

Penvale Park Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



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 Penvale Park Medical Centre on 23 September 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control and health and safety. In particular the decontamination procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Non-clinical staff performing chaperone duties had not received training or disclosure and barring checks (DBS). The practice had not completed a risk assessment to determine if a check was required.

- 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.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

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

The areas where the provider must make improvements are:

- Review infection control procedures including the carrying out of infection control audits. They must complete a risk assessment for the management, testing and investigation of legionella and implement any recommended checks to the water

Summary of findings

system. They must stop procedures that involve the use of locally sterilised equipment and adopt the NHS England decontamination guidance before these procedures recommence.

- Complete the business continuity plan and make it accessible to all staff.
- Ensure there are systems and processes in place to mitigate risks relating to the health and safety of patients when carrying out regulated activities. They must carry out regular fire drills to ensure staff know what to do in the event of a fire. They must complete a risk assessment to determine the need for an onsite defibrillator and document mitigating actions to take if they do not have one. Where non-clinical staff perform chaperone duties, the practice must provide training for this role and record a risk assessment on whether a DBS check is required.

- Start a patient participation group (PPG) to gather patient feedback.

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

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement.

Risk assessments to protect patients who used services were lacking and the systems and processes to address risks were not implemented well enough to ensure patients were kept safe. For example, non-clinical staff performing chaperone duties had not had a risk assessment to determine if a Disclosure and Barring Service check (DBS) was required. A risk assessment had not been completed to determine the need for an onsite defibrillator. Some infection control processes needed reviewing especially in relation to decontamination procedures to sterilise equipment and the practice had not completed any infection control audits. There was no risk assessment for the management, testing and investigation of legionella in the water system. The practice did not carry out regular fire drills so staff knew what to do in the event of a fire.

Inadequate



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles in most areas but some training was lacking in particular safeguarding and chaperone training for non-clinical staff and infection control training for all staff. However, they did have an awareness of the correct processes to follow. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams. The uptake for the cervical screening programme was in line with other practices both locally and nationally.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions

Good



Summary of findings

about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP, 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 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.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. There were some systems in place to monitor and improve quality and identify risk but others were lacking particularly in regards to risk assessments and infection control. The practice sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group (PPG) but was making plans to implement one. Staff had received inductions, regular appraisals and attended staff meetings.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider is rated as inadequate for safety and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Longer appointments and home visits were available for older people when needed. All these patients had a named GP, an annual health check and care plans in place.

Requires improvement



People with long term conditions

The provider is rated as inadequate for safety and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met.

Requires improvement



Families, children and young people

The provider is rated as inadequate for safety and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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. Patients told us that children and young people were treated in an age-appropriate way and parents were involved in their treatment options. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider is rated as inadequate for safety and requires improvement for well-led. The concerns which led to these ratings

Requires improvement



Summary of findings

apply to everyone using the practice, including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered online appointment bookings and prescription requests. Telephone appointments were available for those patients who could not attend the practice and there were extended hours one evening a week. There was a range of health promotion and screening that reflected the needs of this age group.

People whose circumstances may make them vulnerable

The provider is rated as inadequate for safety and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider is rated as inadequate for safety and requires improvement for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients experiencing poor mental health were offered an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with or exceeded local and national averages. There were 116 responses and a response rate of 33.2%

- 86% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 74%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 89% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 61%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 85% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 74%.
- 83% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 83% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. Staff were identified as kind, patient and caring and patients stated they felt listened to by the GPs. There were also positive comments about the appointment system and that urgent appointments were available when needed.

We spoke with four patients who were all positive about the practice. They felt the care they received was very good and told us there was sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Penvale Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector and a GP and practice manager acting as specialist advisers.

Background to Penvale Park Medical Centre

Penvale Park Medical Centre provides a range of primary medical services to the residents in the NN4 area of Northampton. The practice has been at its current purpose built location since 1994.

The practice population has a higher than average number of patients under 54 years of age and a lower than average number over 60 years. National data indicates that the area is one of low deprivation. The practice has approximately 4200 patients and provides services under a general medical services (GMS) contract.

The practice is managed by two GP partners, both male. The nursing team consists of one nurse practitioner and a practice nurse. There are also six receptionists and one secretary led by a practice manager.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended opening on Mondays until 8.30pm.

When the practice is closed out-of-hours services are provided by the Northamptonshire GP Out of Hours service which is run by Integrated Care 24 and can be accessed via the NHS 111 service.

Why we carried out this inspection

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

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

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.

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

Detailed findings

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

Before our inspection, we reviewed a range of information that we hold about the practice and asked other

organisations to share what they knew. We carried out an announced inspection on 23 September 2015. During our inspection we spoke with a range of staff including the practice manager, GP, nurses, reception and administration staff. We spoke with patients who used the service and we observed how staff interacted with patients during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had a process in place for reporting and recording significant events. Staff told us they informed the practice manager of any incidents and completed a recording form. All significant events were discussed at the practice meetings. We reviewed the documentation of eight events that had occurred in the past year and noted they had been dealt with in an open and transparent way. Patients affected were offered an explanation and an apology. We saw from meeting minutes that any learning from the events had been shared with practice staff and actions had been taken as appropriate. For example, the practice had purchased a new refrigerator for the storage of vaccines following the failure of the previous one to maintain the correct temperature for safe storage.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, but some were lacking, for example:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. Contact details were also available on the noticeboard in the reception area and a flowchart detailing the steps to take if a concern had been identified could be accessed by staff on their computer desktop. There was a GP identified as the lead member of staff for safeguarding. Not all staff knew who this was but they did all say they would raise any concerns with a GP or the practice manager. Reception staff had not received any safeguarding training but they demonstrated they understood their responsibilities. The clinical staff had received training relevant to their role. The GPs were trained to Safeguarding level 3.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. The nursing staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). Occasionally reception staff would act as chaperones but they had not received training for this role or had a DBS check. The practice had not carried out a risk assessment to determine if a DBS check was required for these staff members.
- There was a health and safety policy available with a poster in the reception area. The practice had completed a fire risk assessment but had not carried out any regular fire drills. All electrical equipment had been checked in March 2015 to ensure the equipment was safe to use. Clinical equipment was also checked in March 2015 to ensure it was working properly. The practice had not completed a legionella risk assessment to determine the risk of transmitting the waterborne infection.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff were able to demonstrate an understanding of infection control relevant to their role for example hand washing techniques and the use of personal protective equipment such as gloves and aprons although the staff had not received infection control training. The practice had not carried out any infection control audits. We saw there was evidence that the practice was implementing good infection control practice in some areas, for example, the use of elbow taps, pedestal bins and laminate flooring in the clinical areas. We also saw that clinical waste was disposed of safely.
- The practice used an autoclave machine to sterilise equipment, for example, speculums for use in cervical cytology screening, equipment used to insert intra-uterine devices and instruments used for minor surgical procedures. However, we found this did not comply with the current NHS England decontamination guidance. We have discussed this issue with NHS England and gained assurance that although the correct guidance had not been followed there was no risk to patients. NHS England are taking action with the local clinical commissioning group (CCG) and the practice to assess and rectify the situation.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice

Are services safe?

worked with the local CCG pharmacy teams to ensure they were prescribing in line with best practice guidelines for safe prescribing. The nurse prescriber informed us they received regular updates from the CCG. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. Clinical staff had received the appropriate checks through the Disclosure and Barring Service. However, we noted that non-clinical staff performing chaperone duties had not had this check done. The practice had not completed a risk assessment to determine if a check was needed.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The reception staff worked set days but there was an arrangement in place to cover each other's annual leave. The nursing staff had an agreement that only one would take leave at a time. A locum GP was used on occasions when one of the GP partners took more than a week's leave.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice did not have a defibrillator available on the premises but did have oxygen with adult and children's masks. They informed us that they would provide basic life support and dial 999 and call an ambulance if a patient collapsed. There was a first aid kit and accident book available. 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 fit for use.

There was no business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. We spoke with the practice manager who informed us that this was being developed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The system used had been implemented by the local clinical commissioning group (CCG) that incorporated NICE guidelines into the clinical assessment pathways. The practice used this information to develop how care and treatment was delivered to meet needs. For example, one of the nurses described the pathway they used when a patient started taking insulin to control diabetes. This ensured that the correct type of insulin and dose was selected. New NICE guidelines were received by the practice manager and sent electronically to the relevant staff members.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, with a 13% exception reporting. This was slightly above the CCG average of 97% with an 11% exception reporting. 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 CCG and national average. The practice achieved 100% of available points compared to the CCG average of 92% and the national average of 89%.
- Performance for hypertension related indicators was lower than the CCG and national average. The practice achieved 96% of available points compared to the CCG average of 98% and the national average of 98%.
- Performance for mental health related indicators was better than the CCG and national average the practice achieved 100% of available points compared to the CCG average of 96% and the national average of 93%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to

improve care and treatment and people's outcomes. There had been two clinical audits completed in the last year. One of these was a completed audit that looked at the effectiveness and side effects of contraceptive implants. As a result of the audit the practice monitored these patients regularly and discussed the possible side effects prior to insertion of the implant and at each follow up appointment. Implants were removed from those patients experiencing side effects.

Effective staffing

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

- The practice had an induction process for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The reception staff informed us they shadowed other staff members until they were confident in the role.
- All staff had annual appraisals that identified their learning needs. They completed a self-assessment form and this was discussed at the appraisal. All staff had received an appraisal within the last 12 months.
- Staff informed us that training and development was available. They had access to appropriate training to meet their learning needs and to cover the scope of their work, for example, the nursing staff had received training in the care of patients with diabetes and minor illnesses.
- Once a month the practice closed for an afternoon of protected learning time. The GPs attended learning events provided by the CCG and the practice staff made use of this time for general training and meetings.

The reception staff had not received training in safeguarding but demonstrated an awareness of safeguarding issues. Fire training had been planned for October 2015. All staff had received basic life support training.

Coordinating patient care and information sharing

The practice's patient record system contained the information needed to plan and deliver care and treatment. This was available to relevant staff in a timely and accessible way and included care and risk assessments, care plans, medical records and test results. The practice received blood test results, X ray results, and

Are services effective?

(for example, treatment is effective)

letters from the local hospital including discharge summaries, out-of-hours GP services and the NHS 111 service both electronically and by post. Staff informed us that letters received by post were scanned onto the electronic system on the day they were received. All relevant information was shared with other services in a timely way, for example, information regarding end of life care and special patient notes was sent electronically to the out of hours service.

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 are discharged from hospital. Electronic systems were in place for making referrals, and the practice made referrals through the Choose and Book system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. The local hospital diabetes specialist nurse visited the practice to assist with the treatment of patients with complex diabetic needs and a counsellor attended weekly to see patients as required. We saw evidence that multi-disciplinary team meetings took place every four to six weeks. These meetings were attended by community nurses, palliative care nurses and health visitors and 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 of legislation and guidance, 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. Consent forms were used with a copy kept in the patient's electronic record for minor surgical procedures.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and patients with learning difficulties. The nursing staff were trained to offer smoking cessation advice. Patients requiring weight management or alcohol and drug use advice were signposted to local services.

The practice had a comprehensive screening programme. Their uptake for the cervical screening programme was 82%, which was similar to the CCG average of 81% and the national average of 82%. 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 CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 96% to 100%. Flu vaccination rates for the over 65s were 71% and at risk groups 51%. These were comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection we noted that members of staff were polite and 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. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A radio was playing in the waiting area to act as a distraction and reduce the risk of conversations overheard at the reception desk. Reception staff informed us that when patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs.

We received 40 CQC comment cards that patients had completed and they all contained positive remarks about the service experienced. Staff were described as kind, caring and helpful and patients stated the practice offered a very good service. All of the staff groups were praised; comments said they provided good care and treated patients with dignity and respect.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was average or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. One family we spoke with informed us that they had been consulted with on the treatment options for their child. Another patient had attended the practice for many years and said they felt listened to by staff. Patients told us there was sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the 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 and results were in line with local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% 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%

Staff told us that translation services were available for patients who did not have English as a first language. The practice also used a sign language service for those patients who had hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

There were many notices in the patient waiting area with health information advice and information for patients on how to access support groups and organisations. For example, Diabetes UK, Macmillan Cancer support and a Combat Stress helpline.

The practice identified patients who were also carers on their computer system; this then alerted the GPs when they attended the practice. Carers were offered additional

Are services caring?

support for example, health checks, flu vaccinations and referrals to social services if required. 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, their usual GP contacted them and the practice manager sent them a condolence card. An alert was placed on their computer record so they were identified when they next visited the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the GPs attended the CCG locality meetings and provided feedback to the practice. They worked with other agencies, for example, health visitors, midwives and community nurses to meet the needs of patients.

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

- The practice offered extended hours opening until 8.30pm on Mondays. This allowed those who worked during normal opening hours access to a GP.
- The practice offered online appointment booking and repeat prescription requests.
- There were longer appointments available for people with a learning disability and others as required.
- Home visits were available for older patients and those patients who would benefit from these.
- Telephone appointments were available for patients who could not attend the practice.
- Same day appointments with a GP or nurse practitioner were available for babies and children.
- The practice used text messages to inform patients of their appointment times and to send reminders for them to attend.
- There were disabled facilities, a hearing loop and translation services available.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs and there were wide doors at the entrance. All consultation and treatment rooms were on the ground floor.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with extended opening hours offered until 8.30pm on Mondays. Appointments were from 9am to 11am and 4pm to 6pm on Tuesday to Friday and on Mondays from 9am to 11am, 12.30pm to 2pm and 5pm to 8.30pm. The

practice did not open at the weekends. In addition to pre-bookable appointments, urgent same day 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 above the local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 86% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 74%.
- 83% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. Complaints received by the practice were immediately shared and investigated with one of the GP partners.

We saw that information was available to help patients understand the complaints system in the patient information leaflet and on the practice website. There were also notices in the reception and waiting areas.

We looked at three complaints received in the last 12 months and found they had been satisfactorily handled and apologies had been offered to the patients as required. We noted that the complaints had been dealt with in a timely way with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, alerts were used on patients' electronic records to highlight if they had a reaction to medications.

Are services responsive to people's needs? (for example, to feedback?)

One of the CQC comment cards we received highlighted how the practice had listened to patients by identifying car parking bays specifically for the use of patients with mobility problems in the practice car park.

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 mission statement which stated they were committed to improving the health, wellbeing and lives of their patients. Staff we spoke with informed us they put patients first and aimed to maintain patient safety and confidentiality.

The practice was aware of future challenges for example the expanding local population, the need for larger premises and the recruitment of GPs. They informed us they had been involved in discussions with other local practices with a view to sharing services and facilities.

Governance arrangements

The practice had governance processes in place which supported the delivery of good quality care. For example,

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. These could be found on the desktop of all the staff computers.
- A comprehensive understanding of the performance of the practice which was reviewed through the monitoring of the quality and outcomes framework (QOF).
- Audits were carried out to monitor quality and to make improvements.

However, we found they were lacking in some areas. For example,

- Infection control audits had not been carried out.
- The practice had not completed a legionella risk assessment to determine the risk of transmitting the waterborne infection.

- They did not comply with the current NHS England decontamination strategy for the use of decontamination equipment.
- A risk assessment had not been completed to determine if a disclosure and barring check (DBS) was required for the non-clinical staff

Leadership, openness and transparency

The two GP partners shared the responsibility for the management of the practice. One of the partners was the lead for performance and QOF review and the other lead on the management of staff and the premises. The partners and the practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held every six weeks. They informed us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and they felt confident in doing so and supported if they did. Staff said they felt supported by the partners in the practice.

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

The practice received feedback from patients via the national GP patient survey, the NHS Choices website, complaints received and the friends and family test. The friends and family test is a feedback tool that asks patients if they would recommend the services they have used. The practice did not currently have a patient participation group (PPG) but informed us they intended to start one and would use the group to assist with patient surveys and to gather patient feedback.

The practice gathered feedback from staff through staff appraisals, informal discussions and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the provider had not protected people against the risk of infection as the practice had not completed a risk assessment for the management, testing and investigation of legionella. They had not completed infection control audits. The practice did not comply with the NHS England decontamination guidance.</p> <p>This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>We found that the provider had not made arrangements in the form of a business continuity plan to continue providing regulated activities in the event of an emergency that affected the location.</p> <p>This was in breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found that the provider did not have systems and processes in place to mitigate risks relating to the health and safety of patients. In particular they did not manage safely the procedures for the regulated activity surgical procedures. They did not carry out regular fire drills and they had not completed a risk assessment to determine</p>

Requirement notices

the need for an onsite defibrillator. The provider had not recorded a risk assessment to determine if Disclosure and Barring checks (DBS) were required for non-clinical staff carrying out chaperone duties.

This was in breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice did not have a patient participation group (PPG) to gather feedback from patients.

This was in breach of Regulation 17 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.