

# Gloucester House Medical Centre

## Quality Report

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Date of inspection visit: 19th July 2016  
Date of publication: 20/10/2016

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?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gloucester House Medical Practice on 19th July 2016. Overall the practice is rated as Requires Improvement.

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

- The lead GP and practice manager described an open and transparent approach to safety and a system in place for reporting and recording significant events. The system was not formal and matters were raised via electronic notifications and learning logs.
- Formal clinical and staff face to face meetings were not regularly taking place to discuss where things went wrong and what could be done to stop them happening again in the future.
- Risks to patients historically were not always assessed and well managed, specifically relating to fire, infection control, systems to manage medicines, prescribing spend and health and safety in general.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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.
- There was information on the practice website about how to make a complaint and this could be translated into different languages. Improvements were made to the quality of care if complaints or concerns were received.
- Most patients said they could make an appointment easily with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was located in an old building that required some attention, particularly in relation to fire hazards, but they had good facilities and the building was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice was under pressure following recent major staff changes and we saw a fragmented leadership structure. Action had been taken to provide lines of management and structure for staff and continuity of care for patients.
- Staff felt supported by management and engaged in the process to make improvements.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The provider must ensure action is taken in a timely manner when risks are identified. This includes risks identified following a fire risk assessment and a system in place to maintain health and safety requirements relating to the premises.
- The provider must ensure that infection control procedures are fully implemented and maintained, including a legionella assessment.
- The provider must ensure that systems are in place to formally record and report all significant events such as practice related issues and clinical related issues.

- The provider must introduce a system to ensure all staff received patient safety alerts and any action required is clearly identified, documented and completed.
- The provider must ensure that the fragmented leadership structure is addressed.

The areas where the provider should make improvements are :

- The practice should monitor that NICE and other guidelines are followed, through risk assessments, audits and random sample checks of patient records.
- The practice should satisfy themselves that all staff understand each member's roles and responsibility, specifically in relation to health and safety, safeguarding and infection control.
- The practice should be clear that all staff understand who is responsible for maintaining equipment, stock rotation and fridge management to ensure it is managed effectively.
- The practice should complete the planned appraisal programme.

**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**



- The lead GP and practice manager described an open and transparent approach to safety and a system in place for reporting and recording significant events. Lessons were shared and action was taken to improve safety in the practice where they were identified and when they were reported. This was done through informal electronic notifications and learning logs.
- Formal clinical and staff face to face meetings were not regularly taking place to discuss where things went wrong and what could be done to stop them happening again in the future.
- The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe. Risks to patients in the past were not always assessed and well managed, specifically relating to fire, infection control, systems to manage medicines, prescribing spend and health and safety in general. The practice had identified that action was required and had put plans in place to address the issues.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or higher than CCG and national averages.
- Staff told us they 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.
- Not all staff had had an appraisal within the last twelve months but we saw evidence that plans were in place for the future.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- 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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population. The lead GP had recently re-engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.

## Are services well-led?

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

Requires improvement



- There was a fragmented leadership structure due to major staff changes but staff told us they felt supported by management and they expected things to improve.
- The practice had a number of policies and procedures to govern activity but they did not hold regular governance meetings. Policies and procedures were not practice specific and did not have dates of issue and dates of review although there was a separate system to update them.
- Clinical and other staff meetings were fragmented and not well enough structured to ensure that all members of staff received and discussed things such as significant events and practice related risks and issues.
- The arrangements to monitor and improve quality and identify risk needed to be further structured in order to ensure positive outcomes were achieved.

## Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The lead GP encouraged a culture of openness and honesty.
- The practice had obtained feedback from staff and patients and had a patient participation group.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for older people. The provider was rated as requires improvement for safe and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The population of older people at the practice was average and the practice offered personalised and pro-active care to meet their needs such as home visits and urgent appointments.
- Patients had telephone access to the practice medicines manager to assist them with medicine compliance.
- Electronic prescribing was offered and the practice liaised with the pharmacy where home delivery was required.
- The practice carried out multi-disciplinary working when required and were part of the unplanned admissions scheme to prevent hospital admissions.
- Daylight appointments and GP of choice were offered when possible for elderly patients.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for older people. The provider was rated as requires improvement for safe and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from 2014/2015 showed that the practice were performing in line with or better than the CCG and national average for diabetes indicators. For example, the percentage of patients with diabetes, on the register, who had an influenza immunisation between August 2014 and March 2015, was 100%. This was higher than the CCG average of 95% and national average of 95%. Exception rates for these data were also lower than the CCG and national average.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- The patients had a named GP and a review to check their health and medicines needs were being met. For those patients with the most complex needs, the responsible clinician worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Care management plans were offered to patients with asthma, chronic obstructive pulmonary disease and diabetes.
- Patients were offered flu vaccinations ad hoc during consultations to ensure they received them.

## Families, children and young people

The practice is rated as requires improvement for older people. The provider was rated as requires improvement for safe and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The number of registered female patients between the ages of 35 and 54 years was higher than the CCG and national average. The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 93%. This was higher than the CCG average of 83% and the national average of 82%. Exception rates were lower than the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Additional childhood vaccination clinics were offered when required. Designated influenza clinics were offered at different times of the day to accommodate carers, workers and school children.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

**Requires improvement**





# Summary of findings

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

The practice is rated as requires improvement for older people. The provider was rated as requires improvement for safe and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 opened early at 7.30am on Fridays and stayed open later on Mondays with appointments up until 8pm.
- Telephone consultations and pre-bookable lunchtime appointments were also available in some circumstances.
- 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.

Requires improvement



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for older people. The provider was rated as requires improvement for safe and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and others who needed them. There was a lead assistant practitioner responsible for recalling and reviewing patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Mental capacity training had been arranged and we saw evidence of best interest meetings.
- The practice had a list of patients who were hard of hearing and those who were partially sighted.

Requires improvement



# Summary of findings

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

The practice is rated as requires improvement for older people. The provider was rated as requires improvement for safe and well-led care. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice participated in a directed enhanced service facilitating timely diagnosis and support for people with dementia.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting between April 2014 and March 2015 was 82%. This was similar to the CCG average of 83% and the national average of 84%. The exception rate for this outcome was 20% which was very high compared to the CCG average of 7% and the national average of 8%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and referred patients appropriately for other psychological therapies and promoted non medicinal therapies such as books and exercise.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

## Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed variable performance for the practice with some responses higher than average and some responses lower. 275 survey forms were distributed and 108 were returned. This represented 2.2% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the local average of 79% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 85% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the local average of 76% and national average of 73%.

- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 81% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. Cards included comments such as excellent, go above and beyond, friendly, positive, polite and kind and helpful.

We spoke with six patients during the inspection. They were all satisfied with the care they received and thought staff were approachable, committed and caring. They all felt they were treated appropriately and said they knew how to make a complaint if they needed to.

## Areas for improvement

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

The areas where the provider must make improvement are:

- The provider must ensure action is taken in a timely manner when risks are identified. This includes risks identified following a fire risk assessment and a system in place to maintain health and safety requirements relating to the premises.
- The provider must ensure that infection control procedures are fully implemented and maintained, including a legionella assessment.
- The provider must ensure that systems are in place to formally record and report all significant events such as practice related issues and clinical related issues.
- The provider must introduce a system to ensure all staff received patient safety alerts and any action required is clearly identified, documented and completed.

- The provider must ensure that the fragmented leadership structure is addressed.

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

The areas where the provider should make improvements are :

- The practice should monitor that NICE and other guidelines are followed, through risk assessments, audits and random sample checks of patient records.
- The practice should satisfy themselves that all staff understand each member's roles and responsibility, specifically in relation to health and safety, safeguarding and infection control.
- The practice should be clear that all staff understand who is responsible for maintaining equipment, stock rotation and fridge management to ensure it is managed effectively.
- The practice should complete the planned appraisal programme.

# Gloucester House Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

## Background to Gloucester House Medical Centre

Gloucester House Medical Practice is situated within a GP surgery which was purpose built in 1888. The building is old and requires some attention particularly in relation to fire safety. The practice is situated at 17 Station Road, Urmston, Manchester, near to the main road and public transport. There is limited car parking on the grounds of the premises but ample space on the roads adjacent to the building. The practice is based in an area that is at number seven on the scale of deprivation (with one being the worst and 10 being the best) within Trafford Clinical Commissioning Group (CCG). They are commissioned to provide services under a personal medical services contract and there are currently 4891 patients registered at the practice.

They are accepting new registrations. Some services such as phlebotomy and ear syringing are currently being de-commissioned which means the practice will no longer provide them.

The practice have been and continue to be under pressure following recent major staff changes and we saw a fragmented leadership structure. There is currently a male lead GP supported by a male salaried GP and a female

locum GP. There is one (newly started) part time practice nurse, a part time assistant practitioner and a part time health care assistant. The clinical team are supported by a full time practice manager, part time assistant managers and a number of full and part time reception and administration staff. Additional staff to be recruited include another part time practice nurse, an advanced nurse practitioner (who will be a partner) and a new member of reception staff. They are not a teaching or training practice.

The practice opening hours are :

Monday 8am to 7.30pm, Tuesday 8am to 6.30pm, Wednesday 8am to 6.30pm, Thursday 8am to 6.30pm and Friday 7.30am to 6.30pm. Appointments are arranged at varying times throughout the day to suit the needs of the patients. The practice is closed at the weekends. When the practice is closed medical cover was provided by the out of hours' service, Mastercall. The local walk in Centre is at Manchester Royal Infirmary.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold and we asked other organisations to share what they knew. We carried out an announced visit on 19th July 2016. During our visit we:

- Spoke with a range of staff including the lead GP and salaried GP, the assistant practitioner, the practice manager and members of the reception and administration staff.
- Spoke with six patients who used the service.
- Observed how patients were being attended to by staff
- Reviewed an anonymised sample of the personal care or treatment records of patients
- Carried out observations of the premises and reception area
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. However, the system was not sufficiently structured.

- Staff told us they would inform the practice manager of any incidents. This was done electronically through notifications and learning logs. The practice did not present any significant events that were formally recorded and discussed in face to face meetings detailing what happened, learning points, action taken and review.
- The practice said they carried out analysis of significant events and presented a summary of events that had been actioned.
- Formal clinical and other staff face to face meetings were not regularly taking place to discuss where things went wrong and what could be done to stop them happening again in the future. There was a gap between June 2015 and May 2016 when no formal meetings had taken place. We were told that informally the GPs had come together to discuss things, but there was nothing documented to support this.
- A formal structure had been introduced but needed to be embedded to ensure that all events were always recorded and discussed and actions from previous meetings were signed off.

We reviewed a summary of significant events and looked at the notifications and learning logs. Evidence of two clinical meetings were presented; May 2016 and July 2016. The minutes from those meetings did not corroborate with the summary of significant events that were presented. We looked at minutes from staff meetings in March 2016 and June 2016 where significant events were discussed. They did not corroborate with the summary of significant events. There was nothing to say who had attended the meetings. There was evidence of gaps in their significant event analysis and dissemination of learning.

### Overview of safety systems and processes

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

- Arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 although not all staff reported this to be the same person. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were also appropriately trained.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who chaperoned had the necessary Disclosure and Barring Service (DBS) checks. (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 manager told us she was the infection control lead; A clinical lead for infection control had not been appointed because of the new nursing structure. Staff had been trained in infection control but regular in-house infection control audits did not take place as recommended following a Clinical Commissioning Group (CCG)-wide infection control check in October 2015. The practice received an overall score of 56%.
- There were arrangements in place for managing medicines such as prescribing, emergency medicines and vaccines. A significant event was recorded relating to poor stock rotation resulting in an out of date MMR vaccination being administered. The correct action was taken when this had happened, but staff were still not sure who was responsible for obtaining, storing and disposal of medicines and equipment. Staff said they thought this would improve when lead roles and responsibilities were clarified.
- The assistant practitioner received mentorship from the new practice nurse and support from the medical staff

# Are services safe?

for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants could administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. A medicines manager role had been appointed to one of the staff to assist with the repeat prescribing process.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. An assistant practitioner was trained to administer medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where it was felt they were required.

## Monitoring risks to patients

Not all risks to patients were assessed and well managed. For example :

- Health and safety risks had not been monitored and assessed for a period of time.No one knew what to do if the alarm was pulled in the disabled toilet and there was no way of getting in to the toilet if it was locked from the inside.
- A fire risk assessment had recently been carried out (April 2016) resulting in numerous recommendations such as portable appliance testing, removal of fire hazards from the site, gas and air conditioning

assessments, fire training and fire drills.Structural changes were also required such as replacing doors into escape corridors, ensuring adequate lighting and linking the fire alarm to a manned centre. These recommended actions and a number of others remained incomplete at the time of our inspection with no dates for completion yet arranged.

- 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 enough staff were on duty. The clinical staff were currently shared across the lead GPs other practice to ensure continuity whilst new staff changes were being embedded.

## 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 undertaken annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.Not all staff we spoke to knew who was responsible for checking that emergency medicines were in date and replaced if used.
- We saw that the practice had laminated posters with telephone contacts in the event of emergency such as power failure or building damage. There was a business continuity plan.



# 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 patients' needs.
- The practice did not monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The exception rate for the practice was 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was better than the CCG and national average:

- The percentage of patients with diabetes, on the register, with recorded blood results in the preceding 12 months was 83% compared to the CCG average of 77% and national average of 78%.
- The percentage of patients with diabetes on the register with recorded blood pressure checks was 83% compared to the CCG average of 76% and the national average of 78%.

- The percentage of patients with diabetes on the register who received an influenza immunisation in the preceding 12 months was 100% compared to the CCG average of 95% and the national average of 94%
- All other required interventions for diabetes indicators was higher than the CCG and national averages.

Performance for mental health related indicators was similar or better than the CCG and national averages. For example :

- The percentage of patients diagnosed with dementia that had their care reviewed in a face to face meeting between April 2014 and March 2015 was 82% compared to the CCG average of 83% and the national average of 84%.The exception rate for this outcome was 20% which was very high compared to the CCG average of 7% and the national average of 8%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 95% compared to the CCG average of 85% and the national average of 88%.
- Other mental health related indicators were similar to or better than local and national averages.

There was evidence of quality improvement including clinical audit.

- We were shown two clinical audits completed in the last two years, which were both completed audits where the improvements made were implemented and monitored. A dementia audit showed an overall improvement in identifying dementia patients from 40% to 75%. We saw an action plan in place but no date for review.
- Findings were used by the practice to improve services. They identified that more staff were required and had recruited medical and nursing staff.

Information about patients' outcomes provided by the Clinical Commissioning Group (CCG) and quality outcomes framework (QoF) was used to make improvements. The provider had recently re-engaged (following a period of dis-engagement) with the CCG to review requirements and



# Are services effective?

## (for example, treatment is effective)

take action on prescribing overspend. In addition the practice had carried out an audit of care-planning and identified that action was required to ensure care plans were effective.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that the practice nurse and nurse practitioner attended nurse forums and were able to show how they kept their own professional development up to date by taking part in courses and updates of special interest such as asthma and chronic obstructive pulmonary disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Not all staff had received an appraisal within the last 12 months but there was a programme and action plan in place.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. 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.
- The practice shared relevant information with other services, for example when referring patients to other services.

There was evidence, and the practice acknowledged, that they could work more effectively with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. They had an action plan to have more frequent and more formalised meetings when care plans would be routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Those patients, and patients with mental health problems were signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

- The assistant practitioner was able to provide guidance on diet, smoking and alcohol cessation. The practice were proud to have contributed 40% towards the total CCG figure for smoking advice and cessation.

The practice's uptake for the cervical screening programme was 93% which was higher than the CCG average of 83% and national average of 82%. There was a call and recall process that included letters and telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sampler was available and the assistant practitioner would communicate and explain the process to women with language barriers or fears. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were consistently at 98% and for five year olds they ranged between 92% and 97%..

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 and could offer them a private room to discuss their needs.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There were varying levels of response for satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised and templates were being used for dementia, asthma and other long term conditions. However, action was required to ensure that the plans were used and kept up to date by all staff involved in the patient's care.

Results from the national GP patient survey showed patients responded variably to questions about their involvement in planning and making decisions about their care and treatment. Some results were lower than local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

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

## Are services caring?

- Information leaflets were available in easy read format and some information could be translated into different languages when required using the internet.
- There were two waiting rooms. There was not much information in the waiting rooms informing patients how to make a complaint or encouraging patient feedback.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations such as terminal illness, other health services and clinics. Other information about long term conditions and help and advice was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carer's list and had

identified 34 carers which was around 0.7% of the practices population. They acknowledged that more was required to actively identify carers and they were planning to do this. The nurse practitioner showed us how the register was used to ensure that carers received extra support such as protection from influenza and health checks to keep them well. We did not see written removable information available to direct carers to the various avenues of support available to them but there was information on the practice website.

Staff told us that if families had suffered bereavement, their usual GP kept in contact with them. The lead GP told us that the practice were starting to look at late onset problems to identify and engage early with patients and their families who may be in need of care and support through bereavement.

# 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 had historically been involved with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The lead GP had recently re-engaged with the CCG and held discussions about how to improve medicines management.

- The practice offered early morning appointments on a Friday and late evening appointments on a Monday for working patients who could not attend during normal opening hours.
- There were lunch time appointments available when required.
- There were longer appointments available for patients with a learning disability and others that needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Daylight appointments were always offered to older and vulnerable patients.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. The assistant practitioner could use sign language.

### Access to the service

The practice opening hours were :

Monday 8am to 7.30pm, Tuesday 8am to 6.30pm, Wednesday 8am to 6.30pm, Thursday 8am to 6.30pm and Friday 7.30am to 6.30pm. Appointments were arranged at varying times throughout the day to suit the needs of the patients. The practice was closed at the weekends and medical cover was provided by the out of hours' service, Mastercall. Pre-bookable, urgent and on-the day appointments were available as well as telephone consultations.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 69% of patients said they don't normally have to wait too long to be seen compared to the CCG average of 58% and the national average of 58%.
- 88% described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 99% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them and this was aligned with the comments in the comments cards.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system but this was limited and mostly available by request or on the website rather than in the waiting rooms.

We looked at a summary of complaints received in the last 12 months and found they were dealt with appropriately. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, if extra training was required it was provided and new protocols were initiated.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

- The provider had a clear vision to deliver high quality care and promote good outcomes for patients. The vision was known and shared by all staff at the practice.
- The provider had a strategy and an action plan for the future of the practice.
- There were no written formal business plans to support the strategy and no clear dates for implementation, improvement and review.

### Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- The practice had a number of policies to govern activity. The policies were generated from an electronic system and when generated were not personalised to the practice. They did not have dates of issue or review. The practice manager did have a spreadsheet system to review and make changes but this was not reflected within each individual policy.
- Not all staff knew who was the safeguarding lead, or who was responsible for infection control and/or medicines management checks and stock control.
- Arrangements for identifying, recording and managing risks were not robust enough because staff told us that they did not always report significant events.
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### Leadership and culture

The lead GP told us that they prioritised safe, high quality and compassionate care. Most staff told us the leaders were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leaders tried to encourage a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- They gave reasonable support, truthful information and a verbal and written apology to those affected by the issue.
- They kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management. However we found and it was acknowledged by the practice, that the leadership was fragmented due to considerable medical and nursing staff changes and the practice were under pressure to maintain a robust governance foundation. For a period of over 12 months, regular administration and clinical practice meetings and formal communication had not taken place. However, action was being taken to resolve this and staff told us that :

- New medical support was being initiated and a new partnership was being discussed.
- A new nursing lead and practice nurses had been, or were being, recruited.
- New administration and reception staff had been, or were being, recruited.
- There was a new structure and plan for regular clinical and administration meetings.
- Most staff said there was an open culture within the practice and that they had the opportunity to raise any issues. Some were more comfortable than others to do this.
- Staff said they felt respected, valued and supported, particularly by the leaders in 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. There was an active patient participation group.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example the patients had asked for posters and badges to identify staff so that patients knew who they were speaking to. We saw that this had been put in place.

# Are services well-led?

Requires improvement



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

- The practice informally obtained feedback from staff. However they did not hold team away days or undertake staff surveys. Some staff told us they would not hesitate to give feedback whilst others preferred to remain quiet.



## 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	Systems or processes were not established and operated effectively.
Maternity and midwifery services	The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.
Surgical procedures	Actions required in relation to fire safety were not completed in a timely manner.
Treatment of disease, disorder or injury	Infection control procedures were not fully implemented and maintained.
	There was no formal system to maintain health and safety requirements relating to the premises.
	A legionella assessment was planned but had not been undertaken.
	Significant events such as practice related issues and clinical related issues were not consistently recorded and report.
	Clinical meetings were not effective