

Boroughbury Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Boroughbury Medical Centre on 12 January 2016. Boroughbury Medical Centre is a new service which was merged from two former practices in November 2015. Overall the practice is rated as requires improvement.

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

- Patients said they were treated with compassion, dignity and respect, and that they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Complaints were responded to satisfactorily, but no learning had been identified from them at present.
- The practice had a proactive approach to learning and development, and had an on site library and dedicated teaching space for trainees and students.

- The practice had good relationships with the multidisciplinary team. The building had designated rooms for midwives, health visitors and a mental health support worker who held weekly clinics in the practice.
- Urgent appointments were usually available on the day they were requested. However, patients found that the system was not responsive and there were significant delays in getting through to reception staff.
- Because the practice was new, it was too early to see clinical audit taking place and being used to develop performance and improve patient outcomes.
- Information about services was available in the waiting areas but not everybody would be able to understand or access it. For example, all information in the waiting area was in English, despite there being a large number of patients who did not speak English on the practice list.
- The practice told us that they held regular clinical meetings, however there were no meeting minutes available for us to see.

Summary of findings

- The practice had a number of policies and procedures to govern activity.
- Daily cleaning logs were not consistently completed. We found that disposable curtains used at the branch surgery were not changed as regularly as required.
- Newly appointed staff had been subject to appropriate recruitment checks. However, a number of other personnel files were incomplete.
- The practice did not have a robust system in place to check that the needles and syringes in emergency trolleys were in date. The emergency trolley was on the ground floor, and there was no evidence that a risk assessment had been undertaken to assess the risk within the large, three storey building.
- Data showed that the practice did not have robust medication review systems in place to monitor drugs that require monitoring.
- Staff had designated lead roles, however not all members of staff were aware of these.

The areas where the provider must make improvements are:

- Implement and embed the required improvements to ensure that patients can make appointments in a timely way.
- Ensure that patients who are prescribed medicines that require specific monitoring are reviewed in line with national prescribing guidance.
- Ensure that emergency drugs and medical equipment are in date and are easily accessible to all staff throughout the building.

- Premises and equipment must be kept clean in line with current legislation and guidance. This includes operating a cleaning schedule, monitoring levels of cleanliness and ensuring that staff with responsibility for cleaning have appropriate training.
- Develop specific safeguarding registers for vulnerable adults and children.

In addition, the provider should:

- Ensure that there are different sized chairs available in the waiting areas.
- Provide practice and health education information in appropriate languages and formats.
- Formulate a clear audit plan to demonstrate future quality improvement.
- Deliver a programme of clinical audits to improve patient outcomes.
- Share the learning outcomes from complaints with staff.
- Implement a system for maintaining stock control of medicines used in the practice.
- Review staff personnel files to ensure that key information is held.
- Ensure that regular fire drills are undertaken in order to safeguard patients and staff.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example, the practice did not have a robust system of checking the medication and equipment kept in the emergency trolley. Furthermore, the practice did not monitor the stock levels of the medication that was held in consulting rooms.

Data showed that the practice did not have a robust medication review system in place to review patients taking medicines that require monitoring.

We found areas of concern relating to infection prevention and control in the branch surgery. For example, daily cleaning logs had not been maintained and disposable curtains had not been changed as regularly as required.

There was an effective system in place for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made as the practice develops.

There was limited evidence available to demonstrate how national guidelines such as NICE (National Institute for Health and Care Excellence) were disseminated and actioned by clinicians at the practice. Whilst there was recognition that the practice only opened in November 2015, it would be expected that a clear system would have been in place from the outset.

Staff had received training appropriate to their roles, and were encouraged to develop their roles further. For example, a healthcare assistant was being supported to undertake a training course that would provide her with further clinical skills. Medical students and GP trainees could utilise the medical library within the practice.

There was evidence of an appraisal schedule for administration staff, however there were no appraisal dates set for clinical staff. Team meetings were taking place but record keeping was limited or absent. The practice should formulate a clear audit plan with a view to demonstrating quality improvement going forward.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect, and that they were involved in decisions about their care and treatment. We observed an example of this on the day of inspection, which demonstrated the good relationships that staff have with patients. Views of external stakeholders were positive and aligned with our findings. We saw reception staff treat patients with kindness and respect, and maintained patient and information confidentiality.

Information for patients about the services the practice offered was available, however not everybody would be able to understand or access it. For example, all information in the waiting area was in English, despite there being a large number of patients who did not speak English on the practice list.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Appointment systems were not working well so patients did not receive timely care when they needed it. The practice provided evidence of the work that they had been undertaking to address technical faults with the practice's appointments system. Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

Information about how to complain was available for patients. However, there was no evidence that learning from complaints had been shared with staff.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had a vision and a strategy, but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management, however at times staff were unsure of who to approach with issues.

The practice had a number of policies and procedures to govern activity. All staff had received inductions. Team meetings were departmental, and in addition to this the practice partners had organised social events for the staff.

Requires improvement



Summary of findings

The practice had a patient participation group (PPG) that held regular meetings in the practice with a partner in attendance. There was scope to better disseminate information about the PPG to the public.

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 provider was rated as inadequate for safety and requires improvement for effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for the care of older people. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This was acknowledged positively in feedback from patients.

Staff from local nursing and residential homes gave positive feedback about the clinical care provided by the practice staff.

The practice had a plan in place to commence multidisciplinary team meetings to discuss the care of older adults following the recent demise of the local contract for older people's care.

Requires improvement



People with long term conditions

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for the care of people with long-term conditions. Longer appointments and home visits were available when needed.

The practice had recently reviewed the services they provided to diabetic patients in a team meeting utilising the Kaizen event tool. These are short duration improvement projects with a specific aim for improvement. The practice had detailed evidence of the meeting, including a robust action plan.

Requires improvement



Families, children and young people

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for the care of families, children and young people. Patients told us that children

Requires improvement



Summary of findings

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 had a designated breastfeeding room.

The practice did not hold a safeguarding register for vulnerable children.

Working age people (including those recently retired and students)

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The needs of the working age population 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 appointments offering full service provision. The practice was proactive in offering online services, alongside a range of health promotion and screening that reflects the needs for this age group. The practice were considering implementing an online consultation tool.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, people in prison and those with a learning disability. The practice offered longer appointments for these patients. The practice were aware of various support groups and voluntary organisations that they could refer vulnerable patients to.

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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safety and requires improvement for effective, responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice is rated as requires improvement for people experiencing poor mental health (including those with dementia). The practice carried out advance care planning for patients with dementia. A GP partner at the practice took a local lead role for patients with dementia from the Muslim community. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A mental health support worker held a regular clinic at the practice. The practice also had a close working relationship with the local prison and substance misuse services.

Requires improvement



Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were generally positive about the standard of care received. 15 of the 17 patient CQC comment cards we received were positive about the service experienced. Two cards stated that they found the telephone system difficult to use, however they

found the staff to be very good. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with seven patients during the inspection. All seven patients said they thought staff were approachable, committed and caring. However, all seven patients found that getting an appointment was difficult.

Boroughbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Boroughbury Medical Centre

Boroughbury Medical Centre is a purpose built practice situated in Peterborough city centre. The practice provides services for approximately 25,500 patients, operating a single user list from its primary location and a branch surgery in Werrington. Boroughbury Medical Centre opened to the public in November 2015.

Boroughbury Medical Centre has been formed from the merger of North Street and 63 Lincoln Road medical practices. 63 Lincoln Road was inspected in September 2013 using previous CQC methodology. Issues raised at this inspection were addressed, and the practice was later found to be compliant with the legal requirements and regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating following this inspection under CQC's previous methodology. North Street has not been previously inspected.

Boroughbury Medical Centre has a high percentage of older adults on its patient list, along with a high percentage of patients from a variety of ethnic minority groups.

The practice team consists of 12 GP partners, two salaried GPs, an operations manager, a business manager, eight practice nurses and four health care assistants. It also has

teams of reception and administration staff. There are members of staff employed who are fluent in different languages, including Spanish, Urdu, Hindi, Dutch, Italian, Polish and Arabic.

The practice is open between 8.15am to 6.30pm Monday to Friday. It also offers appointments between 8.40am to 12.00pm on most Saturday mornings, and between 6.30pm and 8pm on some weekday evenings. Full service provision is offered during these extended hours.

Boroughbury Medical Centre's main site is set over three floors, with consulting rooms available for visiting members of the multidisciplinary team, a minor surgery suite, conference rooms and a medical library. There is ample parking for patients and six large waiting areas.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the 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 hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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:

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

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events. Staff told us they would submit a form electronically, which would then be sent to the appropriate lead member of staff. Significant events were discussed at a designated monthly meeting, however this was only attended by clinical staff. There was a plan in place to discuss significant events at quarterly meetings attended by all members of staff. We saw evidence of action plans to facilitate change following significant events. For example, a significant event surrounding an intimidating patient had an action log stating that a policy would be implemented to protect staff. Topics discussed were used to plan upcoming staff training.

There was a lead member of staff responsible for cascading patient safety alerts. However, we did not see any evidence of patient safety alerts being discussed in staff meetings.

Overview of safety systems and processes

Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies were available to all staff, and clearly outlined who to contact for further guidance if they had concerns about a patient's welfare. There were two lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. However, the practice did not hold specific safeguarding registers for vulnerable adults or children. The practice had a system in place to alert staff if there were safeguarding concerns about a patient.

A notice in the waiting room advised patients that nurses or reception staff would act as chaperones if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring service check (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 might have contact with children or adults who may be vulnerable.

The main site maintained appropriate standards of cleanliness and hygiene. We observed the premises to be

clean and tidy. However, the branch surgery did not have a robust system in place for changing disposable curtains in consulting rooms. Furthermore, we found a sharps box being used that had not been assembled correctly to ensure that used needles and syringes were stored safely.

There was a designated lead for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, however non-clinical staff had not received infection control training on induction. A new practice audit had been carried out at the main site, however we did not see evidence that infection control audits were regularly undertaken at the branch surgery. There was a log of daily infection control activity undertaken in the treatment room. Cleaning staff from an outside agency cleaned the practice daily, however cleaning schedules were not completed daily. There was no evidence of infection control spot checks being undertaken.

Medicines Management

Both blank prescription forms for use in printers and those for hand written prescriptions were recorded and tracked through the practice. Medicine refrigerator temperatures were recorded daily, and staff were clear on what to do if temperatures were not within the safe limits. Staff told us that processes were in place to ensure the cold chain of vaccines was maintained.

Data showed that a significant percentage of patients who took prescribed medication that required monitoring had not had a recent medication review.

The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). We found that medication used on a regular basis was kept in consulting rooms, however there was no system in place to maintain stock control.

Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These had been assessed and signed by the relevant staff. The practice had a system for the production of patient specific directions to enable health care assistants to administer vaccinations. Again, the staff giving these medications had been assessed and signed off accordingly.

Are services safe?

Staff Recruitment

We reviewed the personnel files of newly appointed staff and found that appropriate recruitment checks had been undertaken prior to their employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

We found that documentation was missing from the personnel files of staff who had been employed prior to the merge of the two practices. Confirmation of DBS checks for these members of staff was held on a register.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, however it had not undertaken a fire drill. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice did not have robust 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. Staff were also aware of panic alarm buttons. The practice had a defibrillator available on the premises, along with oxygen with adult and children's masks. There was also a first aid kit and accident book available. An emergency trolley was easily accessible to staff at the branch surgery. However, the emergency trolley held in the main site could not be accessed quickly from some areas of the building.

Emergency medication and equipment was checked weekly at both the main site and branch surgery. We found out of date needles and syringes in the emergency trolley held at the main site, alongside airway management equipment that had been taken out of its packaging. Staff we spoke to felt that the responsibility for undertaking these checks was unclear.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This was held online and off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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. However, the practice could not demonstrate that it had a system in place to ensure the effective dissemination and action of relevant national guidance.

We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. Records were not kept of clinical meetings, therefore we were unable to see which topics had been discussed. GPs informally met every morning to discuss any issues relating to practice.

Management, monitoring and improving outcomes for people

Currently, there are no results from the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients at present. QOF is a system intended to improve the quality of general practice and reward good practice. This is due to the infancy of the practice. We found that each GP had a lead area for QOF data.

Given that the practice was new, it was not possible for clinicians to demonstrate how clinical audit had led to improvement in patient outcomes. There had been three data collections relating to services provided by the practice, however the GPs we spoke with confirmed that these had not yet been discussed at any meetings. The practice should formulate a clear audit plan with a view to demonstrating quality improvement going forward.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

The learning needs of staff had not yet been identified through appraisals, meetings and reviews of practice development needs. However, the staff spoke positively about the learning culture within the practice. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

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 quality management system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that the multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

A date had been booked for staff to undertake training on the Mental Capacity Act 2005. When we spoke with staff they were able to describe appropriate consent and decision-making requirements. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

When interviewed, staff were able to give examples of how a patient's best interests were taken into account if the patient did not have capacity to make a decision. Clinical

Are services effective?

(for example, treatment is effective)

staff demonstrated a clear understanding of Gillick competencies (these are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

The practice identified patients who might be in need of extra support. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service.

The practice offered a comprehensive screening programme. There were no current figures for the practice's uptake for the cervical screening programme. There were

systems in place for recalling patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

There were no current figures for childhood immunisation rates.

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 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients, and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Patient phone calls were taken in a designated office behind the reception desk, ensuring privacy and confidentiality. The reception desk was placed away from the seats in the waiting area, and we saw a notice informing patients they could request a private room to speak to receptionist.

15 of the 17 patient 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. Two cards stated that they found the telephone system difficult to use, however they found the staff to be very good. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

We also spoke with seven patients from different population groups, including two members of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Five of the seven patients spoken to found that the telephone system was difficult to use.

There are no current results from the national GP patient survey.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the 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 information leaflets to be given to carers available in the waiting area of the main site.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Two GPs from the practice attended the CCG Council of Members meetings.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example, a mental health support worker held a regular clinic at the practice.

The practice offered a variety of services to patients in addition to chronic disease management. This included condom supply, chlamydia screening, minor surgery and travel advice. It also offered an influenza vaccination service.

The practice did not consistently meet the needs of patients with disabilities. For example, there were disabled parking spaces, lift access, disabled toilet facilities and automatic doors at the main site. Furthermore, the corridors within the practice were wide and clear, allowing easy access to the consulting rooms. However, there was no variation in the seating available in the waiting areas of the main site. Portable hearing loops were not used in the reception areas at both the main site and branch surgery.

There were longer appointments available for people with a learning disability. Home visits were available for older patients / patients who would benefit from these. The practice offered an emergency clinic for on the day appointments. Patients were able to see both male and female clinical staff.

Access to the service

Appointments were available between 8.30am to 6.30pm Monday to Friday. It also offered appointments between 8.40am to 12.00pm on most Saturday mornings, and between 6.30pm and 8pm on some weekday evenings. The practice was closed for appointments between 12pm to 2.30pm each day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The feedback we received from patients, comment cards, outside organisations and Healthwatch demonstrated that patient satisfaction with the telephone appointments system was poor. The practice had acknowledged this and were able to provide evidence of their liaison with the telephone provider. The practice had a plan in place to make changes to the telephone system that included a timetable for improvements.

Listening and learning from concerns and complaints

The practice had a 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. Information about how to make a complaint was also displayed on the wall in the waiting area. However, there was no information available to help patients understand the complaints system on the practice's website or in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to 18 complaints received following the opening of the practice, and found that they had been investigated and responded to in a timely and empathetic manner. There was no evidence that learning from complaints had been shared with staff to improve the quality of the service. However, the practice had a plan in place to discuss complaints at quarterly meetings.

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 vision to deliver high quality care and promote good outcomes for patients. There was a focus on promoting integrated care and developing a clinical hub model. The practice did not yet have a robust strategy and supporting business plans to reflect this, however we saw evidence demonstrating that these were being developed.

Governance arrangements

The practice had a comprehensive list of policies and procedures in place to govern its activity, which were available on a quality management system. We looked at a number of policies and procedures and found that they were up to date.

We found that quality monitoring processes were not yet embedded into the practice. For example, we found issues with infection prevention and control monitoring.

Discussions with different members of staff demonstrated that there was still confusion around the leadership structure of the practice. Staff we spoke with were all clear about their own roles and responsibilities, however there was uncertainty about who took clinical lead roles. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness.

Communication across the practice was structured around key scheduled meetings for separate teams. The practice did not hold regular meetings that were open to all members of staff. We found that the quality of record keeping for practice required improvement. This meant that staff teams did not have a clear understanding of each other's roles and challenges to enable the wider team to support one another more effectively.

There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that management staff were approachable, although they were unsure of the leadership structure.

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 a system in place for identifying and reporting notifiable safety incidents.

We noted that the practice had organised social events to aid the amalgamation of two teams of staff. 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.

The practice ensured that there was mentorship and pastoral support for junior staff and their GP registrars. There was an emphasis on supporting trainee staff, and the practice had included a medical library in the main site.

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

The practice had a plan in place to encourage feedback from patients, the public and staff.

The practice gathered feedback from patients through the PPG, and through feedback forms and complaints received. A suggestions box in the reception area had been made available for patients to leave comments in, which was checked daily. However, we did not see any evidence of how suggestions had been considered.

The active PPG held monthly meetings at the surgery. We spoke with two members of the group, who reported that a GP attended every meeting to ensure the group was kept up to date with what was happening within the practice. The PPG was not clearly advertised in the waiting areas at both the main site and branch surgery. The PPG were concerned that the time of their meetings had been moved by the practice, which had led to a member being unable to attend. There were plans in place to recruit members to a virtual PPG.

Staff felt that they had been supported through the merge of the two former practices. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Furthermore, staff told us they felt involved and engaged with improving how the practice was run.

Continuous improvement

Are services well-led?

Requires improvement 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team could demonstrate their forward thinking approach, and were involved with local pilot schemes to improve outcomes for patients in the area.

Staff we spoke to provided us with examples of where the practice had supported them to improve their professional practice. For instance, the practice was in the process of supporting a healthcare assistant to complete a clinical skills course. The practice also took part in a local apprenticeship scheme.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established to ensure that patients were able to access appointments effectively. Regulation 17. - (2) (a) The provider did not have fully effective systems or processes in place to assess, monitor and improve the quality and safety of the services provided. Risks to the health, safety and welfare of patients, staff and visitors were not always well managed. Regulation 17. - (2) (a) (b)
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There was no robust method in place to ensure that patients who took prescribed medication that required monitoring were regularly reviewed. Regulation 12. - (2) (b)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises Regulation 15 HSCA (RA) Regulations 2014: Premises and equipment The provider did not have consistently effective cleaning systems in place for preventing and controlling the spread of infections. Regulation 15. - (1) (a)