

Primrose Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Requires improvement



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 Primrose Surgery on 1 June 2017. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However there was limited consistency and the system was not failsafe. Reviews and investigations were not consistently completed. The arrangements for managing medicines in the practice were not effective.
- Staff were trained to provide them with the skills and knowledge they needed to deliver effective care and treatment with the exception of safeguarding for one member of staff who was not trained to the appropriate level.
- Results from the national GP patient survey showed most patients felt they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were responded to appropriately.
- Responses from patients we spoke to were mixed. Nine out of 14 patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had been through a period of instability due to staff changes. Responses from staff were mixed about the current leadership structure which was still in its infancy.
- The practice proactively sought feedback from staff and patients, which it acted on and the provider was aware of the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvements are as follows :

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvements are as follows :

- Check that staff performing chaperone duties are recording an entry in the patient notes

- Establish a process to increase the number of carers identified and monitored.
- Maintain up to date information on the patient website
- Introduce a system to securely store and monitor the use of prescription pads
- Keep all emergency medicines in one place where they are easily accessible
- Introduce more frequent palliative care meetings
- Structure and monitor meeting minutes to ensure that actions are followed up

Professor Steve Field CBE FRCP FFPH FRCGP

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



- Staff understood their responsibilities to raise concerns but these were mainly in relation to significant events and not all incidents and near misses were dealt with appropriately. There was limited clinical input to the incident reporting forms.
- When things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Not all risks to patients were well managed. There was no clear system to deal with Medicines and Healthcare products Regulatory Agency (MHRA) alerts, blood tests were not reconciled by the GPs, the assistant practitioner made changes to medicines that were not checked by a clinician and uncollected prescriptions were not appropriately monitored.
- There were arrangements in place to respond to emergencies and unforeseen or major incidents. However they were not failsafe. For example some emergency medicines were not kept in an accessible place.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The assistant practitioner may require an increased level of safeguarding as they see vulnerable patients.
- Infection control was well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Summary of findings

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. 89% out of 98 respondents said they had confidence and trust in their GP. Patient responses on the day were mixed.
- Survey information we reviewed showed that patients rated the practice lower than others when responding whether they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had a higher than average number of patients over the age of 65 and a large number of patients with chronic diseases. However, the number of carers identified was less than 1% of the practice population.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice understood its population profile. For example they were aware that they had a larger than average number of patients over the age of 65 (10% compared to the local and national average of 7%) and a larger than average number of patients with chronic disease.

- The practice offered hearing tests on site for the elderly so they did not have to travel to the hospital. They could be fitted with hearing aids at the practice.
- The practice had the largest number of care homes compared to all other practices in the area. The number of home visits carried out to older patients at home had increased and the practice were responding to this need by ensuring that home visits were available each day.
- An audit of appointment demand led to an increase from 29 to 33 clinical sessions in an attempt to decrease patient waiting times. Additional GPs had been sourced and were due to be recruited which would increase capacity even more. An audit had not been completed that could demonstrate improvement.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.

Good



Summary of findings

- There were mixed reviews about appointment availability. 10 of 14 patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Several patients said they found it difficult to get through to the practice on the telephone and four patients were dissatisfied with making an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed 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.

- There had been a number of recent changes and the leadership structure was still in its infancy. The practice had policies and procedures to govern activity and held regular governance meetings. However, the arrangements to manage risks to patients such as medicines management, clinical supervision and incident reporting were not effective.
- Although openness and honesty was encouraged not all staff were proficient in identifying and reporting notifiable safety incidents. Information sharing and learning was generally limited to staff involved directly in any incidents rather than as a whole team.
- The practice had a vision and value that was shared with staff and there was an overarching governance framework with policies and procedures to support the delivery of care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- The practice sought feedback from staff at practice meetings and proactively from patients through the patient participation group and patient surveys. We saw examples where feedback had been acted on.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients. For example one of the GPs offered a minor surgery clinic and another was arranging to offer inter uterine contraceptive devices (coils) at the surgery.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people because there were aspects of the practice which required improvement and this related to all population groups. However we also saw areas of good practice.

- The ratio of older patients at the practice was 10% compared to the CCG and England average of 8%. There was a lead GP for dementia.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Patients with complex needs, the practice shared summary care records with local care services such as the Trafford Hub and out of hours services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions because there were aspects of the practice which required improvement and this related to all population groups. However we also saw areas of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- Data for diabetes showed that the practice attained 83% of the total points available which was 8% below the CCG and 7% below the national averages
- Data for chronic disease management showed that the practice attained 100 % of the total points which was better than the CCG and national averages.
- 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 held active reviews of patients with multiple chronic conditions to ensure they attended regularly.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because there were aspects of the practice which required improvement and this related to all population groups. However we also saw areas of good practice.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were between 98% for all standard childhood immunisations which was higher than the required standard of 90%.
- Staff told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked where possible with midwives and health visitors to support this population group. For example, caring for women before, during and after pregnancy. .
- Data showed that 82% of eligible females in the practice had been screened for cervical cancer. This was comparable with the CCG average of 83% and the national average of 81%.
- Contraception medicine and implants were offered and the practice were in the process of being able to offer inter uterine contraceptive devices (coils).

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated requires improvement for the care of working age people (including those recently retired and students) because there were aspects of the practice which required improvement and this related to all population groups. However we also saw areas of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday and Sunday appointments available through the GP borough-wide hub.
- An audit of appointment demand led to an increase from 29 to 33 clinical sessions in an attempt to increase patient waiting times. Additional GPs had been sourced and were due to be recruited.
- A hearing aid service is provided from the premises every two weeks by an outside company where hearing tests and aids can be fitted. This has been well used.
- 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 and there was a telephone ordering service for prescriptions.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable because there were aspects of the practice which required improvement and this related to all population groups. However we also saw areas of good practice.

- The practice held a register of patients living in vulnerable circumstances such as homeless people, asylum seekers or those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and others that needed it.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and had information for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

Requires improvement



Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) because there were aspects of the practice which required improvement and this related to all population groups. However we also saw areas of good practice.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 84% and the national average of 85%.
- 85% of patients with a mental health condition had agreed a care plan and this was reviewed compared to the CCG average of 85% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and we saw evidence of this.
- We saw evidence of advance care planning and best interest meetings 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 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 in July 2016. The results showed the practice was performing below local and national averages. 229 survey forms were distributed and 113 were returned. This represented 2% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the CCG average of 79% and national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% national average of 85%.
- 52% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 50% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which all had something positive to say about the practice. However, four cards were mixed in their responses about access and the standard of care received.

We spoke with fourteen patients during the inspection. Their responses were also mixed. Several of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Four of the patients provided more negative responses about the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are as follows :

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are as follows :

- Check that staff performing chaperone duties are recording an entry in the patient notes
- Establish a process to increase the number of carers identified and monitored.
- Maintain up to date information on the patient website
- Introduce a system to securely store and monitor the use of prescription pads
- Keep all emergency medicines in one place where they are easily accessible
- Introduce more frequent palliative care meetings
- Structure and monitor meeting minutes to ensure that actions are followed up

Primrose Surgery

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 Primrose Surgery

Primrose Surgery is located in Trafford and provides a service to 5863 patients in the surrounding areas of Urmston under a general medical services (GMS) contract run by Trafford Clinical Commissioning Group (CCG). It is situated in the eighth least deprived area in the country with a low number of black and Asian minority ethnic groups and a larger than average number of older people.

The premises are situated in an area close to shops and public transport and there is ample parking for patients attending by car. The surgery is on two floors and is accessible by stairs and a lift for patients with difficulty using the stairs. The practice moved to these premises approximately eighteen months ago in order to provide improved services to their population.

There have been recent GP changes and currently there are two partners, one male and one female. The nursing team comprises of two part time nurses. The practice also employ an assistant practitioner who couples as lead for medicines management and is also deputy office manager. The clinicians are supported by a practice manager, and a team of administration and reception staff. They are a training practice and currently have two GP trainees in post who are able to see patients under supervision.

The practice is open :

Monday 7am – 6.30pm

Tuesday 8am – 6.30pm

Wednesday 8am – 6.30pm

Thursday 8am – 6.30pm

Friday 8am – 6.30pm

There are appointments available on Saturdays between 9am and 1pm at the local hub at Flixton Road. These are for routine medical problems and the GP and nurse there have full access to all patients medical records. These appointments are pre bookable by speaking to some at reception at Primrose Surgery.

Outside of these times Mastercall Healthcare provide access to emergency medical advice and treatment.

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, we reviewed a range of information we held about the practice and spoke to Trafford Clinical Commissioning Group. We carried out an announced visit on 1 June 2017. During our visit we:

- Spoke with the GPs, nursing and non-clinical staff available on the day and spoke with patients who used the service.
- Observed how patients were being cared for in the waiting area by reception staff.
- Reviewed a sample of the personal care or treatment records of patients in the company of practice staff.
- Reviewed Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

- Is it safe?

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events but improvements were required to ensure that all staff were aware of the process.

- 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Not all staff were able to prioritise what should be reported.
- Incident recording forms were not completed by the member (or members) of staff involved in the incident and were completed after the incident. The forms that we saw did not give a detailed and personal account of what had taken place. Dates of review were recorded on the incident form but outcomes were not revisited to check that agreed changes were effective.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example extra training was provided for staff when a prescribing and dispensing incident occurred.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare and linked to the Trafford CCG protocols. There were telephone numbers available for quick access in each room and in the reception area.
- One of the GPs was the lead member of staff for safeguarding, GPs were trained to level three and all other staff had received training appropriate to their roles. Staff also had also completed awareness training about female genital mutilation (FGM) and domestic violence.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Chaperones did not record entries of their attendance in patient notes.

The practice maintained appropriate standards of cleanliness and hygiene.

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

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) but were not always failsafe. For example.

- There were processes for handling repeat prescriptions which included the review of high risk medicines. However during the inspection we identified that some high risk medicines, were not routinely monitored and appropriate actions had not been taken.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. However, prescriptions that were not collected were not safely monitored.
- Blood tests were not reconciled by GPs.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice also employed their own medicine manager who was a qualified pharmacist. This person was not sufficiently monitored to ensure that risks were kept to a minimum.

Are services safe?

- Printed prescriptions were stored securely. There was no checking system to ensure that prescription pads used by the GPs were sufficiently monitored.
- Patient Group Directions that had been adopted by the practice to allow nurses to administer medicines in line with legislation. The assistant practitioner was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. These included checks for locum staff.

Monitoring risks to patients

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

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

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were not easily accessible to staff in a secure area of the practice where all staff knew of their location. They were held in different treatment rooms where they could possibly be inaccessible if patients were being seen. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw evidence of learning and improvement in the form of documented discussions between staff where mentorship was apparent, best practice guidelines were highlighted and discussed and appropriate action had been taken when necessary.

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 96% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Data for diabetes showed that the practice attained 83% of the total points. This was 8% below the CCG and 7% below the national averages.
- Information about patients' outcomes was used to make improvements. For example the practice had identified that diabetes indicators were lower than average. Nurses were receiving further training in diabetes, so that the practice could offer a better service.
- 85% of patients with a mental health condition had agreed a care plan and this was reviewed compared to the CCG average of 85% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years. Two of those were completed

audits where the improvements made were implemented and monitored. Other audits were discussed at the inspection some of which required review and repeat.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. They had a plan for the future to include junior doctors and practice nurses in the audit programme.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the recruitment of new GPs. The practice were looking at their long term succession planning and bringing more trainees to the practice to enhance recruitment in the future. Another practice nurse had recently been recruited.

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 dealing with emergencies, fire, appointments, security, use of equipment, information sharing and how to manage reception issues. Safeguarding and infection control were part of training that staff undertook over the year.
- 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 and those with lead roles where we saw that training was up to date.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, informal clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, 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 in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings to discuss vulnerable patients such as those nearing the end of their life, or those with safeguarding alerts, were held infrequently.

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. However not all the clinical staff had received formal training in this subject and administration staff had not undertaken awareness training which would be of benefit to them.
- 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 evidence where best interest meetings had taken place to ensure the best outcome for the patient concerned.

- Checks were made to ensure that the process for seeking consent was followed when patients attended for minor surgery.

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.
- Information and advice was given to patients where possible and patients were signposted to other services such as support services for carers and patients with learning disabilities.

The percentage of women aged between 25-64 years, whose notes record that a cervical screening test had been performed in the preceding 5 years was 82%. This was comparable to the local average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by encouraging talking and explaining the process for those with a learning disability. A female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

The practice had a register of two week wait referrals and each patient has a six week follow up appointment booked at the surgery. All new cancer diagnoses are audited to check for best practice.

The practice were above the national standard for childhood immunisation rates. For example the percentage of children aged one year with a full course of recommended vaccines was 98%. The practice attained a score of 10% compared to 9% nationally for immunisation indicators.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for 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

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 31 patient Care Quality Commission comment cards we received said something positive about the patient's service experienced. The patients that commented felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Four of the comments cards added negative points about staff attitude and difficulties getting an appointment.

We spoke with fourteen patients on the day of the visit. We were unable to speak to anyone from the patient participation group (PPG). Patients we spoke to offered mixed responses. Most of them told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Four of them offered negative comments overall. Other comments highlighted that most staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that a lower than average number of patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 97%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 74% 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 the national average of 87%.
- 90% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 67% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients' responses were mixed when they told us about whether they were involved in decision making about the care and treatment they received. Not all of the patients we spoke to or those that commented through the comments cards reported that they felt listened to and supported by staff. However, patients thought that a recent increase in locum staff may have had a negative effect. The practice told us they had addressed this by securing consistent locums and recruiting new GPs. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals, such as if they wished to be seen without a parent present.

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 below local and national averages and the practice thought this may be due to a high number of locum staff. For example:

Are services caring?

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 76% 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 the national average of 82%.

Results in relation to the nurses were higher than local and national averages. For example:

- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 85%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that interpretation services were available for the limited number of patients who did not have English as a first language.
- There was a number of leaflets about long term conditions available in the waiting area.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 59 patients as carers which was less than 1% of the practice population. The lead GP was aware that more could be done to improve that figure, particularly as the number of older patients at the practice was above the local and national average.

Written information was available to direct carers to the various avenues of support available to them. Carers identified were offered support and 68% of those identified had received a flu injection.

Bereavement services were available for recently bereaved patients and their families.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had mostly used this understanding to meet the needs of its population. They had recognised that there had been issues due to significant changes in clinical and non-clinical members of staff. They understood that improvements were necessary within the practice and were working towards a plan to meet the needs of the practice population. They had recruited additional GPs, nursing staff and a new practice manager. Current services to meet patient needs included :

- The practice offered extended hours on a Monday morning from 7am.
- There were longer appointments available for patients with a learning disability and other patients when required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There was an information board about named GPs, appointments, opening hours, electronic prescribing, text messaging, closures and complaints.
- Other reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.
- A service from an outside company was available to test people's hearing and fit and provide hearing aids.
- Minor Surgery clinics were offered and the practice were preparing to offer inter uterine contraceptive devices (coils)
- A duty GP was available every day.

Access to the service

The practice was open :

Monday 7am – 6.30pm

Tuesday 8am – 6.30pm

Wednesday 8am – 6.30pm

Thursday 8am – 6.30pm

Friday 8am – 6.30pm

There were appointments available on Saturdays between 9am and 1pm at the local hub at Flixton Road. Those appointments were for routine medical problems and the GP and nurse there had full access to medical records. The appointments were pre bookable by speaking to one of the Primrose Surgery receptionists. Outside of those times Mastercall Healthcare provided access to emergency medical advice and treatment.

The practice had undertaken a significant audit of appointment demand and had increased their clinical sessions from 29 to 33 in an attempt to increase patient satisfaction and decrease patient waiting times. A duty GP was available each day to answer patient queries and home visits were provided to any older person who could not travel to the surgery. No audit had been undertaken to show whether or not the increased clinical sessions had impacted positively on patient waiting times. This was planned for the future. In addition, a further GP had been sourced and was soon to be recruited, as well as two GP trainees.

Satisfaction scores (from June 2016) about access were below average for the practice. (The practice were awaiting results from the next patient survey to see if responses had improved):

- 60% of patients were satisfied with the practice's opening hours compared with the CCG average of 77% and the national average of 78%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 86% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 52% of patients described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%.
- 57% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

10 of 14 patients told us on the day of the inspection that they were able to get appointments when they needed them.

There was a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. All patients got to speak to a clinician to make the decision. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. Message slots had been introduced to allow patients to leave messages that required a response from the duty GP.

Listening and learning from concerns and complaints

The practice had a system 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 an information leaflet and data on the information board was available to help patients understand the complaints system.

We looked at a summary of complaints between April 2016 and April 2017 which totalled 15. Findings showed that they were dealt with appropriately and in a timely way. Complaints made on NHS choices were also responded to. From the complaints we reviewed we saw that lessons were learned but there was no follow up to ensure that action taken was effective.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- There was a mission statement shared by the practice, and displayed in reception.
- The practice had a clear strategy and plans for the future which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The framework was in its infancy and the practice were working towards embedded procedures to ensure that :

- the new staffing structure was clear to all staff and all staff were aware of their roles and responsibilities.
- practice policies were regularly reviewed and acted upon by all staff
- a comprehensive understanding of the performance of the practice was maintained.
- whole practice team meetings (including clinical and administration staff) were held more frequently and provided an opportunity for staff to learn about the performance of the practice.
- a programme of continuous clinical and internal audit was used to monitor quality and to make improvements;
- Palliative care meetings were held more frequently;
- evidence from minutes of all meetings were structured and allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us that managers were approachable and always took the time to listen to all members of staff.

The provider was aware of the duty of candour but this was not understood by all members of staff. (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). There was limited support

training for all staff on communicating with patients about notifiable safety incidents. A culture of openness and honesty was encouraged but was not felt by all members of staff.

The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that there were systems to offer people effective, reasonable support, truthful information and a verbal or written apology. We also saw a number of cases where the practice felt that the complaint or error was not upheld.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. These meetings were infrequent due to the nonattendance of outside invitees.
- Staff told us the practice held frequent team meetings where all staff attended. However minutes from meetings were not structured and consistent and did not always demonstrate that actions were followed up.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff we spoke to were mixed in their responses when asked if they felt confident and supported to raise issues. Responses were also mixed when asked if they felt respected and valued.
- Not all staff felt that they were involved in discussions about how to run and develop the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We were unable to speak to any members of the PPG and action points we saw were from 2014.
- the NHS Friends and Family test, complaints and compliments received.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: the work of non-clinical staff was not effectively overseen.</p> <p>There was no proper and safe management of medicines. In particular :</p> <p>Blood tests were not reconciled by GPs.</p> <p>changes to medicines by non-clinical staff were not checked by GPs,</p> <p>uncollected prescriptions were not appropriately monitored</p> <p>action was not always taken in response to MHRA alerts.</p> <p>Regulation 12(1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p>

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular

prescription pads were not securely stored and monitored

where actions were recorded it was not always evident that actions were followed up