

Dr Rao

Quality Report

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Date of inspection visit: 9 September 2015

Date of publication: 17/12/2015

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Rao	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	20

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rao on 9 September. Overall the practice is rated as requires improvement.

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

- Staff understood there was a process to follow to raise concerns, and to report incidents and near misses. However this was not implemented fully within the practice as incidents were not always identified.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and infection control training.
- Data showed patient outcomes were at or above average for the locality. Audits had been carried out in order to improve patient outcomes.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but staff did not know what they were and how to access them.
- Non-clinical staff including the practice manager had not received any appraisals.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff. This includes making sure all nursing staff have a criminal records check through the Disclosure and Barring Service (DBS). Where non-clinical staff perform chaperone duties, the practice must risk assess and record whether a DBS check is required.

In addition the provider should:

Summary of findings

- Ensure lessons learned from significant events, incidents and accidents are shared with practice staff.
- Ensure all staff have received training appropriate to their role, for example, infection control and chaperone training.
- Ensure that all staff are supported by receiving appraisals.
- Carry out regular fire drills to ensure staff know what to do in the event of a fire.
- Keep cleaning records to demonstrate adequate levels of cleanliness are maintained.
- Ensure all staff know how to access policies, procedures and guidance to carry out their role.

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 as there are areas where it should make improvements. Staff understood there was a process to follow to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were completed but lessons learned were not communicated widely enough to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, some clinical staff and those performing chaperone duties had not had a Disclosure and Barring Service check (DBS) and none of the staff had received infection control training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes at or above average for the locality for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. The practice were not carrying out appraisals for the non-clinical staff including the practice manager. Staff meetings were infrequent and training in some areas such as infection control and chaperoning had not taken place.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had good facilities and was well equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. There was no evidence that learning from complaints had been shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led. There was a documented leadership structure and staff felt supported by management. Staff received inductions, but not all staff had received appraisals or attended staff meetings. The practice had a number of policies and procedures but staff were not aware what they were and how to access them. The practice sought feedback from patients via a suggestion box and surveys. They did not have a patient participation group (PPG) despite promoting and seeking patient participation via the practice website and the display screen in the patient waiting area.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Longer appointments and home visits were available for older people when needed. All these patients had a named GP and care plans in place.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. The nurse practitioner had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were in line with other practices. Urgent and same day appointments were available for all sick children and appointments were available outside of school hours. The premises were suitable for families, children and young people. We saw good examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Extended hours opening was available three evenings a week and the practice

Requires improvement



Summary of findings

offered telephone consultations for those who could not attend during normal hours. Appointments and repeat prescriptions could be booked online. There was a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety 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. It had carried out annual health checks for people with a learning disability.

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

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice performance was mixed. They were below the local and national averages in some areas but above in others. There were 111 responses and a response rate of 25%.

- 61% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 70% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 76% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 69% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 54% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, the majority of these were positive about the standard of care received. Patients commented that staff were kind and helpful and they were treated with dignity and respect. Some of the staff members were mentioned by name as providing a good service. Four of the cards commented that they sometimes had difficulty making an appointment or getting through to the practice by telephone.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff. This includes making sure all nursing staff have a criminal records check through the Disclosure and Barring Service (DBS). Where non-clinical staff perform chaperone duties, the practice must risk assess and record whether a DBS check is required.

Action the service **SHOULD** take to improve

- Ensure lessons learned from significant events, incidents and accidents are shared with practice staff.

- Ensure all staff have received training appropriate to their role, for example, infection control and chaperone training.
- Ensure that all staff are supported by receiving appraisals.
- Carry out regular fire drills to ensure staff know what to do in the event of a fire.
- Keep cleaning records to demonstrate adequate levels of cleanliness are maintained.
- Ensure all staff know how to access policies, procedures and guidance to carry out their role.

Dr Rao

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Rao

Dr Rao also known as Rillwood Medical Centre provides primary medical services to residents in the eastern area of Northampton. The practice has been at its current purpose built location since 1991.

The practice population has a lower than average number of patients over 65 years and a higher than average below 40 years. National data indicates that the area is one of higher deprivation. The practice has approximately 3450 patients and provides services under a general medical services contract (GMS).

The practice is managed by a principal GP, male. There is a nurse practitioner and a number of reception and administration staff led by a practice manager. The practice also employs two regular locum GPs, both male.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were available from 9am to 1pm and 4pm to 6pm daily. Extended hours surgeries are offered until 7pm on Mondays and Tuesdays and 7.15pm on Wednesdays.

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

Why we carried out this inspection

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

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

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

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

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

to share what they knew. We carried out an announced inspection on 9 September 2015. During our inspection we spoke with a range of staff including the practice manager, GP, nurse practitioner, reception and administration staff. We spoke with patients who used the service and we observed how staff interacted with patients during their visit to the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice had a significant event policy to follow when significant events and incidents had been identified. Hard copy forms were available for staff to complete if a significant event occurred. We noted that two significant events had been identified and documented for the past two years. Staff we spoke with were aware of the process to follow if an event occurred.

We reviewed the documentation of the two recorded events and noted that they had been clearly recorded with lessons learned identified. For example, they had changed their practice and waited until all relevant investigations had been completed before a diagnosis was recorded on the patients' electronic record. Both the events related to clinical matters and had been reviewed by the principal GP, nurse practitioner and practice manager. There was no evidence that learning from the events had been shared with the two regular locum GPs who worked at the practice.

People affected by significant events received an apology and were told about actions taken to improve care.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were available on the noticeboards in the administration area and consulting rooms. The GP was the lead for safeguarding. Multi-disciplinary team meetings were held monthly with the GPs, nurse practitioner, community nurses and health visitor to discuss safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices were displayed in the waiting room and the consulting rooms advising patients that chaperones were available if required. The nurse practitioner undertook this role. Reception staff were asked to perform chaperone duties if the nurse was unavailable. None of the staff had received chaperone training and

not all of them were able to accurately describe the correct way to carry out this role. For example, where to stand and when to leave the room if the clinician was not present. None of the staff including the nurse practitioner undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice had not completed a risk assessment to consider whether a DBS check was required for these staff members.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room. The practice had completed a fire risk assessment but had not carried out regular fire drills. All electrical equipment had been checked in September 2015 to ensure the equipment was safe to use. All clinical equipment was checked in April 2015 to ensure it was working properly. The practice had also completed had a legionella risk assessment which determined that they were at low risk of transmitting the waterborne infection.
- We observed the premises to be visibly clean and tidy. There was a cleaning schedule for the cleaner to follow but no cleaning records were kept that demonstrated adequate levels of cleanliness were maintained. The practice did not have an identified infection control lead and none of the staff had received infection control training, either at induction or annual updates. Some of the staff we spoke with had an understanding of infection control and the process to follow but others didn't. For example, reception staff said they did not use disposable gloves when handling specimens. Disposable gloves and hand gels were available for use in the reception area. The practice had not completed any infection control audits although we did see evidence that they were implementing good infection control practice, for example elbow taps, pedestal bins and laminate flooring were in use in the clinical areas.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The GP attended medicine management meetings with the local clinical commissioning group (CCG) and the nurse

Are services safe?

practitioner attended nurse prescribing updates also with the CCG to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had implemented electronic prescribing in June 2015.

- Recruitment checks were carried out and the files we reviewed showed that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. We saw that the same process was followed for the employment of locum GPs. Appropriate checks through the Disclosure and Barring Service had not been carried out by the practice for the nurse practitioner or all of the reception staff performing chaperone duties.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The reception and administration staff had a rota in place and arrangements to work additional hours to cover annual leave. A practice nurse from a neighbouring practice supported the nurse practitioner and provided cover for annual leave.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff had received annual basic life support training. The practice did not keep emergency equipment such as an automated external defibrillator (used in cardiac emergencies) on the premises. They informed us that they would provide basic life support and dial 999 and call an ambulance if a patient collapsed. There was oxygen available with adult and children's masks. 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 business continuity policy and plan to follow in the event of major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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. They used a system provided by the clinical commissioning group (CCG) which gave them access to treatment guidelines, local services and referral pathways. This system also gave them access to guidelines from NICE and they 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). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 96% of the total number of points available, with 14% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 93% of available points compared to the CCG average of 92% and the national average of 90%.
- Performance for hypertension related indicators was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 88% and the national average of 88%.
- Performance for mental health related indicators was better than the CCG and national average the practice achieved 100% of available points compared to the CCG average of 94% and the national average of 90%.
- Performance for patients with dementia receiving an annual review was better than the CCG and national average. The practice achieved 100% of available points compared to the CCG average of 85% and the national average of 84%.

The practice had completed two clinical audits in the past year to improve care and treatment and people's outcomes. One of these audits related to the fitting of intra-uterine contraceptive devices and contraceptive

implants. Areas for improvement had been identified and discussed with the relevant staff. The practice planned to complete a second audit to demonstrate quality improvements had been made.

Effective staffing

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

- The practice had an induction checklist for newly appointed non-clinical members of staff that covered such topics as policies and procedures, fire safety, and confidentiality. A member of the reception staff informed us she had received support and supervision throughout her induction from more experienced staff members.
- The nurse practitioner received support and appraisals from the GP and attended the local CCG practice nurse forums for clinical supervision.
- The learning needs of the non-clinical staff were identified through informal discussions. This staff group including the practice manager had never received an appraisal.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. None of the staff had received chaperone or infection control training. General training was provided during protected learning time.

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. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The GP and the nurse practitioner reviewed communications from other services and made arrangements to review the patients as appropriate. Multi-disciplinary team meetings took place monthly and care plans were routinely reviewed and

Are services effective?

(for example, treatment is effective)

updated. There was a health visitor employed by the CCG based at the practice and we saw they had monthly safeguarding meetings to discuss families in need of support.

Consent to care and treatment

The practice had a consent policy to follow to ensure patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff informed us that children and young people's capacity to consent was carried out in line with relevant guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. The nurse practitioner provided sexual health advice and opportunistic chlamydia screening. Patients identified as requiring smoking and alcohol cessation advice were referred to relevant local services.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% and five year olds from 92% to 93%. Flu vaccination rates for the over 65s were 71% and at risk groups 64%. These were comparable to national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 these rooms could not be overheard. A private room was available for reception staff to use if patients wanted to discuss sensitive issues or appeared distressed.

The 42 patient CQC comment cards we received had positive comments about the service and care experienced. Some staff members were mentioned by name as providing a good service. Patients commented that staff listened to them and answered questions and they were kind and helpful. Some of the comments stated that patients were treated with care, dignity and respect. In addition to positive comments made, four of the cards had additional feedback regarding the appointment system and sometimes having difficulty getting through to the practice by telephone.

The national GP patient survey asked patients if they were happy with how they were treated. The practice was slightly below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 79% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.

- 91% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with four patients who told us they had enough time to discuss their health issues with the GP. Two of the patients said 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients generally felt involved in their care planning and decisions about their care and treatment. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%

Staff told us that a telephone translation service was used for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and the practice website told patients how to access a number of support groups and organisations. For example Macmillan Cancer Support, Alzheimer's Society and Asthma UK.

The practice identified patients who were also carers on their computer system; this then alerted the GPs when they attended the practice. Carers were offered additional support for example, health checks, flu vaccinations and referrals to social services if required. The nurse practitioner gave an example of how additional support was provided to a carer to meet their own medical needs so they could continue to care for their family member.

The practice informed us they worked with the Macmillan nurse team and the local hospice to provide support to those patients receiving end of life care.

Families that had suffered a bereavement were contacted by the GP and offered a consultation or advice on how to

Are services caring?

contact a support service. A bereavement booklet was available to give to patients that contained guidance and advice. An alert was placed on their computer record so they were identified when they next visited the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

- The practice offered extended opening hours three evenings a week. This allowed those who worked during normal hours access to a GP.
- There were longer appointments available for people with a learning disability and others as required.
- Patients identified with specific needs for example, those with alcohol and substance misuse problems were referred to specialist agencies to meet their needs.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available those with a serious medical conditions.
- Urgent or same day appointments were available for sick children as necessary.
- Telephone appointments were available for patients who could not attend the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The waiting area and corridors had enough space to manoeuvre mobility aids and pushchairs and there were wide doors at the entrance.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 1pm and 4pm to 6pm daily. Extended hours surgeries were offered until 7pm on Mondays and Tuesdays and until 7.15pm on Wednesdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages in most areas and people we spoke to on the day were able to get appointments when they needed them. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 74%.
- 69% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Access to the practice via the telephone scored lower than average. For example:

- 62% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.

The practice informed us that patients had been advised to ring between 11am to 12.30pm and 1.30pm to 3pm to receive test results to reduce telephone calls at peak times. They also used SMS text messaging to inform patients of normal test results.

Listening and learning from concerns and complaints

The practice had a complaints policy and procedures that were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for example, a leaflet detailing the complaints process was available at the reception desk. There was also information on the practice website advising patients to contact the practice manager if they needed to make a complaint.

We looked at a summary of five complaints received in the past 12 months. This contained details of the complaints. We saw an example of how a complaint had been investigated and the response provided to the complainant. However, there were no learning points identified and no record of any meetings to show that the complaints had been discussed and lessons learned shared within the practice.

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

There was a suggestion box in the reception area for patients to provide feedback on the practice and the service they had received.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice showed us their mission statement which stated that they were committed to being a caring and family orientated practice by providing high quality medical services. Staff we spoke with had an awareness of the practice values to treat patients with respect and courtesy and provide advice and treatment in a timely manner.

The practice had identified the challenges it faced as a single handed GP practice and were actively trying to recruit a new GP partner. They were also trying to recruit a new practice nurse to replace the nurse practitioner who was due to retire. The current nurse practitioner had put in place a comprehensive folder with induction information and training needs analysis for any new recruits to the role.

Governance arrangements

The practice had some governance processes in place to support the delivery of the good quality care but they were lacking in some areas. For example,

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. The policies were available on the desktops of all the computers but the staff we spoke with did not know how to access them or what they were. They informed us they would seek guidance from the practice manager.
- A comprehensive understanding of the performance of the practice which was reviewed through the monitoring of the quality and outcomes framework (QOF)
- Audits were carried out to monitor quality and to make improvements

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place but not used fully by all staff.
- Learning from incidents were not shared with all staff.
- Complaint documentation was lacking and there was no evidence that learning from complaints was shared with staff.
- Relevant disclosure and barring checks (DBS) had not been completed for staff.
- Non-clinical staff including the practice manager had not received any appraisals.

Leadership, openness and transparency

The practice was led by a principal GP with the support of the practice manager. Although meetings were infrequent staff said there was an open culture within the practice and they were able to raise issues with the GP or practice manager. Staff said they were approachable and always take the time to listen to all members of staff.

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

The practice sought feedback from patients via a suggestion box in the reception area and patient surveys. Telephone consultations had been implemented as a result of survey information where patients stated they had difficulty booking an urgent appointment.

The practice had tried to start a patient participation group (PPG) but had not been able to recruit any patients for this.

Feedback from staff was sought on an informal basis from discussions. Staff appraisals and meetings for non-clinical staff were not carried out regularly for staff to give formal feedback.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not operate effective recruitment procedures. This was because Disclosure and Barring checks (DBS) had not been made for nursing staff and those non-clinical staff carrying out chaperone duties.</p> <p>This was in breach of Regulation 19 (1), 19 (2) (a) and 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>