sharps bins and not hazardous waste bags or correct segregation as required by legislation. There was no guidance with regard

to environmental cleaning procedures in between patients or for body fluid spills and the correct use and disposal of personal protective equipment (PPE). The practice did not carry out any monitoring of its infection control practices and therefore could not demonstrate that infection control practices were being carried out consistently or correctly.

The treatment and consulting rooms were clean, tidy and uncluttered. Each room was stocked with personal protective equipment (PPE) including a range of disposable gloves, aprons and coverings. We saw that there was a supply of antibacterial hand wash, gel and paper towels available throughout the practice. Patients told us that the staff always washed their hands and the practice was always cleaned to a high standard. Patients told us that they had no concerns with regard to the cleanliness of the practice.

Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company. A cleaning company was employed to clean the premises daily.

A legionella risk assessment had been carried out and the practice water lines had been checked and maintained regularly. The checks demonstrated that patients were protected from the risk of an infection associated with the legionella bacteria.

Equipment

We saw that staff had taken steps to protect patients against the risk associated with the equipment they used. We saw evidence of appropriate maintenance of the equipment including electrical checks and calibration of clinical apparatus such as an electrocardiograph and nebuliser. All had been checked, tested and passed as fit for purpose.

Staffing & Recruitment

All staff were recruited safely with relevant checks being carried out. The practice had a recruitment policy that reflected a robust recruitment and selection process. We looked at a selection of staff files and saw that appropriate criminal records checks had been carried out via the Disclosure and Barring Service (DBS), as well as professional registration checks for all clinical staff with the Nursing and Midwifery Council (NMC) or the General Medical Council (GMC). Through the available processes

Are services safe?

and procedures the provider was able to ensure that staff had been checked thoroughly to work with vulnerable people and that they had the right qualifications, skills and experience necessary for them to perform their work.

Monitoring Safety & Responding to Risk

We saw a risk assessment had been carried out which had identified fire hazards such as fire exits being obstructed. The findings had been recorded and steps had been taken to reduce the risks. This information had been shared with staff so that the fire exits were clear. We saw that this had been reviewed in march 2014.

The practice had a procedure in place for responding to emergencies but this comprised of a 30 minute slot at the end of the morning session and was used largely for patients who had received a telephone consultation at the start of the clinical session. Any appointments not allocated would be booked by the reception staff and when the appointments had gone patients were instructed to attend the nearby walk in clinic.

We found no evidence to support how decisions were made about arrangements to ensure there were sufficient

appointments for patient, including emergency appointments. We asked staff what arrangements they had during busy times. All staff we spoke with told us that when all of the appointments had gone patients were redirected to the nearby walk in centre. We observed this during our inspection.

Arrangements to deal with emergencies and major incidents

The practice could respond in the event of a patient suffering a medical emergency. GPs and nursing staff have received Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS) training on an annual basis and we saw evidence that this had taken place. The practice had a supply of emergency medication and oxygen which had been checked and were all in date.

The practice did not have an emergency and business continuity/recovery plan that detailed arrangements how patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. For example, severe bad weather that cause staff shortages, interruption to utilities, or unavailability of the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with GPs and nursing staff who told us that patients' needs and potential risks were assessed at initial consultations with the GPs, individual clinical and treatment pathways were agreed and recorded on a computerised system. There was evidence that the practice carried out medicine audits that had been initiated by NHS commissioners/stakeholders in line with national guidelines and standards. For example, we saw a change had been made to the prescribing regime for patients with a specific condition to reduce the cost.

We spoke with GPs and nursing staff who demonstrated an awareness of the rights of patients who lacked capacity to make decisions and give consent to treatment. They told us mental capacity assessments were carried out by the GPs and recorded on individual patient records and mental health reviews were undertaken when patients visited the practice for other routine checks. We saw that the practice had a protocol for the consent to treatment and a form was used to gain the written consent of patients when undergoing specific treatments, for example, immunisations or minor surgery. We saw that some staff had undertaken mental capacity awareness training.

Management, monitoring and improving outcomes for people

The practice did not use information to audit or analyse the effectiveness of some of the treatments provided to patients. Registers were kept to identify patients with specific conditions/diagnosis, for example, patients with learning disabilities. The practice had not carried out any clinical audits so that comparisons could be made against national benchmarking to achieve improved outcomes for patients.

Effective staffing

We found there were enough staff to cover the number of appointments currently available for each clinical session. The practice was in the process of employing another practice nurse and health care assistant. The practice provided bookable appointments and offered limited emergency appointments, telephone consultations and home visits. This was less than the national average

required for the patient population who used the practice. Patients did not always have their health and welfare needs met by sufficient numbers of staff as they were regularly redirected to the nearby walk in centre.

We looked at staff induction training to see how staff were introduced to their role at the practice. We found that although there was a staff induction programme in place, this had not been implemented. We asked staff about their induction training and were told that this is time spent with an 'experienced' colleague learning the computer system. The practice could not show that staff were appropriately trained to safely work unsupervised.

We looked at a selection of staff files and saw appropriate professional registration checks for all GPs and nursing staff had been carried out with the Nursing and Midwifery Council (NMC) or the General Medical Council (GMC) and that all registrations were up to date.

Working with colleagues and other services

Patient's health, safety and welfare were protected when more than one provider was involved in their care and treatment, or when they moved between different services. The practice had systems in place for referring patients to external services and professionals including acute and medical specialists, social services and community healthcare services. Regular multidisciplinary meetings took place between other health professionals and staff at the practice. We looked at the minutes of these meetings and saw that there was no information recorded, therefore it was not possible to see what arrangements had been made. Staff told us that at these meetings arrangements for individual patients on advanced care plans were discussed and this had been recorded in their patient notes. Patients we spoke with told us that they had not experienced any problems when being referred to another service.

There were arrangements for sending referrals and receiving various test results and feedback from other health professionals. The staff we spoke with told us of the training they had received to enable them to ensure that the system for results and referrals was working effectively. All test results were seen by a GP first, and then scanned into the patient's records. Results were checked and any further arrangements made for patients in a timely manner. Patient's we spoke with confirmed this.

Are services effective?

(for example, treatment is effective)

Information Sharing

There were systems in place for sharing information with the out of hour's service and the walk in clinic to ensure patients received appropriate care, treatment and follow up. Complex cases that included vulnerable people at risk were 'flagged up' on the system so that the out of hours service was aware of

The practice received a fax each morning from the out of hour's service and the walk in clinic and this was checked by one of the GPs.

Consent to care and treatment

The practice involved patients with their care and treatment and their choices were respected. Patients told us that they discussed their concerns or treatments when they attended for appointments and that it was possible but often difficult to book a double appointment when they needed to discuss more than one concern or complex problems. If a patient needed to be referred to another service or specialist this was discussed during their appointment and they were given a choice of location, where possible.

Staff we spoke with demonstrated their understanding of consent and stated that patients had the right to withdraw it at any time and that this would be respected.

Where patients did not have the capacity to consent to treatment, staff were able to demonstrate that they acted in accordance with legal requirements. Mental capacity is the ability to make an informed decision based on understanding the options available and the consequences of decisions made. If patients were unable to make a decision for themselves, staff told us that they involved relatives to support patients in their treatment options. Not all staff had received Mental Capacity Act (2005) training or

could explain what measures would be followed in a patient's best interests where they could not consent. Patients who had been identified as unable to make decisions for themselves were given appropriate support from the GPs and nursing staff.

We saw that there was a suitable consent policy in place which showed that consent would be either implied or would be asked for and then it would be recorded. We also saw the policy showed the surgery had followed the published guidelines and observed the Gillick Competency when providing advice to under 16 year olds or when gaining consent to care and treatment from young patients.

Health Promotion & Prevention

All new patients were offered a consultation and health check with the health care assistant and/or the GP as required. Patients were given information, support and advice regarding their care and treatment. We saw a television in the waiting area showing advice about healthy eating, weight management and the benefits of exercise, safe alcohol consumption and smoking cessation. There was no information regarding services provided by the practice or external clinics. Patients were given further specific written information by the GP or nurses, if needed to encourage independence, self-treatment, and advice regarding support services such as smoking cessation. We were shown a copy of the practice leaflet, which contained information for patients about the practice, including how to access GP support when the practice was closed. The practice website held information and health advice for patients that they could refer to, such as what to do and how to manage common ailments such as cuts and bruises, coughs and colds and links to other relevant websites for first aid and health advice.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We saw that all staff spoke to patients in a friendly manner. All staff spoken with demonstrated an understanding of how patient's privacy and confidentiality was preserved. Reception staff explained how patients could request a private room to discuss anything they did not wish to discuss in the waiting area and this would be arranged. Patients we spoke with had not requested to use the private room or were aware this was service was available. However, we observed that the reception and waiting areas were not private and sensitive information could easily be overheard. Patients attending the practice were asked what was wrong when they requested an appointment and the conversation could be easily overheard by other patients waiting.

Consultation rooms had examination couches and blinds at the windows that were used when consultations or treatments were undertaken. We noted that during a consultation the doors were closed and no conversations could be overheard in the corridor outside. Staff were able to explain how they would preserve 'a patient's dignity when carrying out examinations. Patients were also able to request a chaperone and details regarding the chaperone service were displayed in all of the consultation rooms and the waiting area. Patients told us that when they attended the practice, staff were always caring.

Care planning and involvement in decisions about care and treatment

Patients told us that they were always involved in making decisions about their care and treatment. They said they were listened to and felt able to ask questions so that they understood the options available to them. The practice could demonstrate that they routinely involved patients with their care and treatment and their choices were respected. Patients told us that they had time to discuss their concerns or treatments when they attended for appointments and that it was possible to book a double appointment when they needed to discuss more than one concern or complex problems. However, getting an appointment was often difficult. If a patient needed to be referred to another service or specialist this was discussed during their appointment and they were given a choice of location, where possible

Patient/carer support to cope emotionally with care and treatment

Emotional support was provided by the practice by the provision of information given to patients and carers by the GPs and nursing staff and referral to outside agencies for support. The practice website had links with information for carers to access help and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice maintained links with local area commissioners and we were told meetings took place on a regular basis to review and plan how the practice would continue to meet the needs of the patients and potential service demands in the future.

The staff we spoke with explained that a range of services and clinics were available to support and meet the needs of different patient groups and that they would refer patients to community specialists or clinics if appropriate. For example, referring mothers with babies and young children to the community health visitor and older people to specialist groups who supported people with dementia and associated physical problems. The practice worked with community nursing teams, including the long-term conditions nurse and the mental health nurse who undertook mental health assessments as well as the GPs. Patients said they were referred promptly to other services for treatment, test results were available quickly and some patients spoke positively about minor surgical procedures and operations that they had undergone at the practice.

The practice was aware of patients individual access needs and had put the necessary measures in place to support them. Treatment and consultation facilities were located on the ground floor. There were also toilet facilities for patients where mobility was an issue and baby changing available.

We saw that the practice had not responded to issues or concerns raised by patients. We looked at the most recent patient satisfaction survey carried out in March 2014 which had received 138 responses from 150 surveys handed out. Patients had scored highly with regard to involvement in decisions about their care, understanding information and advice given by the GPs and nursing team and they were happy with their consultations. Where patients had scored either poor or very poor, related to getting through on the telephone and/or getting an appointment on the same day or within two days. The action plan stated that an extra seven and a half hours would be added to the clinical sessions and we saw that this had been carried out with the introduction of the advanced nurse practitioner.

However, there had been no investigation, monitoring, proposed action plan or remedy with regard to the problem patients experienced when contacting the

practice by telephone or increasing access to appointments for GPs. All of the patients we spoke with were dissatisfied with contacting the practice by telephone and said they had always experienced problems. The practice could not demonstrate that they were responding to patients when they showed dissatisfaction about contacting the practice.

Tackling inequity and promoting equality

Appropriate steps had been taken to ensure that the practice was accessible to patients with a wide

range of needs including mobility issues, sensory impairment and language barriers. Reception staff told us that they could access interpreting services if needed and showed us the contact details for the service that were displayed in the reception area and on the practice website. Staff told us that a slightly longer appointment time was given if an interpreter was present to allow enough time for the consultation and interpretation of the conversation. Reception staff told us that they were aware of the needs of regular patients and gave examples of patient who had requested the use of different communication methods to meet their individual needs.

Access to the service

The practice had not ensured that patients could access the practice at a time to suit them. Patients told us that they often experienced difficulty getting an appointment when they needed one, especially when booking on the day. The practice offered appointments that could be booked in advance, on the day or online. However patients calling or attending to book on the day appointments often could not get through, or experienced long waiting times in a queue to be told that all of the appointments had gone and they were then redirected to the walk in clinic. The practice had extended opening hours and was open later on a Tuesday and earlier on a Thursday so that patients had the opportunity to attend before or after work.

However, these extended clinics were with the nursing staff only and there was no access to GPs outside of usual opening hours. All of the patients we spoke with were unhappy with the difficulties they experienced when booking appointments with the GPs. They said it made them anxious about getting an appointment at a time to suit them and that the practice was very inflexible. Patients we spoke with said that in emergency or urgent situations they had experienced difficulty getting to see a GP at the practice and had been sent to the walk in clinic.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns & complaints

The practice had a system for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

The practice took steps to make patients aware of the complaints system. We saw there was information displayed in the waiting area, the practice website and leaflet to alert patients to the comments and complaints process. We looked at the practice complaints procedures. The process detailed the timescales for responding to any complaint received and the details of who to complain to if the patient was not satisfied with the response from the practice. This included reference to the Health Service Ombudsman. The Health Service Ombudsman is a free

service set up by parliament for individuals and the public to investigate complaints about healthcare when they are dissatisfied with how a provider has responded to their complaint. Staff we spoke with were aware of their responsibilities in the event of a complaint being received. We looked at the complaints the practice had received this year, we saw that the complaints procedure had not been followed on some occasions. Issues had been raised directly with the GP concerned. Learning points had been shared with the GPs and nursing staff and in the responses to the patients but no analysis of trends had taken place. Patients we spoke with said that they had not had any reasons to make a complaint. However, they all told us that they were not aware of the complaints procedure but would speak to the practice manager or their GP if they were not happy with anything.

Are services well-led?

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

Our findings

Vision and Strategy

The practice was managed by three GP partners and a practice manager. The practice manager had only been in post for three months. Staff said the practice was a supportive environment and they could approach the management team at any time. We found that the practice had sought patient feedback but had not acted upon it with regard to the difficulties patients experienced when trying to obtain appointments and the current telephone system.

Governance Arrangements

There were delegated responsibilities to named GPs, such as a lead for the safeguarding of vulnerable adults and children and a prescribing lead. This provided structure for staff and clear lines of who to contact for support and guidance when needed for these areas. However the practice did not have systems to identify, monitor and manage risks, or a process to analyse staff and patient feedback to improve the service. The practice had not engaged patients and staff sufficiently in the operation of the service or ensured that staff had received appropriate learning and development opportunities to enable them to provide relevant appropriate care, treatment and support to patients.

Leadership, openness and transparency

We spoke with members of the management team at the practice, who told us they encouraged an open approach in managing the practice and leading the staff teams. The GPs were the providers at the practice, being equal partners, to promote shared responsibility in the working arrangements and commitment to the practice. The staff we spoke with told us that they felt that the GPs were visible and approachable. Staff said that they did not always feel supported as everyone was so busy but they were able to approach the senior staff about any concerns they but often had to wait to do this.

Practice seeks and acts on feedback from users, public and staff

Although the practice had a system in place to seek and act upon feedback from patients there was no evidence to show they had responded to concerns to improve the practice. The practice had a patient participation group (PPG) However this had been inactive for over a year. Staff told us the group was made up of practice staff and five patients that did not represent the patient population as they had difficulty recruiting new members. We spoke with two members of the patient participation group who had both joined one year previously. During that period they had never met as a group or had any contact with each other. The only contact they had with the practice as a PPG member was when they had been asked to look at a patient survey form and give feedback to inform the content of the next patient survey. Both indicated that they had not received a copy of the patient survey to complete as a patient and were not aware of the outcome of the survey. Some of the actions identified in the most recent patient survey such as difficulty obtaining an appointments and getting through on the telephone had not been appropriately acted on.

Management lead through learning & improvement

Annual individual staff appraisals took place that included a self-assessment and personal development plan. Staff told us that they found this process supportive but they had not received appraisals regularly and no individual training needs had been identified as a result of the process. GPs had peer support arrangements in place. All staff demonstrated that they were aware of their roles and responsibilities and had the skills and experience to fulfil them. However, there were no systems in place to monitor staff training to ensure it was refreshed at regular intervals to enable staff to maintain adequate skills and knowledge in particular topics.

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers.</p> <p>1(a)(b) 3(a)</p> <p>The provider did not have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activities were appropriately inducted, trained, supported and competent in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. This was because staff induction had not been implemented and the practice could not ensure that staff were appropriately trained to work unsupervised. There was no system in place to monitor or ensure that training had been completed or refreshed at regular intervals.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision.</p> <p>1(a), (b), (e).</p> <p>The registered person did not have an effective system in place designed to protect patients, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment</p> <p>by identifying, assessing and managing risks relating to the health, welfare and safety namely:</p> <p>The provider did not regularly assess and monitor the quality of the services provided and identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.</p>

This section is primarily information for the provider

Compliance actions

The provider did not regularly seek the views of patients and staff act on them accordingly. When they received information from complaints or surveys they did not act on it to improve the services provided. **egulation**