

Weelsby View Health 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?	Good 
Are services well-led?	Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Weelsby Health Centre on 30 June 2016. Overall the practice is rated as requires improvement.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken. There was no evidence of national patient safety alerts having been actioned.
- Staff had not understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were not thorough enough.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Data showed patient outcomes were comparable to the national average.
- 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 was available but not everybody would be able to understand or access it. For example, there were no information leaflets available in east European languages despite 1.5% of the local population being of east European origin.
- The practice had a number of policies and procedures to govern activity, but some were undated and required review.

The areas where the provider must make improvements are:

Summary of findings

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. To include reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Implement an appropriate system for the clinical supervision of nursing staff.

The areas where the provider should make improvement are:

- Provide practice information in appropriate languages and formats.
- Carry out clinical re-audits to ensure improvements have been achieved.
- Develop a patient participation group and seek ways to engage with patients.

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.

- Staff were not clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. Patients received reasonable support and a written apology.
- Patients were at risk of harm because systems and processes were not in place or had weaknesses. For example we found no evidence of mandatory training having taken place or mental capacity act training. The management of medicines and repeat prescriptions was done informally without policies or protocols.
- We found no evidence safeguarding training had taken place.
- There was no evidence that staff had received training in recognising and reporting significant events.
- There was no evidence that staff had actioned national patient safety alerts.

Inadequate



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar or better than the national average.
- Knowledge of and reference to national guidelines were inconsistent.
- There was limited evidence that audit was driving improvement in patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- There was no appropriate system for the clinical supervision and appraisal of nursing staff.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had not reviewed the needs of its local population in the last four years.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available in the practice leaflet but not everybody would be able to understand or access it. For example, there were no information leaflets available in east European languages despite 1.5% of the local population being of east European origin.
- Learning from complaints was informally shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The practice 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 had a number of policies and procedures to govern activity, but some of these were undated and required review.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- We found no evidence safeguarding training had taken place.

Requires improvement



Summary of findings

- There was no evidence that staff had received training in recognising and reporting significant events.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as inadequate for safe and requires improvement for effective 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 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.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 93% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015). This was better than the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- Not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Families, children and young people

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

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

Requires improvement



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87% which was similar to the CCG average of 85% and better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice was rated as inadequate for safe and requires improvement for effective 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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as inadequate for safe and requires improvement for effective 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable 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.
- The practice did not inform vulnerable patients how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 90% and the national average of 84%.
- 93% of patients with schizophrenia and other psychoses had a comprehensive, agreed care plan documented in preceding 12 months which is comparable to the CCG average of 93% and the national average of 90%.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.
- The practice had not told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- The practice did not carry out advance care planning for patients with dementia.
- The practice did not have a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had received no training on how to care for people with mental health needs and no dementia training was available.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. 334 survey forms were distributed and 105 were returned. This represented 4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG Average of 75% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received.

We received completed forms from 16 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice's friends and families test supported these comments.

Areas for improvement

Action the service **MUST** take to improve

- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision To include reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Implement an appropriate system for the clinical supervision of nursing staff.

Action the service **SHOULD** take to improve

- Provide practice information in appropriate languages and formats.
- Carry out clinical re-audits to ensure improvements have been achieved.
- Formally risk assess the location of the defibrillator and emergency oxygen.
- Develop a patient participation group and seek ways to engage with patients.

Weelsby View Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to Weelsby View Health Centre

Weelsby View Health Centre practice operates from a purpose built building on Ladysmith Road in Grimsby. The building is shared with a number of other GP practice. Weelsby View Health Centre provides Personal Medical Services to approximately 2,771 patients living in the Hainton and Heneage area of North East Grimsby.

The practice has one male GP and a practice nurse. They are supported by a practice manager and four reception/administrative staff.

The majority of patients are of white British background and 1.5% of the local population is from eastern Europe. The practice population profile is similar to the England average except the 50+ years age group is lower than the England average and the 0-9 and 15-29 years age groups are higher than the England average. The practice scored two on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice is open 8am to 6.30pm Monday to Friday. Appointments are available Monday to Friday 9am to 11am. Afternoon appointments are 4pm to 6pm Monday, Tuesday, Wednesday and Friday. Extended hours appointments are offered on Monday 6pm to 7.45pm.

The practice offers enhanced services including extended hours, timely diagnosis for people with dementia, rotavirus and shingles immunisations and unplanned admissions.

There is a branch practice at Hilary Way, Grimsby but this was not inspected.

Out of Hours care (from 6.30pm to 8am) is provided through the local out of hours service.

Why we carried out this inspection

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

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 30 June 2016. During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse, reception/ and administration 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.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- Staff told us they would inform the practice manager of any significant events and there was a recording form available on the practice's computer system.
- We found no evidence that internal significant events had been recognised.
- There was no evidence that staff had received training in recognising and reporting significant events.
- Staff were not clear about reporting incidents, near misses and concerns. The practice did not have an incident reporting policy.
- 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).
- There was no record of actions taken following the receipt of national patient safety alerts.

Overview of safety systems and processes

The practice could not fully demonstrate that systems, processes and practices were in place to keep people safe, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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. Staff demonstrated they understood their responsibilities but there was no evidence that they had received training on safeguarding children and vulnerable adults relevant to their role.
- Chaperones were available if required. Staff who acted as chaperones were trained for the role but had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were

undertaken and we saw some evidence that action was taken to address any improvements identified as a result. Seats in the waiting room and carpets had been identified in February 2016 as requiring immediate cleaning but were still badly stained. Waiting room seats were non-washable and had been required to be replaced with washable seats in the 2014 audit. The practice said the funding for replacement seating had to be agreed by the other practices in the building.

- We looked at the arrangements for managing medicines. We found processes were not in place for handling repeat prescriptions which included the review of high risk medicines. Patients were at risk because repeat prescriptions were issued after a medication review should have occurred. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there were no systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed four personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example there was no evidence of proof of identification, references or appropriate checks through the Disclosure and Barring Service and no risk assessments had been done.

Monitoring risks to patients

The practice had some arrangements in place to assess and manage risks.

- 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. Clinical equipment was checked to ensure it was working properly and was safe to use. 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).

Are services safe?

- 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.

Arrangements to deal with emergencies and major incidents

The practice had some 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- We found no evidence that staff received annual basic life support training.
- Oxygen with adult and children's masks was available on the premises.
- A first aid kit and accident book were available.
- The practice had access to a defibrillator that was held centrally.
- 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice had not monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The practice clinical domain exception reporting rate (6%) is similar to the CCG average (7%) and national average (9%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. (Practice rate is 93% compared to the CCG average of 87% and the national average of 89%).
- Performance for mental health related indicators similar to the CCG and national averages. (Practice rate is 89% compared to the CCG average of 91% and the national average of 93%).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits in the last two years; one of these was a completed audit where the improvements made were implemented and monitored.

- The practice participated in local audits and national benchmarking.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing patients' pain medication and changing it to ones with fewer side-effects.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were not identified through a system of appraisals, meetings or reviews of practice development needs. Staff had did not have access to appropriate training to meet their learning needs and to cover the scope of their work. Staff said they received ongoing support, coaching and mentoring but there was no evidence of staff appraisal within the last 12 months.
- We found no evidence that staff received training that included: safeguarding, fire safety awareness, basic life support and information governance.
- We found no evidence of appropriate clinical supervision of the practice nurse.

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.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Although there was no evidence of staff having been trained, they 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

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 87% which was similar to the CCG average of 85% and the national average of 82%. The practice offered telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in some different languages and in different format for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and to five year olds from 93% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have a patient participation group (PPG).

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 better than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw no notices in the reception areas informing patients this service was available.
- Information leaflets were not present in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices telling patients how to access a number of support groups and organisations were not available in the patient waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. There was no written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them to give 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 offered extended hours on a Monday evening until 7.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning and 4pm to 5.45pm daily. Extended hours appointments were offered on Monday until 7.45pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

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

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.
- The practice leaflet had information to help patients understand the complaints system but no posters were displayed.

We looked at the one complaint received in the last 12 months and found it was dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints. For example, a policy was recently changed to clarify process and timescales. At the inspection we found that this change was not embedded in the practice.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice mission statement which was not displayed in the waiting areas but staff knew and understood its values.
- The practice did not have a robust strategy and supporting business plans which reflected the vision and values.

Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were undated and required review.
- There was no system in place to monitor the use of prescription forms.
- A comprehensive understanding of the performance of the practice was maintained.
- There were actions outstanding from previous Infection Prevention and Control audits.
- Staff had not understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). We found no evidence of support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when complaints were received:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept records of written correspondence.

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

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

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

- The practice had not gathered feedback from patients for example through surveys.
- There was no patient participation group.
- The practice had gathered feedback from staff through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The systems for preventing, detecting and controlling the spread of infections were not robust. Seats in the waiting area were stained and had not been thoroughly cleaned to minimise or control the risk of infection. Seats with washable covers had not been provided in the waiting area. There was no system in place to monitor the prescription of high risk medicines. Regulation 12(2)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: There was no system in place to monitor the use of prescription forms. There were actions outstanding from previous Infection Prevention and Control audits. There was no appropriate system in place for the clinical supervision and appraisal of nursing staff. Regulation 17(2)

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The provider had not ensured that the information specified in Schedule 3 was available for each person employed. In addition, they had not established effective recruitment and selection procedures.

Regulation 19(2)