

Poplars Medical Practice

Quality Report

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Date of inspection visit: 18 November 2015

Date of publication: 21/01/2016

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Poplars Medical Practice on Wednesday 18 November 2015.

This inspection was in follow up to our previous comprehensive inspection at the practice on 8 December 2014 where breaches of legal requirements were found. The overall rating of the practice following the 2014 inspection was inadequate and the practice was placed into special measures for a period of six months. After the inspection in December 2014 the practice wrote to us to say what they would do to meet legal requirements in relation to providing safe, effective, responsive and well-led services.

At our inspection on 18 November 2015 we found that the practice had improved. The five requirement notices we issued following our previous inspection related to the

delivery of safe, effective and well-led care and all had been met. The ratings for the practice have been updated to reflect our most recent findings. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients and staff were assessed; however completed health and safety risk audit records did not contain sufficient information to demonstrate the level of risk, action to be taken and by whom.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Disclosure and barring checks (DBS) had been completed for all staff.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients were concerned about the length of time they had to wait to be seen at their appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Clinical audits had been carried out to monitor the quality of service provided to patients.
- There was a clear leadership structure and staff felt supported by management. Although further improvement was still needed the practice had sought feedback from patients and had a patient participation group.

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

Importantly, the provider must:

- Provide a suitable means to provide high-flow oxygen therapy to patients in an emergency situation.

The areas where the provider should:

- Improve record keeping of significant events to evidence investigation, discussion and learning from the events.
- Complete the action points contained in the practice Legionella risk assessment.
- Review the method of handling blank prescriptions within the practice to reflect national recognised guidance as detailed in NHS Protect
- Consider carrying out a review of the appointments system.
- Consider how the patient participation group can be encouraged and supported to be more involved in the continuous improvement of the practice.

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 requires improvement for providing safe services. The practice was able to provide evidence of a track record for monitoring safety issues. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses, although we saw that the recording of incidents was not always evident. When things went wrong, lessons were learned, communicated widely and improvements were made.

The practice had emergency equipment; however they did not have the equipment needed to administer high-flow oxygen to patients in an emergency. Information about safety was recorded, monitored, reviewed and addressed. Systems were in place to keep people safeguarded from abuse.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Quality and Outcomes Framework (QOF) data we looked at showed the practice had performed well below average (44.2%) for the period 2014-2015. QOF is a system intended to improve the quality of general practice and reward good practice. However data presented to us at the inspection showed that the practice had taken proactive action to significantly increase this figure for the 2015-2016 QOF year (89.5%). Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had received training appropriate to their roles and any further training needs was identified and planned for through appraisals and personal development plans.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients' views gathered at inspection and comment cards we received demonstrated they were treated with compassion, dignity and respect. Data from the National GP Patient Survey July 2015 showed that patients rated the practice similar for some aspects of their care and felt involved in decisions about their care and treatment. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

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. Services were planned and delivered to take into account the needs of different patient groups. Patients expressed concern about the length of time they had to wait to be seen at their appointment. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Good



Are services well-led?

The practice is rated as good for being well-led. Although not in written format it had a vision and a strategy. Staff and patients told us that they were made aware of plans for the development of the practice. Staff were clear of their role and responsibilities. The practice had a number of policies and procedures to govern activity and held regular meetings that included discussion of governance topics. There were systems in place to monitor and improve quality and identify risk. The Patient Participation Group (PPG) was in its early stages of development and was therefore not very active. The practice encouraged patients to complete family and friends surveys and acted on any comments given. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients were offered home visits, even out of hours, if necessary as well as rapid access appointments for those with enhanced needs, for example dementia and end of life care. The practice had daily contact with district nurses and participated in monthly (more often if necessary) meetings with other healthcare professionals to discuss any concerns.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. 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 patients with a long term condition had a personalised care plan and a structured annual review to check that their health and medicines needs were being met.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours. We saw good examples of joint working with midwives, health visitors and district nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered extended hours appointments in the evening and telephone consultations took place during the lunch period. The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group for example travel vaccinations, family planning advice, and heart screening. However the practice website had limited online services and did not offer access to health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and patients with a learning disability. It had carried out annual health checks and longer appointments were available for people with a learning disability.

Staff had been trained 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. 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The management team shared current performance data with us for 2015-2016. The data showed that 95% of patients on the practice register who experienced poor mental health had been offered an annual health check. This was a significant increase on the previous year's performance. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia and 89.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last eight months. Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice performance was mostly in line with local and national averages. A total of 450 surveys (13.4% of patient list) were sent out and 86 (19%) responses which is equivalent to 2.6% of the patient list were returned. The patient survey data showed that patients were satisfied with access to appointments:

- 74% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 57% and a national average of 60%.
- 82% of respondents described their experience of making an appointment as good compared to a CCG average of 71% and a national average of 73%.
- 89% of respondents were able to get an appointment to see or speak to someone the last time they tried as compared with a CCG average of 82% and a national average of 85%.

Patients told us that although the appointments system met their needs, on occasion it could be difficult to book a routine appointment.

Practice performance in the national GP survey relating to patients opinions on their own involvement in care and treatment was below the local and national averages:

- 51% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% **and a national average of 65%.**

- 79% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with a CCG average of 85% **and a national average of 85%.**
- 84% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 90% and a national average of 90%.

All of the comments we received from patients on the day of inspection were positive about their involvement in decisions about care and treatment.

We invited patients to complete Care Quality Commission (CQC) comment cards to be completed in the two weeks before our inspection. We received 12 completed comment cards which were mainly positive overall about the standard of care received except for one comment about the time waiting to be seen at the appointment. Reception staff, nurses and GPs all received praise for being professional and caring. Patients said they were always listened to. Patients informed us that staff treated them with compassion and respect. We spoke with seven patients at the inspection. All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

Provide a suitable means to provide high-flow oxygen therapy to patients in an emergency situation.

Action the service **SHOULD** take to improve

- Improve record keeping of significant events to evidence investigation, discussion and learning from the events.
- Complete the action points contained in the practice Legionella risk assessment.

- Review the method of handling blank prescriptions within the practice to reflect national recognised guidance as detailed in NHS Protect
- Consider carrying out a review of the appointments system.
- Consider how the patient participation group can be encouraged and supported to be more involved in the continuous improvement of the practice.

Poplars Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Poplars Medical Practice

Poplars Medical Practice is a single handed GP practice located in a converted house in Wolverhampton which has been adapted to meet the needs of the service. The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure.

Staffing at the practice consists of one male GP, a locum GP (female) who undertakes two sessions per week, an advanced nurse practitioner, practice nurse and a healthcare assistant. The practice staff team includes a practice manager, secretary and receptionists. In total there were 14 staff employed in either full or part time hours.

The practice is open Monday to Friday 9.00am until 6.30pm. Extended opening hours are available every Wednesday between 6.30pm and 8.00pm. Patients are directed to the out of hours services, Primecare, when the practice is closed.

The practice has a registered list size of just over 3,200 patients. The population served is younger than the national average. The practice is located in one of the most deprived areas in the country.

Why we carried out this inspection

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

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

How we carried out this inspection

Before carrying out our inspection, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We spoke with staff at NHS England local area office and the local CCG for Wolverhampton. We did this to help us to understand the care and support provided to patients by the practice.

Detailed findings

We carried out an announced inspection on 18 November 2015 at the practice. During our inspection we spoke with the GP, the advanced nurse practitioner and the healthcare assistant. We also spoke with the practice manager, secretary, receptionists and seven patients. We observed how patients were cared for. We reviewed 12 comment cards where patients shared their views and experiences of the service.

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

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

We also looked at how well services 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.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events these included for example, safety incidents, complaints and near misses. Staff told us they would inform the practice manager of any incidents and there was a recording form for staff to complete. Complaints, accidents and incidents were then entered onto the computer system, investigated, and actioned. Records showed that three significant events had been received between 2014 and 2015. Records showed that where patients were affected by significant events they received an apology and were told about the actions taken to improve care.

We saw that the practice had managed these consistently over the past year and so could show evidence of a safe track record for this period. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on. Information we reviewed such as meeting minutes, records of complaints and incident reports confirmed significant events were investigated and action taken to make improvements where appropriate. However information recorded in some records was not sufficient to evidence the outcome of investigations, proposed action plan and learning shared with staff to confirm improvements to be implemented.

Overview of safety systems and processes

There were systems and guidance in place for monitoring and managing risks to patient and staff safety. These covered areas such as safeguarding, risk assessments, infection prevention and control, staffing and medicines.

The practice had policies 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 was the lead for safeguarding and in his absence the role was undertaken by the advanced nurse practitioner. All staff were aware of this. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had attended training

relevant to their role. Our review of records showed appropriate follow-up action was taken where alleged abuse occurred to ensure vulnerable children and adults were safeguarded. Staff were able to give an example of a referral made to the police and safeguarding team.

The practice had completed fire risk assessments, however these had not been updated to ensure the safety of patients and staff while the building work was taking place. Electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was regularly maintained to ensure it was working properly.

The practice had an infection control policy in place and supporting procedures were available for staff to refer to. The practice employed a cleaner and we saw that cleaning schedules records were in place. Treatment rooms had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available throughout the building. Clinical waste disposal contracts were in place. The advanced nurse practitioner was the clinical lead for infection control with the support of the healthcare assistant. One of the receptionists was responsible for ensuring that hand washing checks were carried out on all staff. The practice had a policy in place for the management, testing and investigation of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal). A Legionella risk assessment had been carried out, however the recommendations made in the assessment report, which included fitting thermostatic valves to the washbasin mixer taps in the patients toilet facilities had not been followed up by the practice. The GP and practice manager told us that these would be completed.

A notice was displayed in the waiting room, advising patients that the nurse or healthcare assistant would act as chaperones, if required. This role would also be undertaken by reception staff in the absence of nursing staff. All staff who acted as chaperones had received a disclosure and barring check (DBS) and had received suitable training. These 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. We saw that the policy provided staff with guidance on their role when asked to undertake chaperone duties.

Are services safe?

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 safely and in line with best practice guidelines for safe prescribing. Prescription pads were securely stored, however although there was a system in place to monitor their use this was not sufficiently robust to ensure that all prescription sheets could be safely tracked. We saw that clear records were not maintained on prescription stationery stock received and distributed. For example recording the serial numbers of any unused prescription forms that had been returned with details of prescription forms that had been destroyed. The GP and practice manager told us that the system would be reviewed to ensure prescriptions used could be accounted for.

Recruitment checks were carried out. We found that all staff had had a Disclosure Barring Services (DBS) criminal record check carried out to ensure they were suitable to undertake their roles. Nurse staff files contained evidence to confirm that their registration was up to date and therefore able to practice as a registered nurse.

Monitoring risks to patients

The practice management team were responsible for managing risks associated with improving services. The health and safety policy had been updated and staff had received training to prepare them to deal with emergencies such as fire, sudden illness and accidents. The practice had assessed risks to those using or working at the practice. We saw that where risks were identified action plans had been put in place to address these issues. We saw that a building maintenance policy was in place. Schedules were identified for maintenance. The practice had completed a risk assessment log where risks related to the practice were documented. However, the health and safety audit records lacked detail to demonstrate for example the specific risk and the action staff should take to mitigate the risk.

There were emergency processes in place for identifying acutely ill children and young people and staff gave us examples of referrals made. Staff we spoke with told us that

children were always provided with an on the day appointment if required. Patients with a change in their condition were reviewed appropriately. Patients with an emergency or sudden deterioration in their condition were referred to a duty GP for a prompt assessment. Staff were able to give us examples of when they had to deal with the deterioration of a patient while waiting to attend an appointment.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The management team had recently recruited new members of staff which included the practice manager to strengthen the staff team and support the improvement of the quality of service provided. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

All staff had received annual basic life support training. We found that the practice did not have oxygen at the premises to assist in the emergency care of patients with breathing difficulties or other conditions. A risk assessment had not been completed to support staff in what alternative action they should take in absence of this equipment. Adult and children's masks were available. There was also a first aid kit and accident book.

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. The practice had a comprehensive business continuity plan (2015) in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. There was a system in place to inform staff of any changes in the NICE guidelines they used.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). QOF is a system intended to improve the quality of general practice and reward good practice. The practice monitored outcomes for patients using QOF. In 2013/14 the practice achieved 44.2% of the total number of QOF points available; this was much lower than the national average of 93.5%. Clinical outcome data from QOF showed:

- The practice clinical exception rate of 3.4% was lower than the clinical commissioning group (CCG) average of 6.3% and national average of 7.9%. Clinical exception rates relate to the number of patients who did not, or were not suitable to, attend a review. A lower clinical exception rate indicated that more patients had attended a review or received treatment than the local and national averages.
- Performance for diabetes assessment and care was much lower than the national average (33.7% as compared to the national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average (23.1% as compared to the national average of 97.8%).
- Performance for mental health assessment and care was much lower to the national average (53.8% as compared to the national average of 92.8%).
- The dementia diagnosis rate was lower than the national average (42.3% as compared to the national average of 94.5%).

Information received at this inspection showed that the practice had worked to ensure that appropriate action was taken to improve the outcomes for patients. Information

received from the practice showed that they had already achieved 89.5% of the QOF points available for 2015/16. We found that significant improvements had been made for all of the QOF indicators. For example, the percentage of patients experiencing mental health problems who had a comprehensive agreed care plan had increased from 57.8% to 95% (18/11/2015). A further example showed that the percentage of patients on the practice register diagnosed with diabetes who had been immunised against flu was 91% (18/11/2015), compared with 55.6% for the 2014/16 QOF year.

Data from the CCG showed that the practice had performed significantly below average for providing care and treatment to patients with long-term care conditions when compared to the local and national average. This included hypertension, asthma and heart failure. The practice had performed better in areas such as atrial fibrillation (irregular heart rhythm), epilepsy and chronic obstructive pulmonary disease (COPD).

We saw evidence of seven clinical audits that were taking place. The audits had been carried out over the last 18 months. One of the audits carried out in August 2014 was a completed two cycle audit. This audit looked at whether best practice guidance had been considered in the treatment of patients with a vitamin D disorder. The first cycle identified that 27 patients needed their medicines to be reviewed. An action plan was put in place which included continuous monitoring of all patients with a vitamin D disorder to ensure ongoing improvements. The second cycle of the audit showed that all patients were being appropriately treated and were receiving the correct dose of medicine. Other audits included an audit on stroke prevention therapy, elective surgery, minor injuries and data quality.

Effective staffing

Staff at the practice were experienced and showed they had the skills and knowledge to deliver effective care and treatment. Changes to the staff team, which included recruiting new staff had been made to ensure that effective care and treatment which met the needs of patients registered at the practice would be delivered.

The practice had recruited an experienced nurse practitioner who was also an independent prescriber. The GP had extended training in mental health. Staff had been supported to develop in line with their personal

Are services effective?

(for example, treatment is effective)

development plans and enhance their skills. For example, the practice healthcare assistant administered flu vaccines under patient specific directions. They had also completed appropriate training to support the care of patients with long term conditions.

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 risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patient's to other services.

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

Consent to care and treatment

We found that 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 or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain treatments such as joint injections and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Health promotion and prevention

The 2014/15 QOF data showed that the practice had not actively identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. For example, 55.6% of patients diagnosed with diabetes had received the seasonal influenza immunisation. This was lower than the CCG average of 76.1% and national average of 77.6%. The rate of eligible female patients attending the practice for cervical cytology screening was 55.6%; this was lower than the CCG average of 73.4% and national average of 76.7%. Data the practice shared with us at the inspection showed that proactive action had been taken to improve and ensure patients received appropriate follow up of their care and treatment. For example the rate of eligible female patients who had attended the practice for cervical screening was currently 75%, a significant increase when compared to the performance for 2014-2015.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 66.7% to 94.4%, children aged two to five 88.6% to 97.7% and five year olds from 83.3% to 94.4%.

The practice healthcare assistant offered annual health assessments for patients with a learning disability. Any concerns identified were forwarded to the GP or advanced nurse practitioner. The practice offered lifestyle clinics for patients who required advice on their diet, smoking and alcohol cessation. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. There were 450 survey forms sent out of which 86 (19.1%) responses were returned. Data from the national patient survey showed the practice was rated broadly in line with the local and national average satisfaction scores on consultations with GPs and nursing staff and the support received from receptionists.

The results from the GP national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example:

- 83.2% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 82.1% and national average of 84.8%.
- 75% said the GP was good at treating them with care or concern compared to the CCG average of 80.3% and national average of 85.1%.
- 86.7% said that the nurse was good at giving them enough time compared to the CCG average of 89.2% and national average of 91.9%.

We spoke with five patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 12 completed cards which were positive overall about the helpfulness, understanding and caring approach they received from staff. All of the patients we spoke with told us they were treated with care, dignity and respect.

Care planning and involvement in decisions about care and treatment

We reviewed GP patient survey information about patients' involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed:

- 77.5% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 76.8% and national average of 81.4%.

- 85.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.6% and national average of 86%.

The GP national patient survey results about patients involvement in planning and decisions about their care and treatment with the practice nurses were lower than local and national averages:

- 78.7% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 84.9% and national average of 84.8%.
- 84.3% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89.7% and national average of 89.6%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carers support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, staff told us about a patient who made impromptu visits to the practice when their mental health deteriorated. Staff made the person feel welcome and gave them the opportunity to have a conversation and relax while they waited to see the GP.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services. Subject to a patient's agreement a carer could receive information and discuss issues with staff.

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. 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 was aware of people who were vulnerable including patients who were homeless and those living in travelling communities. It had systems in place to find patients if they had not been seen for some time.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations were available every day after the morning clinic.
- Facilities and access for patients with physical and mobility disabilities and translation services were available. Consulting rooms were on the ground floor of the premises, a ramp and automatic door access was provided at the front of the building.

Access to the service

The practice is open Monday to Friday 9.00am until 6.30pm. Extended opening hours are available every Wednesday between 6.30pm and 8.00pm. Patients were directed to the out-of-hours services, Primecare, when the practice is closed.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. Longer appointments were available for older patients, children, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions.

The patient survey information we reviewed for July 2015 showed that patients rated the practice higher than or comparable with the local and national averages in response to questions about access to appointments. For example:

- 78.7% were satisfied with the practice's opening hours compared to the CCG average of 76.7% and national average of 74.9%.
- 82.2% described their experience of making an appointment as good compared to the CCG average of 70.7% and national average of 73.3%.
- 77.4% said they could get through easily to the surgery by telephone compared to the CCG average of 72.8% and national average of 73.3%.
- 50.7% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.8% and national average of 64.8%.

The patient views in the comments cards we received showed that patients were happy with the appointment system. However they commented that at times there was a long wait for a routine appointment. These views did not align with the views of the patient GP national survey.

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.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. There were no trends to the complaints received. Complaints were discussed at both practice and PPG meetings. Minutes of meetings and the complaints record showed that learning from complaints was discussed and shared with all staff including external agencies where appropriate.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice aims and objectives were included in its statement of purpose. The practice aimed to ensure patients had easy access to services they required and understand the care and treatment offered. To keep patients healthy, treat them as individuals and to respect their personal beliefs.

The vision and values for the practice were not displayed on the practice website or at the practice for staff and patients to view. Staff we spoke with were aware of the essence of these values and displayed them when performing their duties. We heard staff speaking to patients kindly, with patience and respect. Patients we spoke with told us that improvements had been made at the practice.

Governance arrangements

The practice had reviewed their governance arrangements and implemented systems to support the delivery and quality of care and treatment provided to patients registered at the practice. This outlined the structures and procedures in place and ensured that:

- We found that systems were supported by a strong management structure and clear leadership.
- Risk management systems, protocols were being developed and implemented to support continued improvements.
- Staffing structures had been reviewed and staff were aware of their own roles and responsibilities.
- Work had commenced on the review and implementation of practice specific policies which were easily accessible to all staff (68% had been completed).
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements
- The GPs, nurses and other staff were all supported to address their professional development needs.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Health and safety risk assessments had been conducted to limit risks from premises and

environmental factors. However the content of risk audit records were not sufficiently detailed to identify the level of risk, action to be taken to mitigate the risk and by whom.

- The practice had commissioned a risk assessment for Legionella (a bacterium which can contaminate water systems in buildings). However action had not been taken to address the recommendations made in the report.

Leadership, openness and transparency

Staff we spoke with were positive about working at the practice. They told us they felt supported to deliver safe, effective and responsive care. Staff described the culture at the practice as open and transparent. They told us they felt comfortable to raise any concerns when required and were confident these would be dealt with appropriately.

Regular practice, clinical and team meetings involving all staff were held and staff felt confident to raise any issues or concerns at these meetings. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

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

The practice had gathered feedback from patients through the family and friends test results, compliments and complaints received. The practice had a patient participation group (PPG) which consisted of five members. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The minutes of the PPG meeting showed that the practice had acted on suggestions made by members of the group and patients. For example a request for a parking bay for patients with a physical disability. Patients who had originally expressed an interest in joining the PPG had been

Are services well-led?

Good 

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

unable to attend the meetings which had taken place monthly. The practice manager and PPG were looking at how they could increase the membership and activity of the group.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. All staff were

invited to attend a meeting with the management team to discuss the changes required to improve the services at the practice. The management team had ensured that all staff were involved in the review and any changes to working practices and systems at the practice.

Succession planning was ongoing new staff had been appointed. Discussions with the local clinical commissioning group (CCG) and NHS England area team told us about the positive approach the practice had taken to move forward. The practice team was involved with an external agency in a programme to improve the education of patients with diabetes to support them in managing their condition more effectively.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not ensure the safety of people who use the service by having a means of administering oxygen therapy, if required, in an emergency situation. 12 (2) (f)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	