

# Greasbrough Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greasbrough Medical Centre on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The majority of risks to patients were assessed and managed. However there were some areas which required improvements such as recruitment procedures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The appointment system was flexible and offered patients the opportunity to always be seen on the same day. The system was a combination of daily walk-in surgeries and pre-booked appointments. The practice also offered weekly late evening sessions for patients who worked. Systems were in place to minimise the wait for some patient groups during walk-in clinics such as children and those

# Summary of findings

living with dementia. Longer appointments were proactively offered by staff to those who may need them such as those with mental health needs. All the patients we spoke with and on the comment cards we received said they were highly satisfied with the appointment system. Some said it gave them peace of mind that they knew they could see the GP when they needed to. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above average compared to local and national averages.

The areas where the provider must make improvement are:

- Disclosure and Barring service (DBS) checks had not been obtained prior to employment for staff who required them due to the nature of their role, for example, nurses. There was no evidence applicants' physical and mental health was considered in line with requirements of their role. The recruitment policy and procedure required further development to include the requirements and procedures for DBS checks and health checks.

The areas where the provider should make improvement are:

- Infection prevention and control training provided on induction should be recorded.
- Storage arrangements for paper towels in clinical rooms should be reviewed and the risk of cross contamination minimised.
- Access to keys for the prescription pad storage area should be more controlled.
- Recruitment procedures and records should include records of interview.
- Arrangements should be put in place to ensure fixed wire installations (the wiring and equipment between the supply meter and the point of use, for example, socket outlets) are inspected and tested periodically by a competent person.
- Practice specific procedures should be developed to ensure any required actions identified in the legionella risk assessment are undertaken.

**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, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

The majority of risks to patients were assessed and managed. However there were some areas which required improvements. For example:

- Disclosure and Barring service (DBS) checks had not been obtained prior to employment for staff who required them due to the nature of their role. for example, nurses. There was no evidence applicants' physical and mental health was considered in line with requirements of their role. The recruitment policy and procedure required further development to include the requirements and procedures for DBS checks.
- Infection prevention and control training provided on induction should be recorded.
- Storage arrangements for paper towels in clinical rooms should be reviewed and the risk of cross contamination minimised.
- Access to keys for the prescription pad storage area should be more controlled.
- Recruitment procedures and records should include records of interview.
- Arrangements should be put in place to ensure fixed wire installations (the wiring and equipment between the supply meter and the point of use, for example, socket outlets) are inspected and tested periodically by a competent person.

# Summary of findings

- Practice specific procedures should be developed to ensure any required actions in the legionella risk assessment are undertaken.

## Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



## 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 good 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.
- 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. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

We saw one area of outstanding practice:

- The appointment system was flexible and offered patients the opportunity to always be seen on the same day. The system was a combination of daily walk-in surgeries and pre-booked appointments. The practice also offered weekly late evening surgeries for patients who worked. Systems were in place to minimise the wait for some patient groups during walk-in clinics such as children and those living with dementia. Longer appointments were proactively offered by staff to those who may need them such as those with mental health needs. National data showed and patients told us they were highly satisfied with the appointment system.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. We identified there were some improvements required in some areas of risk management and recruitment.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 79% which was similar to the CCG average of 83% but worse than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% similar to the CCG and national averages of 84%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice worked closely with voluntary groups who could provide support in the community, such as Voluntary Action Rotherham, who were invited to multidisciplinary meetings.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- 72% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months which was comparable to the CCG average of 73% and national average of 76%.
- 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. For example, the practice provided information leaflets for teenagers relating to contraception and sexual health.
- The practice's uptake for the cervical screening programme was 85%, which was below the CCG average of 99% and the national average of 98%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice ensured a female sample taker was available. The practice was aware of the screening uptake results and it had high numbers of patients from specific patient groups who failed to attend. They were reviewing how they could improve patient attendance particularly for those patients with learning disabilities and mental health needs.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children were prioritised at the walk-in clinics to minimise their waiting time.

## Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. A virtual patient participation group (PPG) was available to enable patients to have involvement in the running of the practice via email or the practice website if they were unable to attend the PPG meetings.
- The practice offered pre-bookable appointments during extended hours on a Monday evening from 6.00pm until 8.00pm for working patients who could not attend during normal opening hours. Walk-in surgeries were also provided every morning.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary 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 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.

## People experiencing poor mental health (including people with dementia)

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

Good



- Performance for mental health related indicators was 92%, similar to the CCG average of 91% and national average of 92%.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice worked closely with these organisations and they were involved in multidisciplinary meetings.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in this area.
- The practice offered patients with mental ill health an appointment after the walk-in surgery to minimise their wait and to enable the practice to offer longer appointments for those who needed them.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. 398 survey forms were distributed and 108 were returned. This represented 3.2% of the practice's patient list. Examples of responses included:

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).

- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 77%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients said they felt listened to and well informed about their care and treatment. Patients said staff were kind, friendly, caring and helpful.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were helpful and caring. Patients told us they could always get an appointment when they needed one. They told us they liked the walk-in clinics and said they did not have to wait long to be seen. Some said it gave them peace of mind that they knew they could see the GP when they needed to.

# Greasbrough Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Greasbrough Medical Centre

Greasbrough Medical Centre is situated within a purpose built surgery in a small outer suburb of Rotherham. The practice was built in 1978 and extended in 1998. The practice is situated in one of the third most deprived areas nationally.

The practice provides Primary Medical Services (PMS) for 3,319 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. The practice population has a higher ratio of patients in the 40 to 60 year old age group.

There are two GP partners, one male and one female. The nursing team comprises of a practice nurse and a health care assistant. There is a practice manager and administration and reception team.

The practice reception hours are 8am to 6.30pm, Tuesday to Friday and 8am to 8pm on a Monday. Surgery times are 8.30am to 9.30pm and 3pm to 5pm Monday to Friday and 6pm to 8pm on a Monday. Extended hours are provided 7.30am to 8am on a Tuesday and until 8pm on a Monday. No appointment is necessary for the morning surgeries. All patients who arrive during the morning surgery times will be seen by a doctor. All afternoon surgeries and the late evening surgery are by appointment only.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are provided by Local Care Direct. Calls are diverted to this service when the practice is closed. A walk-in centre is available at Rotherham Community Health Centre.

The practice is registered to provide the following regulated activities; maternity and midwifery services; family planning, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.

## 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 registered 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 19 January 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including the lead GP, locum GP, practice manager, practice nurse and three reception staff.
- Spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed CQC 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 living with dementia).

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

# Are services safe?

## Our findings

### 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.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where there had been a delay in referring a patient to secondary care services, areas for improvement had been identified and recorded. The case had been discussed as a learning exercise with clinicians, including the locum GP, and secondary care staff. The practice had also identified and recorded areas of good practice from the case which identified that the patient had received an explanation and had been kept informed about their care and treatment.

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

### Overview of safety systems and processes

The practice had 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 children and 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. 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 children level three. We also saw posters in

the waiting room providing information relating to abuse and contact details for advice or how to report any suspicions of abuse. We saw an example of good team working in safeguarding which had protected a child. A member of the administration team had concerns about a child as they were being registered as a temporary patient but had then left before seeing the GP. This was flagged to the GP who liaised with the previous GP and made a referral to the safeguarding team. We saw this was recorded as a significant event.

- A notice in the waiting room and consulting rooms 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). However, although one member of staff had a DBS check on file this was from a previous employer and a new check had not been completed on employment with the practice. (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 prevention and control (IPC) clinical lead who liaised with the local IPC teams to keep up to date with best practice. There was a basic IPC protocol in place and staff had last received training in 2014. The practice manager told us IPC was discussed in staff induction but was not recorded specifically. They also said the staff had been given access to online IPC training in the last couple of months and would ensure this was completed as a priority. The practice nurse showed us that annual IPC audits were undertaken and we saw evidence that action was taken to address any shortfalls identified as a result. The last audit had been completed in October 2015. This identified paper towels stored in clinical rooms were not held in a dispenser. In one room we saw they were stored uncovered on the side of the sink which may increase the risk of cross contamination. The practice manager told us following their audit they had agreed to address this in the next six months, however they said they would now address this sooner due to the risk highlighted. At our last inspection in 2013 we identified the storage cupboards in clinical rooms were made of varnished wood which may be difficult to clean.

## Are services safe?

- The practice manager at that time had told us there were plans to change these, however we observed this had not been completed. The current practice manager told us due to the extent of work this would entail this would not be completed in the short term and would be considered during any future refurbishment of the practice. We observed the cupboards were in reasonable condition and were visibly clean.
- 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. We also saw the practice nurse had completed an audit on the storage and procedures of vaccines in December 2015. Prescription pads were securely stored and there were systems in place to monitor their use. However, access to keys for the storage area was not adequately controlled. The practice manager stated they would address this immediately. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
  - The practice had a very low turnover of staff and only one person had been recruited since the practice registered with CQC. We looked at four recruitment files including two for Locum GPs. We saw recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS. For one person, recruited since CQC registration, the practice manager had obtained a copy of the DBS check from the previous employer. However, this did not meet the criteria for portability and a new DBS check had not been completed prior to employment with the practice. This check was required due to the nature of their role. The practice manager told us they would ensure this was completed as a matter of priority. We also saw a record of interview was not held for this person. Pre-employment information relating to the persons health had not been obtained and there was

no evidence applicants physical and mental health was considered in line with requirements of their role. The recruitment policy and procedure required further development to include the procedures for DBS checks and health checks.

- 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. We also saw the nurse had completed audits of the quality of the samples taken.

### Monitoring risks to patients

The majority of risks to patients were assessed and managed. However, there were some areas which required improvements.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, we saw the fixed electrical installations (the wiring and equipment between the supply meter and the point of use, such as socket outlets), had not had a periodic test since January 2009. It is a requirement of The Electricity at Work Regulations 1989 that, all electrical equipment, including portable equipment and installations, should be maintained (so far as reasonably practicable) to prevent danger. The practice manager told us they would arrange for a test to be completed and following the inspection the practice sent us evidence that this test had been requested. 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, infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw the procedure for management of legionella had been developed from a standard template but was not specific to the practice. We saw a legionella risk assessment had last been completed in July 2010 and there was a certificate to show water systems had been tested in July 2015. However, the practice manager had little understanding of legionella or the risks. They were not aware of any

## Are services safe?

areas of risk that may have been identified in the risk assessment or of any actions which may be required to minimise the risk of legionella in the practice between annual checks.

- 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 had received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 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 had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. We saw that these guidelines had been discussed in clinical meetings.
- 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 showed the practice had achieved 94% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 79% which was similar to the CCG average of 83% but worse than the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 85% similar to the CCG and national averages of 84%.
- Performance for mental health related indicators was 92% similar to the CCG average of 91% and national average of 92%.

Clinical audits demonstrated quality improvement.

- The practice provided four clinical audits which had been completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements. For example, following evidence the practice had made inappropriate referrals of mild cognitive impairment to memory services the practice completed an audit of all patients who had been referred in the preceding 12 months. The results showed the practice was not always following the CCG guidance on the information to be obtained for patients and carers presenting with memory or cognitive problems. The CCG guidance was implemented and a second audit showed improved information had been obtained prior to referring a patient to the memory clinic. This action had helped in avoiding referral of patients with mild cognitive impairment. The practice told us the changes that had been implemented had improved the quality of care and reduced unnecessary referrals and distress to patients.
- We saw evidence to indicate that prescribing in the practice was regularly monitored and had improved across the majority of areas measured.

### 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. However, induction records did not reflect some of the training provided.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for



# Are services effective?

## (for example, treatment is effective)

example, by access to on line resources and discussion at practice meetings. The practice nurse was undertaking training such as a family planning to enable them to expand their role.

- 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. Both GP partners had been revalidated since 2014. All staff had received 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.
- The GP told us they also shared care plans with their peers to aid learning.

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 multidisciplinary 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 had received training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Policies and procedures were in place to support staff in this area. 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.
- We saw the use of standard templates for recording consent and these were held on patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients requiring palliative care, 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.
- The practice provided various clinics to support patients such as shared care alcohol and substance misuse clinics, nurse led methotrexate and warfarin clinics and phlebotomy services and smoking cessation clinics with the health care assistant.
- Externally provided services included a physiotherapist who was available on the premises once a week. This service could be accessed by other practices through the choose and book system. Counselling services and a health trainer were also available on a weekly basis. A community Geriatrician held surgeries once a month and the practice could book patients directly in to this service.

The practice's uptake for the cervical screening programme was 85%, which was below the CCG average of 99% and the national average of 98%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice ensured a female sample taker was available. The practice was aware

## Are services effective?

(for example, treatment is effective)

of its screening uptake results and told us it had high numbers of patients who failed to attend and said this was due to the specific needs of the practice patient population. They said they were reviewing how they could improve patient attendance particularly for those patients with learning disabilities and mental health needs. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisation rates for the vaccinations given were relatively high when compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.4% to 100% and five year olds from 86.1% to 100%.

Flu vaccination rates for the over 65s were 73.37%, and at risk groups 45.14%. These were also comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains or a screen was 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 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful and treated them with dignity and respect. Comment cards highlighted that all the staff were caring.

We spoke with five patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and told us staff were caring. .

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 88%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 87%, 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:

- 91% 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that interpreter services were available for patients who did not have English as a first language.

### 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. Written information was available to direct carers to the various avenues of support available to them. The practice worked closely with the Carers Resilience Service. Staff from this service visited the practice once a month and offered advice and support for carers of those

## Are services caring?

living with dementia. The staff from this service had also been invited to attend the practice multidisciplinary meeting from March 2016. Practice staff had received Dementia awareness and Dementia Friends training.

Staff told us that if families had experienced bereavement, the GP contacted them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The lead GP was the locality deputy lead GP and attended CCG and locality meetings regularly.

- The practice offered extended hours on a Monday evening from 6.00pm until 8.00pm and 7.30am to 8am on a Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with mental ill health.
- Home visits were available for older patients, those with palliative care needs 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, breast feeding facilities, a hearing loop and interpreter services available.
- The practice provided information leaflets for teenagers relating to contraception and sexual health.

### Access to the service

The practice reception was open 8am to 6.30pm, Tuesday to Friday and 8am to 8pm on a Monday. Surgery times were 8.30am to 9.30am and 3pm to 5pm Monday to Friday and 6pm to 8pm on a Monday. No appointment was necessary for the morning surgeries. All patients who arrived during the morning surgery times would be seen by a doctor. All afternoon surgeries and the late evening surgery were by appointment only. Staff told us children would be seen as a priority during the walk in surgeries to minimise their waiting times. They also said they offered patients with a learning disability or mental ill health an appointment after the walk-in surgery to minimise their wait and to enable the practice to offer longer appointments for those who needed them. Patients could also access telephone advice from the GP if required.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 66% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. They said they were extremely satisfied with the walk-in surgery and waiting times to be seen were acceptable. Some said it gave them peace of mind that they knew they could see the GP when they needed to. The practice told us they constantly reviewed the walk-in surgery to ensure patient waiting times were not too long. They told us they had changed the afternoon walk-in surgery to appointments only following patient feedback.

### 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 information was available to help patients understand the complaints system on the practice web site. Posters were displayed and a summary leaflet was also available at the practice.

The practice had received three complaints in the last 12 months. We looked and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency when dealing with the complaint. Complainants had also been told how to escalate their complaint if they were not satisfied with the response from the practice. Lessons were learnt from

# Are services responsive to people's needs?

(for example, to feedback?)

concerns and complaints and action was taken as a result to improve the quality of care. For example, care guidelines were updated and training was provided to staff following one complaint.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and staff knew and understood the values. The practice understood the future challenges for the practice in respect of funding changes and had a strategy and a basic business plan to address these.

### 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.
- An understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we did identify some areas for improvement in respect of management of risk and staff recruitment.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

Staff told us there was good communication and they all worked as a team. They said there was a culture to look after and support each other to ensure the smooth running of the practice. For example, they said they were encouraged and felt comfortable to prompt each other if they identified tasks were due for completion to ensure things were not forgotten or late.

The registered 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.
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice PPG had 10 members which included patients from a range of patient groups including younger people and a patient with a learning disability. The practice also provided access to the PPG via a virtual email group and the practice website. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The records showed the PPG had met twice in 2015 and submitted proposals for improvements to the practice management team. For example, we were told the practice had received a

# Are services well-led?

Good 

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

“couple of grumbles” from patients about the times when the practice would receive prescription requests and the times were reviewed and adjusted to the patients' request.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Checks that staff were of good character where not adequate. This was because Disclosure and Barring Service (DBS) checks had not been obtained prior to employment for all staff who required them due to the nature of their role. For example, nurses.</p> <p>There was no evidence applicants physical and mental health was considered in line with requirements of their role.</p> <p>The recruitment policy and procedure required further development and include the requirements and procedures for DBS checks and health checks.</p> <p>19(1)(a)(c)(2)(3)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	