

Grainger Medical Group

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		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grainger Medical Group on 23 June 2016.

We previously carried out an announced inspection of the practice on 15 October 2015. Breaches of legal requirements were found. Overall, we rated the practice as requires improvement. After the comprehensive inspection the practice wrote to us to say what they would do to address the identified breaches.

We undertook this comprehensive inspection to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Grainger Medical Group on our website at www.cqc.org.uk.

Overall the practice is rated as good.

Our key findings were as follows:

- Since the last inspection the practice had made a number of improvements; including updating the telephone system and recruiting further clinical staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- The majority of patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a leadership structure in place. Most staff felt supported by management. However, some staff felt they were unable to raise concerns and that communication between managers and staff could be improved.
- A patient participation group (PPG) had been established to give patients the opportunity to provide feedback to the practice.

The areas where the provider must make improvements are:

- Ensure accurate and complete records are maintained for each patient; the arrangements for reviewing and acting on information about patients within hospital discharge letters were not satisfactory.

In addition, the provider should:

- Take steps to ensure staff complete all training appropriate to their roles.
- Check and document staff's immunisation against infectious diseases.
- Review arrangements for GPs carrying emergency medicines when carrying out home visits to ensure they are in line with the practice's policy.

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 good for providing safe services.

When we inspected the practice in October 2015 we identified a number of concerns in relation to safety systems and processes; including a lack of training in some areas, poor infection control arrangements, low numbers of GPs and a lack of recruitment checks carried out on staff.

During this inspection we found the practice had addressed most of the concerns, with the exception of some training and recording of staff's immunisation against infectious diseases.

Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

There was evidence of medicines management. However, the locum GPs told us they did not routinely take emergency medicines out with them when carrying out home visits. This was contra to the practice's policy which stated that a number of emergency medicines should be taken on home visits. Good infection control arrangements were in place and the practice was clean and hygienic. Effective staff recruitment practices were followed and there were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Good



Are services effective?

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

Data showed patient outcomes were slightly below national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness. The latest publicly available data from 2014/15 showed the practice had achieved 90.2% of the total number of points available, which was below the England average of 94.7%. However, this related to a period of instability within the practice. We saw performance had improved since then; and the practice had achieved 93.8% for 2015/16.

Requires improvement



Summary of findings

Staff appraisals had been completed but staff had not received all training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. However, the arrangements for reviewing and acting on information about patients within hospital discharge letters required improvement.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in January 2016 showed the practice was in line with national and local averages for satisfaction scores on consultations with nurses but the scores for GPs were below average. Results showed that 99% of respondents had confidence and trust in their nurse, compared to 97% nationally; 89% of respondents said they had confidence and trust in their GP, compared to the national average of 95%.

However, these responses were collected during the period January to March and July to September 2015, before our initial inspection; so they did not take account of progress made since then. Managers were aware of the results and said they had made progress in the nine months since the data was collected. For example, the recruitment of long-term locums would provide more continuity of care for patients.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

The patients we spoke with on the day of the inspection gave mixed responses when asked whether they were able to get appointments when they needed them. Some patients said they could get an appointment on a timely basis; others said they felt they had to wait too long. We looked at the appointments system and saw same day

Good



Summary of findings

urgent appointments were still available; the next available routine appointment with a GP was two weeks later. Routine appointments with an advanced nurse practitioner (ANP) were available on the day of the inspection.

Managers were aware of patient concerns around access and had begun to implement new systems to address these concerns. For example, a triage process had been introduced and additional triage and ANP appointments made available.

When we last inspected the practice in October 2015 most patients we spoke with told us they had problems getting through on the telephones. Following the inspection the telephone system had been upgraded, which had increased the number of lines in to the practice. Audits had been carried out before and after installation. The audits showed improvements in the time taken to answer telephones.

Are services well-led?

The practice is rated as good for providing well-led services.

When we inspected the practice in October 2015 we raised concerns about clinical staffing levels. The practice had a detailed 'Implementation and Transition Plan' which set out how the provider would develop the practice over the initial two years since being awarded the contract from NHS England.

During this inspection we found the practice had regularly engaged with NHS England and the local clinical commissioning group (CCG) to update them on progress made against the plan. NHS England reported that satisfactory progress had been made and the monitoring meetings had ceased.

There was a clear staffing structure in place. Staff told us that regular team meetings were held and said they felt supported. Most staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. However, some staff felt they were unable to raise concerns and that communication between managers and staff could be improved.

When we inspected in October 2015 there was no formal patient participation group (PPG) and staff had not received appraisals. During this inspection we found that a PPG had been established and staff had received appraisals.

There was a focus on improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area and had signed up to the CCG's Practice and Engagement Plan (PEP) for 2016/2017.

Good



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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Good



The practice is rated as good for the care of patients with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who

Summary of findings

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.

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 84.3%, which was well above the CCG average of 81.2% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered on Monday and Thursday evenings until 7pm and between 9am and 12pm on Saturday mornings for working patients who could not attend during normal opening hours.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances, including those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

- 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 and out of hours.
- Improved arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

People experiencing poor mental health (including people with dementia)

Good



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

- The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Summary of findings

What people who use the service say

We spoke with 16 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 14 CQC comment cards which had been completed by patients prior to our inspection.

Most patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were caring and helpful. They also told us they were treated with respect and dignity and they found the premises to be clean and tidy. However, not all patients were happy with the telephone system; some told us they found it difficult to get through to the practice.

The National GP Patient Survey results published in January 2016 showed the practice was performing below local and national averages in relation to access. There were 106 responses (from 411 sent out); a response rate of 26%. This represented 1.4% of the practice's patient list. Of those who responded:

- 67% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 87% and a national average of 85%.
- 46% found it easy to get through to this surgery by phone, compared with a CCG average of 78% and a national average of 73%.

- 88% found the receptionists at this surgery helpful, compared with a CCG average of 88% and a national average of 87%.
- 60% were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG and national average of 85%.
- 91% said the last appointment they got was convenient, compared with the CCG and national average of 92%.
- 58% described their experience of making an appointment as good, compared with a CCG average of 75% and a national average of 73%.
- 60% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 68% and a national average of 65%.
- 40% felt they normally have to wait too long to be seen, compared with a CCG average of 23% and a national average of 25%.

However, the responses were collected during the period January to March and July to September 2015, before our initial inspection; the results do not therefore take account of any improvements made since September 2015. Managers were aware of the results and said they had made progress in the nine months since the data was collected. For example, the recruitment of long-term locums would provide more continuity of care for patients.

Areas for improvement

Action the service **MUST** take to improve

Ensure accurate and complete records are maintained for each patient; the arrangements for reviewing and acting on information about patients within hospital discharge letters were not satisfactory.

Action the service **SHOULD** take to improve

Take steps to ensure staff complete all training appropriate to their roles.

Check and document staff's immunisation against infectious diseases.

Review arrangements for GPs carrying emergency medicines when carrying out home visits to ensure they are in line with the practice's policy.

Grainger Medical Group

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a specialist advisor with experience of GP practice management and an expert by experience. An expert by experience is somebody who has personal experience of using or caring for someone who uses a health, mental health and/or social care service.

Background to Grainger Medical Group

Grainger Medical Group is registered with the Care Quality Commission to provide primary care services. It is located to the west of Newcastle upon Tyne. The practice was taken over in February 2015 by Intrahealth Limited, which is a corporate provider of NHS primary care services.

The practice provides services to around 7,450 patients from two locations:

- Meldon Street, Newcastle upon Tyne, NE4 6SH
- 460 Armstrong Road, Newcastle upon Tyne, NE15 6BY.

We visited both addresses as part of the inspection. The practice has two salaried GPs (both female), two advanced nurse practitioners (both female), one practice nurse (female), one healthcare assistant, a practice manager, and 12 staff who carry out reception and administrative duties.

The practice is part of Newcastle Gateshead clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population is made up of a

higher than average proportion of patients under the age of 18 (27.6% compared to the national average of 19.2%).

Over 50% of the practice population are from non-British ethnic origins.

The main practice is located in purpose built premises. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access. All patient facilities at the branch practice are on one level. There is no dedicated car park, although cars can park on the street outside. The branch practice also has a disabled WC and step-free access.

Opening hours are between 8am and 7pm on Mondays and Thursdays, between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays and between 9am and 12pm on Saturday mornings. The branch surgery is open between 8am and 6.30pm Monday to Friday; appointments with a GP are available three mornings per week at the branch. Patients can book appointments in person, on-line or by telephone. Appointments with a GP were available at the following times during the week of the inspection:

- Monday – 8.30am to 10.40am; then from 3pm to 6.45pm
- Tuesday – 9am to 11.30am; then from 2pm to 5.30pm
- Wednesday – 9am to 11.30am; then from 2pm to 5.30pm
- Thursday – 9am to 11.30am; then from 3pm to 6.45pm
- Friday – 9am to 11.30am; then from 2pm to 5.30pm
- Saturday – 9am to 12pm

Emergency appointments are available everyday until 6.30pm.

The practice provides services to patients of all ages based on an Alternative Provider Medical Services (APMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in October 2015 after which the practice was rated as requires improvement. We rated the practice as inadequate for providing safe services; requires improvement for providing well-led, effective and responsive services and good for providing caring services.

The purpose of this most recent inspection was to check that improvements had been made.

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. This inspection was planned to check whether the registered 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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 23 June 2016. We spoke with 16 patients and nine members of staff from the practice. We spoke with and interviewed two locum GPs, a practice nurse, the practice manager, the primary care support manager and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 14 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice carried out a thorough analysis of the significant events.

Staff told us they were encouraged to report incidents. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the arrangements to issue repeat prescriptions for contraception were reviewed and staff were reminded of the protocols to follow.

When we inspected the practice in October 2015 we found the arrangements for dealing with safety alerts were unclear. There were no procedures in place to inform staff of how to log alerts and ensure they were communicated to relevant staff.

During this inspection we found improvements had been made; a log of all alerts was maintained, the alerts were disseminated by the practice manager to the relevant clinicians. The clinicians then discussed at clinical meetings and decided what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

When we inspected the practice in October 2015 we identified a number of concerns in relation to safety systems and processes. Some administrative staff had not received up to date safeguarding training. Some staff who acted as chaperones had not received chaperone training and were not able to describe the correct requirements of the role.

Vaccines were administered by nurses using patient group directions (PGDs). The PGD for the administration of the meningitis C vaccination had expired in May 2015. In addition, the PGDs had been signed by the practice nurses but not by an authorised practice signatory.

Recruitment checks were carried out; in one case the practice had requested references for a member of staff but there was no evidence that these had been received.

There were infection control protocols and procedures in place; however, several were out of date and it was not clear which ones were current and to be followed by staff. Not all staff had received infection control training. A legionella risk assessment had been completed (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal). However, it was not clear whether any actions had been taken as a result of the assessment. The practice had a contract for cleaning services. There were cleaning schedules which stated which duties should be undertaken on a daily, weekly, monthly and annual basis. However, these had not been completed to indicate which tasks had been done. The practice did not hold any records to show whether staff were immunised against infectious diseases.

At the time of the inspection there was only one permanent GP who worked 0.75 WTE. The high use of locums impacted on the continuity of care for patients. Some of the clinical staff told us they had significant amounts of administrative tasks outstanding at the end of each day (for example, updating patient records following discharge from hospital). Many of the administrative staff told us they all had individual tasks and did not have sufficient time to train colleagues to provide cover in their absence.

During this inspection we found the practice had addressed many of the concerns, however, there were still areas where improvements were required.

Are services safe?

- PGDs were all up to date and had been authorised by an appropriate signatory.
- Infection control policies and procedures had been updated and staff were aware of where to find current guidance.
- Appropriate action had been taken in relation to the legionella risk assessments and cleaning schedules were completed to indicate when tasks had been completed.
- The majority of staff had completed infection control training; with the exception of two practice nurses. We were unable to verify whether staff were immunised against infectious diseases; we looked at four staff files; only one had a clear immunisation status recorded.
- We looked at staff training records and found that only five out of 12 administrative staff had undertaken training on safeguarding children. It was not clear from training records whether two members of the nursing team had completed the appropriate level of children's safeguarding training. Managers told us staff would be completing safeguarding training at the next 'Time In Time Out' training session (July 2016).
- We looked at the personnel records for two members of staff who had been employed at the practice since our last inspection. We found appropriate pre-employment checks had been obtained, including character references. Staff we spoke with were able to describe the chaperone role; most had received training, apart from those recently recruited.
- The practice had recruited a further 0.75 WTE salaried GP since the last inspection. At the time of this inspection both of the salaried GPs were absent from the practice. Arrangements had been made to recruit four long-term locums to provide more continuity of care for patients. The locums had contracts to cover the period of time until the salaried GPs returned to work. Improved arrangements were in place which ensured clinical staff did not have large backlogs of administrative tasks to complete.
- 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 entrance to the waiting room. The practice had up to date fire risk assessments. Regular fire drills had been carried out at the main site and there were plans to carry out a drill soon at the Scotswood site. 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 and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

Arrangements to deal with emergencies and major incidents

When we last inspected the practice in October 2015 we identified some concerns in relation to the arrangements for dealing with emergencies:

- Most staff had received basic life support training, although two members of staff's training was out of date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the children's masks were out of date (dated August 2015). Staff told us these would be replaced.

During this inspection we found the oxygen masks for children were in date. The majority of staff had completed their basic life support training since our last inspection; however one member of staff's training was overdue. Managers told us this person had been booked onto the next available training course, in October 2016.

The locum GPs told us they did not routinely take emergency medicines out with them when carrying out home visits. However, the practice's policy 'drugs to treat medical emergencies, locally held at general practice sites and in doctors' home visit bags' stated that a number of emergency medicines should be taken on home visits.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 90.2% of the total number of points available, which was below the England average of 94.7%. However, this related to a period of instability within the practice. We saw performance had improved since then; the practice showed up reports which demonstrated it had achieved 93.8% for 2015/16.

At 4.9%, the clinical exception reporting rate was below the England average of 9.2% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. When we inspected the practice in October 2015 we saw a number of clinical audits had recently commenced. These were at an early stage given the provider had only taken over the practice in February 2015.

During this inspection we found six audits had been completed. The results and any necessary actions were discussed at the clinical team meetings. This included an audit to check that prescriptions for a type of medicine for patients who had been discharged from hospital following a heart attack had an end date. An initial audit was carried out which showed that 82% of patients had an end date noted on their record. Action was taken and the monitoring arrangements were amended. A further audit cycle was carried out and this showed an improvement, in that 100% of patients had an end date recorded.

Some of the locum GPs working at the practice attended local 'study' groups to look at record keeping and carry out peer review of each other's anonymised consultations.

However, the arrangements for reviewing and acting on information about patients within hospital discharge letters were ineffective.

We discussed the process with two members of the clinical team. They said that discharge letters were initially reviewed by administrative staff; where no action was needed then administrative staff input and 'coded' the information onto the patient's record.

Where action was needed, for example, a change to medication or contacting the patient to ask them to make an appointment, then the letter was passed to the advanced nurse practitioner (ANP) for review. GPs did not review actions taken by administrative staff or the ANPs.

We looked at a sample of 17 hospital discharge letters; of those five were inappropriately coded. For example, some conditions were entered onto the patient record as 'past and inactive' when they should have been 'current and significant'. This meant if a patient attended for an appointment it would not have been obvious to the GP that they had a current health condition. Given the practice used a high number of locum GPs this was even more important.

In some cases conditions were incorrectly coded and in one case information had not been passed to a GP to action. We informed staff of all errors; they said they would revisit the information and ensure it was dealt with correctly.

Effective staffing

When we last inspected in October 2015 we found:

Are services effective?

(for example, treatment is effective)

- Staff appraisals had not been completed since the provider took over the practice in February 2015.
- Many staff had either not received training on safeguarding, CPR, infection control, moving and handling and information governance.

During this inspection we found staff appraisals had been completed for existing staff. Support arrangements were in place for newly recruited team members. Some staff had still not received training on safeguarding, CPR and information governance. However, training dates had been planned for the following month.

Coordinating patient care and information sharing

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 palliative care and safeguarding multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- Patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 84.3%, which was above the CCG average of 81.2% and the national average of 81.8%. There was a policy to offer telephone reminders for 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.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and five year olds ranged from 99% to 100%, compared to the CCG averages of between 81.3% and 97.9%.

When we inspected in October 2015 we found that patients did not always have access to appropriate health assessments and checks. Health checks for patients aged over 75 and those who were carers were not offered. During this inspection we found improvements had been made. Healthcare assistants had been trained to carry out health checks and the practice had been able to invite patients in for appropriate health assessments. These included health checks for new patients and NHS health checks for people aged 40–74. 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

Kindness, dignity, respect and compassion

When we last inspected in October 2015 we found it was possible to overhear conversations taking place in some of the consultation rooms at the branch surgery. Managers told us the property landlord would not agree to any structural changes to the building, but they would look at ways to minimise the risk of patients' confidentiality being breached. During this inspection we found there was background music playing, to help minimise the risk of overhearing conversations taking place in the consultation rooms.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and mitigating action had been taken to minimise the risk that conversations taking place in these rooms could be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 14 patient CQC comment cards we received were positive about the service experienced. We spoke with 16 patients during our inspection. The majority of patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in January 2016, showed patients were not always satisfied with how they were treated and that this was with compassion, dignity and respect. Scores in relation to consultations with doctors were below average, but in line with national and local average for consultations with nurses. For example, of those who responded:

- 89% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 88% and the national average of 85%.

- 99% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 93% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 92% and the national average of 91%.
- 88% said they found the receptionists at the practice helpful, compared to the CCG average of 88% and the national average of 87%.

However, the responses were collected during the period January to March and July to September 2015, before our initial inspection; so they would not take account of progress made since then. We therefore reviewed recent results from the Friends and Family feedback. During the period March to May 2016, a total of 41 responses were received from patients; 26 patients said they would be either likely or extremely likely to recommend the practice. Responses from March showed that 12 patients would be unlikely to recommend the practice. However, results improved during April and May; 26 out of 28 patients said they would be likely to recommend the practice.

Care planning and involvement in decisions about care and treatment

Most 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. The majority we spoke with said they 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 generally positive and aligned with these views.

Results from the January 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment during consultations with nurses. However, results for consultations with doctors were below local and national averages. For example, of those who responded:

- 81% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 81% said the GP gave them enough time, compared to the CCG average of 89% and the national average of 87%.

Are services caring?

- 79% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 84% and the national average of 82%.
- 95% said the last nurse they spoke to was good listening to them, compared to the CCG average of 92% and the national average of 91%.
- 94% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 94% said the nurse was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

Managers were aware of the results and said they had made progress in the nine months since the data was collected. For example, the recruitment of long-term locums would provide more continuity of care for patients.

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting rooms told patients how to access a number of support groups and organisations. For example, there were leaflets with information about local carers services, a dedicated noticeboard with information about dementia and support available and a notice about how to manage diabetes during Ramadan.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 151 patients (2% of the practice list) had been identified as carers. Since the last inspection carers had been offered health checks. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, a representative from the practice contacted them and sent them a bereavement pack, including a letter card and leaflet about how to access support. 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

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- The practice offered appointments on Monday and Thursday evenings and on Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent on the day access appointments were available for children and those with serious medical conditions.
- Appointments could be booked on-line and there was an Electronic Prescribing Service available (the Electronic Prescription Service (EPS) is an NHS service which enables GPs to send prescriptions to the place patients choose to get their medicines from).
- There were systems in place to register patients who were homeless. The practice worked closely with a local hostel and encouraged homeless patients to attend the practice whenever they needed to.
- There were disabled facilities available. The reception desk had a lowered counter area to allow patients who used a wheelchair to talk face to face with reception staff.
- There was a hearing loop installed and translation (both sign language and interpretation) services were available.

Access to the service

The practice was open between 8am and 7pm on Mondays and Thursdays, between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays and between 9am and 12pm on Saturday mornings. The branch surgery was open between 8am and 6.30pm Monday to Friday. Appointments with a GP were available at the following times during the week of the inspection:

- Monday – 8.30am to 10.40am; then from 3pm to 6.45pm
- Tuesday – 9am to 11.30am; then from 2pm to 5.30pm
- Wednesday – 9am to 11.30am; then from 2pm to 5.30pm
- Thursday – 9am to 11.30am; then from 3pm to 6.45pm
- Friday – 9am to 11.30am; then from 2pm to 5.30pm

- Saturday – 9am to 12pm

Extended hours surgeries were offered every Monday and Thursday evening and every Saturday morning. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent on the day appointments were also available for people that needed them.

When we last inspected the practice in October 2015 most patients we spoke with told us they had problems getting through on the telephones. During this inspection four of the 16 patients we spoke with told us they still had concerns with telephone access. One person (out of 14) responded negatively about the telephone system on the CQC comment cards.

Managers told us that since the last inspection the telephone system had been updated, which had increased the number of lines in to the practice. Audits had been carried out before and after installation. The audits showed improvements in the time taken to answer telephones. For example, in September 2015 it took 20 seconds on average to answer the phone; this had decreased to an average of 10 seconds in February 2016. In addition, the number of calls increased from 2755 in September 2015 to 3673 in February 2016 which showed more patients were able to get through to the practice on the telephone.

Results from the National GP Patient Survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was well below local and national averages. For example:

- 71% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 75%.
- 46% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 78% and the national average of 73%.
- 58% of patients described their experience of making an appointment as good, compared to the CCG average of 75% and the national average of 73%.
- 60% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 68% and the national average of 65%.
- 40% of patients said they had to wait too long after their appointment time to be seen, compared to the CCG average of 23% and the national average of 25%.

The patients we spoke with on the day of the inspection gave mixed responses when asked whether they were able

Are services responsive to people's needs?

(for example, to feedback?)

to get appointments when they needed them. Some patients said they could get an appointment on a timely basis; others said they felt they had to wait too long. We looked at the appointments system and saw same day urgent appointments were still available; the next available routine appointment with a GP was two weeks later. Routine appointments with an advanced nurse practitioner (ANP) were available on the day of the inspection.

Managers were aware of patient concerns around access and had begun to implement new systems to address these concerns. For example, a triage process had been introduced and additional triage and ANP appointments made available.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting rooms and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice displayed openness and transparency when dealing with complaints.

When we inspected the practice in October 2015 we found there was little evidence that complaints and any corrective action taken had been disseminated to staff. Some of the staff we spoke with felt they were not involved in any discussions about complaints. During this inspection we found complaints were discussed at regular meetings. The minutes of the meetings were available on a shared drive for all staff to access.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following one complaint, arrangements were made to provide a separate waiting room for patients who may have felt anxious.

Are services well-led?

Good 

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

Our findings

Vision and strategy

When we inspected the practice in October 2015 we raised concerns about clinical staffing levels. The practice had a detailed 'Implementation and Transition Plan' which set out how the provider would develop the practice over the initial two years since being awarded the contract from NHS England.

During this inspection we found the practice had regularly engaged with NHS England and the local clinical commissioning group (CCG) to update them on progress made against the plan. NHS England reported that satisfactory progress had been made and the monitoring meetings had ceased.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. This was 'a community where every patient matters and their personal health needs are fulfilled by caring, dedicated teams and a leading innovative provider of health services'.

Governance arrangements

When we inspected the practice in October 2015 we found arrangements to ensure staff had read and understood practice policies and procedures were informal. Some of the policies we looked at were out of date and not specific to the practice. During this inspection we found action had been taken to improve the governance framework. Policies and procedures had been reviewed and updated where necessary and were available to staff on a shared drive on the computer system. At the time of the inspection none of the locum GPs were able to access the shared drive; this issue had been raised with the system provider. In the meantime the GPs had to request documents from other members of staff.

The practice had an overarching governance framework which supported the delivery of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

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

Leadership, openness and transparency

There was a clear staffing structure in place. Staff told us that regular team meetings were held and said they felt supported.

Most staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. However, some staff felt they were unable to raise concerns and that communication between managers and staff could be improved.

Clinical leadership was provided externally; clinicians had access to the provider's Medical Director. In the absence of the salaried GPs, the long term locum GPs had agreed to take the lead in some clinical areas, including diabetes and palliative care.

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

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

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

When we inspected in October 2015 there was no formal patient participation group (PPG) and staff had not received appraisals.

During this inspection we found that staff had received appraisals and a PPG had been established. We spoke with two members of the PPG; they told us they had regular meetings with the practice. Some of the PPG members had previously made complaints to the practice; and had been invited to join the group to continue to give their feedback.

Continuous improvement

There was a focus on improvement within the practice. The practice team was part of local pilot schemes to improve

Are services well-led?

Good 

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

outcomes for patients in the area and had signed up to the CCG's Practice and Engagement Plan (PEP) for 2016/2017. This included making an agreement to attend and

contribute to CCG led training events and meetings, improving the management of long term conditions and ensuring that patients had appropriate access to clinical support within primary care.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The practice did not maintain accurate and complete records of each service user; the contents of hospital discharge letters were not always correctly documented in patient records. Regulation 17 (1).
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	