

Lawley Medical Practice

Quality Report

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Lawley

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lawley Medical Practice on 24 February 2016. Overall the practice is rated as good with requires improvement in safe.

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- People told us they were able to get on the day appointments when they needed them. However, they did comment that they had to wait for a pre-bookable appointment with their GP of choice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Importantly, the provider must:

- Ensure that appropriate recruitment checks are carried out prior to employment.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, not all appropriate recruitment checks had been completed prior to employment. The practice had identified these shortfalls prior to the inspection and taken action to address these.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

There were systems in place to ensure that relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines was implemented into practice.

The practice was a high Quality and Outcomes Framework (QOF) achiever. However, the practice showed a 13.1% clinical exception reporting rate (which was 7% above the CCG average and 7.9% above the national average).

Clinical audits demonstrated quality improvement.

Staff had the skills, knowledge and experience to deliver effective care and treatment.

There was evidence of appraisals and personal development plans for all staff.

Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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. Patients said that when referred to secondary care they were able to choose which hospital they were seen at.
- 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.
- There was scope to adopt a more proactive approach to identifying and therefore meeting the needs of carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice engaged with the local Clinical Commissioning Group (CCG) and had been involved in shaping local services. The practice was participating in a project set up to facilitate access to GP services outside on normal practice hours for patients across the locality.
- People told us that they were able to get on the day appointments when they needed them. However, they did comment that they had to wait for a pre-bookable appointment with their GP of choice.
- 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 good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity..

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had access to a care co-ordinator, who provided support with accessing services and benefits.
- The practice identified if patients were also carers.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission and patients with complex needs (referred to as priority patients) were identified as a priority.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance for the five diabetes related indicators was better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 90% compared with the national average of 78%.
- 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.
- Care plans were developed for patients with diabetes, asthma and chronic lung conditions.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/2015 showed that 87% of women aged 25-64 had received a cervical screening test in the preceding five years. This was above the national average of 82%.
- The practice ran a Women's Health Clinic one afternoon / evening a week. Services included family planning and contraception services including implant/coil fitting, as well as support with menopausal and continence issues. Chlamydia screening was available in the practice.
- We saw positive examples of joint working with midwives and health visitors. Midwife and health visitor clinics were held at the practice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours one evening a week, as well as telephone consultation and triage.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- Patients requiring additional assistance were identified on the electronic patient record, for example, patients with a visual impairment or hearing loss.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients (known as priority patients).
- 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.

People experiencing poor mental health (including people with dementia)

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

- QOF data from 2014/2015 showed that 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable with the national average of 84%.
- QOF data from 2014/2015 showed that 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This was comparable with the national average of 88%.
- The practice held registers of patients with poor mental health and dementia. Patients experiencing poor mental health were offered an annual physical health check.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Counselling services were available at the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with or above national averages. Three hundred and thirty eight survey forms were distributed and 125 were returned. This represented a 37% response rate:

- 95% of respondents found it easy to get through to this surgery by phone compared to the national average of 73%.
- 90% of respondents were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 91% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 92% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought the staff were approachable, committed and caring. They told us they felt listened to, were given enough time during consultations and treatment including medicines were fully explained.

Areas for improvement

Action the service **MUST** take to improve

Introduce a system to ensure that appropriate recruitment checks are carried out prior to employment.

Lawley Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Lawley Medical Practice

Lawley Medical Practice was established in April 1999. It moved into purpose built premises in Telford in February 2002. The practice holds a Personal Medical Services (PMS) contract with NHS England. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice area has average deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 8466 patients. The practice age distribution is higher than the national and CCG average for 0-14 year olds. It has a lower than national average of patients aged 55 and above but was comparable with the local CCG for this age range. The practice is a training practice for GP registrars to gain experience and higher qualifications in general practice and family medicine.

The practice staffing comprises three GP partners (two male and one female), one salaried GP (female), one locum GP (female) working one session a week, one advance

nurse practitioner, three practice nurses and one health care assistant, a practice manager, an office manager, and a team of administrative / reception staff working a range of hours.

The practice is open and telephones are answered every week day from 8am until 6.30pm, except between 12.10pm and 2.10pm on Wednesdays, when the practice is closed for staff training. Consultation times vary depending on which GP is working, the earliest at 8.30am and the latest at 5.10pm. Extended hours appointments are available with the GPs, the advanced nurse practitioner and nurses on Monday evenings.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Shropdoc, patients access this service by calling 0333 222 66 55.

Why we carried out this inspection

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

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

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

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

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 24 February 2016.

We spoke with a range of staff including the GPs, the practice manager, office manager, the advanced nurse practitioner, practice nurses, health care assistant and members of reception staff during our visit. We spoke with two members of the patient participation groups who were also patients, looked at comment cards and reviewed survey information. We also spoke with other health care professionals who worked closely with the practice.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant event meetings took place twice a year. The meetings were minuted so the information could be shared with all staff.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, it had been identified that a member of staff had not completed a referral request for a patient as identified in the patient notes. As a consequence the records for all patients seen by this member of staff were checked to ensure that no further referral requests had been missed.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of 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 one member of staff spoken with was not aware of who this was. 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 safeguarding level 3. The advance nurse practitioner was trained to child safeguarding level 3 and the practice nurses trained to level 2.

- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice met regularly with the health visitor to discuss children on the registers and any other families they had concerns about.
- 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 but not all had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The staff team were in the process of completing a staff risk assessment to identify any areas that needed addressing, and this was due to be discussed at the next staff meeting. A number of audits had been completed, for example, the cold chain audit and wound care audit. A post-surgical procedure surveillance audit was due to commence, and the health care assistant would be handing out the forms to patients as they assisted with minor surgery.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The nursing team told us that the local Clinical Commissioning Group (CCG) medicines management team supported them with medicines switches, for example following the recent changes to the medicines prescribed for chronic obstructive pulmonary disease (chronic lung condition). Prescription stationary was securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical

Are services safe?

conditions. They received monthly mentorship and support from the medical staff 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 were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We were informed by the practice that not all of the appropriate recruitment checks had been undertaken prior to employment. The practice manager had identified a previous failure in the Disclosure and Barring Service (DBS) checks process. As a consequence DBS checks had not been completed for three members of the nursing team and one member of reception staff. We saw evidence to support that these checks had been requested on 22 February 2016. We received confirmation from the practice that all of the DBS the checks had been received by 9 March 2016.
- The practice employed a long term locum GP. We checked the file, which contained their curriculum vitae, proof of identity and DBS check, as well as evidence they had indemnity insurance in place and were registered with the General Medical Council.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff had specific roles and were clear about their role and responsibilities.
- We saw that letters received six working days prior to the inspection were being scanned into the electronic patient records.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had a system in place to keep clinical staff up to date and to share relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Information received by the practice was stored electronically and could be accessed by clinicians.

The nursing staff told us they received updates directly from NICE, which enabled them to keep up to date with any changes. They also received information from the Clinical Commissioning Group (CCG) regarding any relevant changes. They told us that the CCG medicines management team supported them with any changes to medicines, for example recent changes in the medicines prescribed to patients with chronic lung conditions.

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 (which was 3.9% above the local Clinical Commissioning Group (CCG) and 6.5% above the national average), with 13.1% clinical exception rate (which was 3.1% above the CCG average and 3.9% above the national average). (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 the five diabetes related indicators was better than the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 90% compared with the national average of 78%.
- The percentage of patients with hypertension whose blood pressure was within the recommended range (82%) was comparable to other local practices and slightly below the national average (84%).

- Performance in two mental health related indicators were above the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 94% when compared with the national average of 88%.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 77%, which was above the national average of 75%.

Clinical audits demonstrated quality improvement.

- The practice carried out clinical audits one of which was a complete audit which demonstrated where improvements made were implemented and monitored.
- This audit looked at the compliance with NICE guidance for a particular medical condition. The results obtained in 2016 were compared against the results for 2015. The results showed 83% of patients now received a specific prescription (or had declined this) compared to 43% previously. There had been an increase in patients invited to or who had attended an annual review (67% compared to 27%) and 62% of patients had been invited for a symptom control assessment as opposed to 24% in 2015.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Nursing staff told us they were supported to develop new skills. For example one

Are services effective?

(for example, treatment is effective)

member of the nursing team was completing a course relating to the care of patients with asthma. Another member of the nursing team told us they regularly attended updates appropriate to their role.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The practice was also supporting the nurses through the recently introduced revalidation process. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services
- The practice held clinical meetings, which were attended by the GPs and nurses, as well as separate nurse team meetings.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss priority patients (palliative and end of life care) and were attended by the community nurses and palliative care team. The practice also met regularly with the health visitor to share information about children on the at risk registers or children in need. We spoke with the link health visitor for the practice. They told us that

communication with the practice was effective and they were able to raise issues with practice on behalf of patients. They told us the practice shared information about children or parents they had concerns about and requested updates.

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.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle. The practice offered an in house smoking cessation programme and currently had 68 patients on the programme. Patients could also be referred to the hospital dietician, who saw patients at the practice.

The practice's uptake for the cervical screening programme was 87%, which was slightly higher the national average of 82%. (Exception reporting for cervical screening was 2.6%, which was 2.7% below the CCG average and 3.7% below the national average).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than local and national averages:

Are services effective?

(for example, treatment is effective)

- 78% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 71% and national average of 72%.
- 58% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was in line with the CCG average of 57% and national average of 58%.

The practice ran a Women's Health Clinic on a Monday afternoon / evening. Services included family planning and contraception services including implant/coil fitting, as well as support with menopausal and continence issues. Chlamydia screening was available in the practice.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 97% and five year olds from 83% to 97%.

Flu vaccination rates for the over 65s were 76% which was slightly above the national average of 73%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Staff locked the door when carrying out examinations.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice advising patients of this was on display.

All of the seven patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought the staff were approachable, committed and caring. They told us they felt listened to, were given enough time during consultations and treatment including medicines were fully explained.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92.3% said the GP was good at listening to them compared to the CCG average of 86.6% and national average of 88.6%.
- 90.2% said the GP gave them enough time (CCG average 85.4%, national average 86.6%).
- 99.1% said they had confidence and trust in the last GP they saw (CCG average 93.9%, national average 95.2%)

- 92.71% said the last GP they spoke to was good at treating them with care and concern (CCG average 82.2, national average 85.1%).
- 92.97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 94.4% said they found the receptionists at the practice helpful (CCG average 85.7%, national average 86.8%)

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. Patients commented that the GPs explained about the proposed treatment, including the side effects of any medication. Patients also told us that when referred to secondary care they were able to choose which hospital they were seen at. Patient feedback on the comment cards we received was also positive and aligned with these views.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans and regular communication with the community nursing team.

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 above the local and national averages. For example:

- 91.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.1% and national average of 86%.
- 86.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 77.5%, national average 81.4%)
- 89.4% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.3%, national average 85%)

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. Staff were aware of how to organise an interpreter and the need for an interpreter was flagged on the patient's electronic records.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 137 patients as carers. Written information was available to direct carers to the various avenues of support available to them.

Systems were in place to notify staff if families had suffered a bereavement. There were alerts on the electronic patient notes so staff were aware that the family may need extra support if they contacted the practice. The practice did not have a set procedure in place for contacting families who had experienced bereavement, but staff told us the GP may contact them directly to offer support as required. Bereavement counselling was available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. A representative from the practice attended the monthly CCG Forum meetings, and the practice manager also attended the practice manager meeting. The GPs and practice nurses also attended the protected learning time events organised by the CCG.

- Home visits were offered to patients who were unable to or too ill to visit the practice.
- Elderly patients and patients with complex needs (referred to as priority patients) were offered same day appointments.
- Patients over the age of 65 years had access to a care navigator, who provided support with accessing services and benefits.
- Appointments outside of school hours were available and extended hours were offered with the GPs, advanced nurse practitioner and nurses on Monday evenings.
- 'On the day' appointments were available for children as well as patients requesting an urgent appointment via the telephone triage system.
- There were longer appointments available for patients with a learning disability and other patients who needed them.
- Telephone consultations/advice was available on request for all patients but especially for working age patients and students.
- Although the practice did not currently have any homeless patients registered, systems were in place to register these patients using the practice address.
- The practice had responded positively to a request from the health visiting team to hold a 'well baby clinic' to enable mothers and children to be seen locally rather than having to travel to another health centre. The practice provided a room twice a month for this clinic.
- There were disabled facilities, a hearing loop and translation services available.
- Baby changing facilities were available.
- Patients were able to access counselling services at the practice.
- The practice hosted eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as abdominal aortic aneurysm (AAA) screening

(AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body), pain management clinics and a podiatry service for diabetic patients.

Access to the service

The practice was open and telephones answered every week day from 8am until 6.30pm, except between 12.10pm and 2.10pm on Wednesdays, when the practice was closed for staff training. Consultation times varied depending on which GP was working, the earliest at 8.30am and the latest at 5.10pm. Extended hours appointments were available with the GPs, the advanced nurse practitioner (ANP) and nurses on Monday evenings.

The practice had recognised the need to increase the amount of pre-bookable appointments and amend the 'on the day' appointment system to ensure efficiency. As a consequence the practice had introduced a triage system for all 'on the day' appointments in September 2015. Patients contacted the practice and provided information to assist the duty GP to prioritise the order in which they called patients back. Patients were offered appointments with the GP, ANP, practice nurses or received telephone advice.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages in the following areas:

- 88 % of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).

However, patients' satisfaction was below the CCG and national average in the following:

- 46% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

People told us on the day of the inspection that they were able to get 'on the day' appointments when they needed them. However, they did comment that they had to wait for a pre-bookable appointment with their GP of choice, which was reflected in the national GP patient survey.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

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

- Patients told us they were aware of the complaints procedure and were confident their concerns would be dealt with.

We looked at 10 complaints received in the last 12 months and found that these had been satisfactorily handled and demonstrated openness and transparency. We saw that a number of complaints had been received via the comments box. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. A number of complaints related to the access road and car park at the practice, which had been affected due to building work. The practice kept patients updated regarding the situation via notices in the waiting room and the practice newsletter.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide high quality, safe and effective services to patients.

- The practice had a mission statement which was included in the practice book and on the practice website, Staff knew and understood the values.

Although the practice had not developed a written business plan, the lead GP recognised the challenges that the practice faced, which included the increase in population due to large housing developments in the area and the limited space within the building for expansion of the service. At the time of the inspection building work was ongoing to provide additional space.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a system in place to identify and invite patients for reviews, and one of the practice nurses oversaw this process with support from reception staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of recruitment of staff.

Leadership and culture

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). The partners encouraged a culture of openness and honesty. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, one of the practice nurses had been allocated administrative time so they were able monitor performance for long term conditions reviews.

Practice seeks and acts on feedback from its patients, the public and staff

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

- The practice had gathered feedback from patients through the patient participation group (PPG), the NHS Friend and Family Test and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in the review of the appointment system and the decisions around the changes. The PPG had also asked the practice to develop leaflets on 'A day in the life of' for members of practice staff and told us these had been informative as the members had not appreciated what work staff undertook on a day to day basis.
- The members we spoke with described the relationship between the PPG and the practice as a constructive two way process with information sharing and both parties' points of view listened to and respected. At the last PPG meeting the practice had shared the most recent results from the national GP patient survey.

Are services well-led?

Good 

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

- The practice produced a newsletter to keep patients informed of changes within the practice, for example, changes to the appointment system and the ongoing building work, as well as health updates.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: additional administration time for nursing staff, longer appointments depending on the reason for the appointment, provision of additional equipment,

and the introduction of nurse / health care assistant appointments that can only be booked on the day by the GPs if they wish a patient to be seen following their consultation.

Continuous improvement

The practice was participating in a project set up to facilitate access to GP services outside of normal practice hours. Twenty practices in the locality were participating in the pilot which enabled patients to be seen at any one of the practices on a Tuesday evening. The practices also shared the same electronic recording system allowing consultations to be recorded directly into the patient's notes.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People using the service were not protected against the risks of inappropriate or unsafe care and treatment because the required information as outlined Regulation 19 and Schedule 3 (Information Required in Respect of Persons Seeking to Carry On, Manage Or Work For The Purposes of Carrying On, A Regulated Activity) had not been obtained.</p> <p>Disclosure and Barring Service checks had not been obtained prior to employment for clinical staff.</p> <p>This was in breach of regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	