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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grainger Medical Group on 15 October 2015. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- The provider, Intrahealth Limited, took over the practice in February 2015. Since that time the provider had experienced a number of difficulties, including high levels of sickness absence and patients reporting difficulties accessing the service.
- Clinical staffing levels were low, the practice was actively recruiting but this had impacted on the ability to carry out patient reviews and meet quality targets.
- The practice is working with NHS England and has developed an 'Implementation and Transition Plan' which sets out how these concerns will be addressed over the following two years.
- The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards.
- 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.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients said they were generally able to get an appointment with a GP when they needed one, with urgent appointments available the same day, although many commented that it was difficult to get through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs, although some concerns had been raised about the branch surgery following a recent infection control audit.

Summary of findings

- Staff had not received all of the training necessary to carry out their roles effectively.

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

Importantly, the provider must:

- Put effective systems in place to manage and monitor the prevention and control of infection. This must include putting in place and adhering to policies that will help to prevent and control the spread of infections.
- Review staffing levels within the clinical and non-clinical staff teams to ensure sufficient staff are deployed.
- Ensure that staff receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to do.
- Improve the telephone system so patients are able to speak to a receptionist on a timely basis.
- Update the patient group directive (PGD) for meningitis C and ensure all PGDs are authorised by a practice signatory.

In addition the provider should:

- Take steps to ensure staff are aware of any necessary action to be taken following receipt of national safety alerts.
- Continue to develop their approach to quality improvement/clinical audit and ensure that clinical audits include at least two cycles. The practice should aim to demonstrate an on-going audit programme where they can show that they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.
- Improve the privacy for patients in the waiting rooms and in some consultation rooms at the branch surgery.

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?

Inadequate 

The practice is rated as inadequate for providing safe services and improvements must be made.

Patients were at risk of harm because effective systems and processes were not in place to keep them safe. Areas of concern included; not all staff who acted as chaperones had received training, the arrangements for dealing with safety alerts were unclear and the guidance and authorisation for nurses to administer some vaccines were out of date .The premises were clean but there was a lack of formal governance arrangements in relation to infection prevention and control.

The practice relied heavily on locum GPs, the staffing establishment set out that the minimum GP staffing level was 2.9 whole time equivalents (WTEs). At the time of the inspection there was only one permanent GP who worked 0.75 WTE. Managers were aware of the concerns and were actively attempting to recruit further GP staff.

Are services effective?

Requires improvement 

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

The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 95.9% of the points available in 2013/2014. We asked to see the results from the 2014/2015 QOF returns. This showed a decrease in the total score to 87.5%. However, the data from both years related to a period when the provider did not run the practice. Managers told us they were behind at the present time in terms of the QOF targets for 2015/2016 but were hoping to make improvements once staffing levels stabilised.

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, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

Due to staffing shortages, staff had not received appraisals and many had not received training appropriate to their roles.

Are services caring?

Good 

The practice is rated as good for providing caring services.

Summary of findings

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. However, it was possible to overhear conversations taking place in some of the consultation rooms at the branch surgery.

The practice scored well on the National GP Patient Survey from July 2015. Results showed most patients were happy with the care received, 83% and 82% said their GP and nurse respectively, treated them with care and concern (compared to 82% and 79% nationally). A high proportion of patients (89%) said the last GP they saw or spoke to was good at listening to them (this was comparable with the clinical commissioning group (CCG) and national average and 85% said the last nurse they saw or spoke to was good at listening to them (the CCG average was 80% and the national average was 78%).

Are services responsive to people's needs?

Requires improvement

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

Nationally reported data showed patient outcomes were below the local clinical commissioning group (CCG) and national averages. Findings from the National GP Patient Survey, published in July 2015, showed many patients were not satisfied with telephone access (53% of patients said this was easy or very easy, compared to the national average of 71% and a CCG average of 75%). Staff were aware of this and said steps had been taken to rectify the problem, discussions with the telecommunications provider were underway.

The survey showed that 66% of patients felt they were able to get an appointment when needed (compared the local CCG and national average of 73%).

Patients were able to book longer appointments on request and pre-bookable appointments with a GP were available on Saturday mornings for working patients who could not attend during normal opening hours. There were systems in place to register patients who were homeless. 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. However, there was little evidence that the issue and any corrective action had been disseminated to staff.

Are services well-led?

Requires improvement

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

Summary of findings

There was a clear and documented vision for the practice. Staff understood their responsibilities in relation to the practice aims and objectives. 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. This set out key milestones and timescales in relation to staffing levels and engagement of staff and patients. NHS England had approved the plan and managers would be required to account for its successful implementation. However, this implementation will depend on the recruitment and retention of suitable numbers of staff.

There was a leadership structure in place with designated staff in lead roles. Staff said they had begun to feel supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Steps had been taken to implement systems in place to monitor and improve quality, although these were at an early stage.

At the time of the inspection the practice was in the process of establishing a patient participation group (PPG) to engage with and obtain feedback from patients. Staff had received inductions and weekly staff meetings had been recently introduced. However, due to staffing pressures none of the staff had received appraisals since the provider took over the practice.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as inadequate for safe and requires improvement for being responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was 1.1 points above the local Clinical Commissioning Group (CCG) average and 2.9 points above the England average.

The practice had written to patients over the age of 75 years to inform them who their named GP was. Health checks for patients aged over 75 were not currently offered. The practice was planning to re-establish these but there were no timescales in place due to staffing shortages.

The practice was responsive to the needs of older people, and offered home visits for health checks and flu vaccinations. GPs had good links to the local care home and regularly visited patients living there.

A palliative care register was maintained immunisations for pneumonia and shingles were offered to older people.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as inadequate for safe and requires improvement for being responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had planned for, and made arrangements to deliver, care and treatment to meet the needs of patients with long-term conditions. Patients with long-term conditions such as hypertension and diabetes were offered a structured annual review to check that their health and medication needs were being met, or more often where this was judged necessary by the GPs.

Longer appointments and home visits were available when needed.

Nationally reported QOF data (2013/14) showed the practice had achieved good outcomes in relation to the conditions commonly associated with this population group. For example, the practice

Summary of findings

had obtained 100% of the points available to them for providing recommended care and treatment for patients with epilepsy This was 9.3% above the local CCG average and 10.6% above the national average. However, managers told us they were behind at the present time in terms of the targets for 2015/2016 but were hoping to make improvements once staffing levels stabilised.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as inadequate for safe and requires improvement for being responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these.

Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were reviewed at monthly practice multidisciplinary meetings involving child care professionals such as health visitors and school nurses.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the local CCG area.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice. The practice had obtained 100% of the QOF points available to them for providing recommended maternity services and carrying out specified child health surveillance interventions. Cervical screening rates (81.4%) were in line with the national average (81.9%).

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as inadequate for safe and requires improvement for being responsive, effective and well led. The concerns which led to these ratings 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

Summary of findings

services it offered to ensure these were accessible and flexible. The practice offered some online services as well as 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. The practice was open until 7pm on Mondays and Thursdays and on Saturday mornings. These extended hours were particularly useful to patients with work commitments.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe and requires improvement for being responsive, effective and 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. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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.

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.

Health checks for patients who were carers were not currently offered. The practice was planning to re-establish these but there were no timescales in place due to staffing shortages.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safe and requires improvement for being responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

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.

Nationally reported QOF data (2013/14) showed the practice had achieved good outcomes in relation to patients experiencing poor mental health. For example, the practice had obtained 99.7% of the points available to them for providing recommended care and treatment for patients with poor mental health. This was 7.3 points above local CCG average and 9.3 points above the England average. 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 four CQC comment cards which had been completed by patients prior to our inspection.

Most of the 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 at all times and they found the premises to be clean and tidy. Patients were unhappy with the appointments system as they found it difficult to get through to the practice on the telephone.

The National GP Patient Survey results published in July 2015 showed the practice was generally performing below local clinical commissioning group (CCG) and national averages. However, much of the data was collected before the current provider took over the practice.

There were 86 responses (from 437 sent out); a response rate of 20%. Of patients who completed the survey:

- 81% said their overall experience was good or very good, compared with a CCG average of 86% and a national average of 85%.
- 34% patients said they could not get through easily to the surgery by phone compared to the CCG average of 13% and national average of 17%.
- 91% found the receptionists at this surgery helpful compared with a CCG and national average of 87%.
- 66% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and national average of 73%.
- 97% said the last appointment they got was very convenient compared with a CCG average of 93% and a national average of 92%.
- 60% described their experience of making an appointment as good compared with a CCG and national average of 74%.
- 67% 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 had to wait a bit too long to be seen compared with a CCG average of 23% and a national average of 25%.

Areas for improvement

Action the service MUST take to improve

Put effective systems in place to manage and monitor the prevention and control of infection. This must include putting in place and adhering to policies that will help to prevent and control the spread of infections.

Review staffing levels within the clinical and non-clinical staff teams to ensure sufficient staff are deployed.

Ensure that staff receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out the duties they are employed to do.

Improve the telephone system so patients are able to speak to a receptionist on a timely basis.

Update the patient group directive (PGD) for meningitis C and ensure all PGDs are authorised by a practice signatory.

Action the service SHOULD take to improve

Take steps to ensure staff are aware of any necessary action to be taken following receipt of national safety alerts.

Continue to develop their approach to clinical audit and ensure that the audits include at least two cycles. The practice should aim to demonstrate an on-going audit programme where they can show that they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Summary of findings

Consider how to improve the privacy for patients in the waiting rooms and in some consultation rooms at the branch surgery.

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 practice nurse, a further CQC inspector 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 7,850 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 one (female) salaried GP, two advanced nurse practitioners (both female), two practice nurses (both female), two healthcare assistants, a practice manager, and 10 staff who carry out reception, administrative and dispensing 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 (28.3% compared to the national average of 14.8%). 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. 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 11.30am; then from 3pm to 6.45pm
- Tuesday – 8.30am to 12.30pm; then from 2pm to 5.30pm
- Wednesday – 8.30am to 11.30am; then from 2pm to 5pm
- Thursday – 8.30am to 11.30am; then from 3pm to 6.45pm
- Friday – 8.30am to 11.30am; then from 1.50pm 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.

Detailed findings

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

Why we carried out this inspection

We inspected this service as part of our 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 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)

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.

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).

We carried out an announced visit on 15 October 2015. We spoke with 12 patients at the main surgery and four at the branch surgery. We also spoke with 12 members of staff from the practice. We spoke with and interviewed two GPs, two advanced nurse practitioners, a practice nurse, the practice manager, five staff carrying out reception and administrative duties and the organisation's operational manager. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed four 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.

Inadequate

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.

We reviewed safety records and incident reports. GPs we spoke with said these were reviewed at weekly meetings (which had been taking place since the provider had placed an interim practice manager within the practice in August 2015). Staff told us they were encouraged to report incidents. We saw 10 significant events had been recorded from July 2015 to the date of the inspection. We saw each individual event had been investigated, the root cause established and any learning to be taken from it identified.

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 are communicated to relevant staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Managers told us the plan going forward was to discuss alerts with the GP upon receipt then disseminate to the necessary staff. This would enable the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks.

Overview of safety systems and processes

We found practices did not always keep people safe:

- 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. There was a lead member of staff for safeguarding. The GP always attended safeguarding meetings and provided reports where necessary for other agencies. There were good links with external staff, including health visitors and midwives. The lead GP had identified the need to engage with school nurses and had liaised with the local clinical commissioning group (CCG) to identify a link school nurse for the practice. Staff demonstrated they understood their responsibilities, although not all administrative staff had received up to date safeguarding training.
- Notices were displayed in the waiting area and consulting rooms, advising patients that they could request a chaperone, if required. All staff, including non-clinical staff carried out this role. Staff who acted as chaperones had received a Disclosure and Barring check (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, some of these staff had not received chaperone training and were not able to describe the correct requirements of the role.
- 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 on display in the waiting room. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Most of the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored during opening hours and there were systems in place to monitor their use. Managers told us they would review these arrangements. Vaccines were administered by nurses using patient group directions (PGDs) and patient specific directions (PSDs). These are specific guidance on the administration of medicines authorising nurses to administer them. 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 and the three files we reviewed showed that appropriate recruitment checks had been undertaken for most staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate

checks through the Disclosure and Barring Service. In one case the practice had requested references for a member of staff but there was no evidence that these had been received.

Infection control

Although we observed the premises to be clean and tidy. One of the nurse practitioners was the named infection control clinical lead.

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. For example, the policy on the handling and disposal of sharps had a review date of May 2008 and the hand hygiene policy a review date of April 2013. Managers told us they were in the process of reviewing and updating all policies. Not all staff had received infection control training. Following the inspection managers told us they had commissioned a nurse from the CCG to deliver training for all staff.

An infection control audit had been undertaken at both sites two days before the inspection. The audit result for the Scotswood branch was poor, with a score of 58%. The audit had highlighted the lack of hand gel and wall mounted paper towels in place and that there were no cleaning schedules for the privacy curtains. These issues were all rectified the day before the inspection. The audit also identified issues around the lack of policies and procedures.

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. We saw blank copies of schedules for flushing the taps but these were incomplete.

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. For Hepatitis B it is recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine, once only, around five years after primary immunisation and a blood test. It was not clear that all staff who were at continuing risk of infection had received this. Following the inspection managers sent us evidence they had put arrangements in place to review staff's immunisation and would offer vaccinations where necessary.

Staffing

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' need, however, these were not always effective.

The provider had taken over the practice in February 2015 and since that time a number of key staff had left, this included a GP and the practice manager. Further to this, staff sickness rates were high. The provider developed an 'Implementation and Transition Plan' which set out current and proposed staffing levels. The practice had made attempts to recruit a practice manager but there were no suitable candidates. An experienced manager from within the provider organisation was placed at the practice in August 2015 to support the transition, until a permanent manager was recruited.

The practice had two locations, open to patients Monday to Friday, with additional GP consultations available each Saturday morning at the main branch. The Plan set out that the minimum GP staffing level would be 2.9 whole time equivalents (WTEs) by September 2015. At the time of the inspection there was only one permanent GP who worked 0.75 WTE. Managers told us they recruited locums to cover the remaining clinical sessions but had successfully recruited a further 0.75 WTE GP. This meant a gap of 1.4 WTEs. Managers told us they were continuing to advertise for additional GPs. The high use of locums impacted on the continuity of care for patients. Many patients commented that they were never able to see the same GP. Some clinical staff told us there were a few days in July and August 2015 where there were no GPs working. Managers told us this had not been the case and that they had employed locums to provide clinical cover.

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). We were told by one of the clinical members of staff that due to capacity issues there could be a significant amount of outstanding 'tasks' (information relating to patient care) that still needed to be dealt with on any one day. Managers told us they could access support

from other practices within the group and from clinical leads to help cover some staff shortages. For example, the medical director was able to remotely access patient records and could action changes or recalls where necessary. We asked the practice for an analysis of the number of tasks that remained outstanding at the end of each day but they were unable to provide this information.

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. This meant that for those that worked part-time, some of their work was left until they returned. In one case this meant there were delays in answering emails from patients and other health professionals.

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. Most staff had received basic life support training, although two members of staff's training was out of date. Emergency medicines were available and were stored on a trolley which could be easily accessed when necessary. 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. There was also 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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

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. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 2013/14 showed the practice had achieved 95.9% of the total number of points available, with a clinical exception reporting rate of 8.6%. The QOF score achieved by the practice in 2013/14 was 2.4% above the England average and the clinical exception rate was 0.7% above the England average.

We asked to see the results from the 2014/2015 QOF returns. This showed a decrease in the total score to 87.5%. However, this data related to a period when the provider did not run the practice. During the inspection we asked about progress against QOF during the current financial year. Managers told us they were behind at the present time but were hoping to make improvements once staffing levels stabilised. We asked the practice to send us the data to demonstrate what progress they have made so far but they did not provide this.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw a number of clinical audits had recently commenced. This included audits on the prescribing of antibiotics and the contraceptive pill. These were at an early stage given the provider had only taken over the practice in February 2015. However, the results and any necessary actions were discussed at the clinical team meetings. Plans were in place to repeat the audits later this year to measure the impact of any changes made.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The lead GP had recently attended a leadership course.
- The learning needs of staff were not identified through a system of appraisals. Staff we spoke with said appraisals had not been completed since the provider took over the practice in February 2015. Managers said they aware of this but due to workload pressures appraisals had not yet taken place.
- The practice had a detailed schedule which outlined what training was classed as mandatory for each job role and how frequently it should be undertaken. The nurses confirmed that they had attended clinical updates on administering immunisations and cervical smears. However, the schedule showed that many staff had either not received training or their training had expired. This included training on safeguarding, CPR, infection control, moving and handling and information governance. Managers told us that their contract with NHS England meant that they were unable to close the practice for staff to attend training sessions. They were exploring other options to ensure staff received appropriate training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services, for example when people were referred to other services. However, there was a risk that due to low staffing levels this might not always be carried out on a timely basis.

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

Requires improvement

Are services effective?

(for example, treatment is effective)

treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that 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, where appropriate, recorded the outcome of the assessment.

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 those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.3%, which was above the clinical commissioning group (CCG) average of 81.2% and the national average of 81.8%. 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/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%. Flu vaccination rates for the over 65s was 73%, and for at risk groups was 53%. Both of these rates were comparable with the national averages of 73% and 52% respectively

However, 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 currently offered. The provider was planning to re-establish these but there were no timescales in place due to staffing shortages.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 that conversations taking place in most of these rooms could not be overheard. However, 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.

There was no background music in either of the waiting rooms but 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.

All of the four patient CQC comment cards we received were positive about the service experienced. Patients we spoke with said they felt staff were helpful, caring and treated them with dignity and respect. We also spoke with two patients who had agreed to join the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice.

Results from the National GP Patient Survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was comparable with clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 92%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 82%.
- 86% said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 85%.
- 82% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 79%.
- 91% patients said they found the receptionists at the practice helpful compared to the CCG 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. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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, although scores for nurses were above average. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 89% and national average of 85%.
- 87% said the GP gave them enough time compared to the CCG average of 86% and national average of 85%.
- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 82%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 74%.
- 85% said the last nurse they spoke to was good listening to them compared to the CCG average of 80% and national average of 78%.
- 85% said the nurse gave them enough time compared to the CCG average of 81% and national average of 79%.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were dedicated noticeboards with information about dementia and diabetes. Information was made available to patients about the forthcoming flu clinics.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Written information was available for carers to ensure they understood the various avenues of support available to them. Due to staffing pressures since taking over the practice, the carers' checks had not been carried out on a timely basis. Managers told us they were looking to reintroduce these checks once the workforce was stable.

Staff told us that a sympathy card was send to families who had suffered a bereavement. The cards were all written in the English language, but plans were in place in the near future to translate the wording as necessary. The card 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.

Requires improvement

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 provide 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.
- Over 50% of the practice population were from non-British ethnic origins. Staff told us they had contacted local groups and had identified someone to provide support in translating documents so they were available for all patients.

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 were available at the following times:

- Monday – 8.30am to 11.30am; then from 3pm to 6.45pm
- Tuesday – 8.30am to 12.30pm; then from 2pm to 5.30pm
- Wednesday – 8.30am to 11.30am; then from 2pm to 5pm
- Thursday – 8.30am to 11.30am; then from 3pm to 6.45pm
- Friday – 8.30am to 11.30am; then from 1.50pm to 5.30pm
- Saturday – 9am to 12pm

Extended hours surgeries were offered every Saturday morning

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 34% patients said they could not get through easily to the surgery by phone compared to the CCG average of 13% and national average of 17%.
- 60% patients described their experience of making an appointment as good compared to the CCG national average of 74%.
- 40% felt they had to wait a bit too long to be seen compared with a CCG average of 23% and a national average of 25%.

We saw that the next pre-bookable available appointment with a GP was within five working days, although appointments with a nurse practitioner were available within three working days. Urgent, on the day appointments were also available each day. However, most patients we spoke with on the day of the inspection told us they had problems getting through on the telephones. Staff were aware of this and said steps had been taken to rectify the problem, discussions with the telecommunications provider were underway.

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. There was a designated responsible person who handled all complaints in the practice.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system; for example a leaflet was available in the waiting room. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw nine formal complaints had been received in the seven months since the practice was taken over. These had been investigated in line with the complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.

However, there was little evidence that the issue and any corrective action taken had been disseminated to staff. We saw copies of minutes from staff meetings which made reference to two of the complaints, but not others. Some of the staff we spoke with felt they were not involved in any discussions about complaints.

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 provider had a clear vision which was devolved to the practice. 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.' The practice had a mission statement which stated; ''Trusted to provide quality health care'. Most staff we spoke with were not aware of the vision or mission statement but they talked about the care of patients being their main priority.

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. This set out key milestones and timescales in relation to staffing levels and engagement of staff and patients. NHS England had approved the plan and managers would be required to account for its successful implementation. However, the successful implementation of the plan will depend on the recruitment and retention of suitable numbers of staff.

Governance arrangements

The practice had an overarching governance framework. This outlined the structures and procedures in place:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies and procedures were available to all staff through the intranet, although arrangements to ensure staff had read and understood these were informal. Managers said these arrangements would be formalised going forward. Some of the policies we looked at were out of date and not specific to the practice. We were told these would be reviewed and updated as necessary.
- Managers had an understanding of the performance of the practice.
- Steps had been taken to implement a programme of continuous clinical and internal audit to monitor quality and to make improvements; these were all at an early stage.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The practice had a documented leadership structure from the provider as a corporate organisation which set out the clinical and organisational responsibilities of staff. The staff we spoke with were all clear about their own roles and responsibilities.

Staff told us that regular team meetings had not been held since the provider took over the practice; although they said since the interim practice manager had started weekly meetings had been held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they had begun to feel supported, once the interim manager was in post, but had not done prior to that time.

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

Although the practice encouraged and valued feedback from patients there was no formal patient participation group (PPG). Managers told us they were in the process of establishing a PPG and the first meeting was due to be held the week after the inspection.

NHS England guidance stated that from 1 December 2014, all GP practices must implement the NHS Friends and Family Test (FFT), (the FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). We saw the practice had introduced the FFT; there were questionnaires available in the waiting room and instructions for patients on how to give feedback.

The practice had gathered feedback from staff through an annual staff survey, although this was a national organisational survey and did not specifically relate to the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they had not felt involved and engaged with how the practice was run, but this had improved recently with the appointment of the interim practice manager. None of the staff had received appraisals since the provider took over the practice. We were told that this was due to staffing levels and a programme of appraisals would be established soon.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not provided in a safe way for service users because: • The registered provider did not have suitable arrangements in place for the proper and safe management of medicines • The registered provider did not have effective systems in place to manage and monitor the prevention and control of infection. In addition, they did not have up to date policies in place that will help to prevent and control infections. (Regulation 12 (1) and (2)(g), (h))

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment How the regulation was not being met: The equipment (telephone system) used by the provider was not suitable for the purpose for which it was being used. (Regulation 15 (1)(c))

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed.

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

The registered provider had not ensured that persons employed received appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to do.

(Regulation 18 (1) and (2)(a))