Bredbury Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bredbury Medical Centre on 7th October 2015. Overall the practice is rated as requires improvement.

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

- Risks to patients were not assessed or managed appropriately. No risk assessments for areas such as fire safety or lone working had been carried out. Appropriate recruitment checks had not been completed for new members of staff.
- The practice did not have an effective system in place to monitor and manage the training needs of its staff.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded and analysed, however lessons learned were not widely disseminated to staff.
- Data showed patient outcomes were in line with averages for the locality.
- Some audits had been carried out, and the practice could demonstrate how they had implemented changes following these and were measuring the improvements to patient care.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested. Patients were positive about their ability to access appointments.
- The practice had a number of policies and procedures to govern activity, but some of these were out of date or not fully relevant to the operation of the practice.

Action the provider MUST take to improve:

The areas where the provider must make improvements are:

Summary of findings

- Implement a more effective, systematic approach to identifying and managing risks within the practice.
- Implement a more systematic approach to recording staff training. Staff must receive appropriate training in areas such as safeguarding, fire safety and infection control.
- Ensure recruitment arrangements include all necessary employment checks for all staff, as well as checks for membership with appropriate professional bodies for clinical staff.
- Ensure the policies and procedures that are available to staff are up to date and accurate.

Action the provider SHOULD take to improve:

In addition the provider should:

- Ensure all clinical staff have appropriate medical indemnity insurance as required.
- Utilise alerts on the electronic record system to identify at risk or vulnerable patients to clinicians in order to maximise their opportunity to receive the appropriate care.
- Ensure the infection prevention and control lead has received sufficient training to carry out the role
- Implement systems to improve medicines management.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However when things went wrong, reviews and investigations were carried out but lessons learned were not communicated widely enough to support improvement.

Risk assessments had not been completed, and newly recruited staff had not had all appropriate pre employment checks carried out.

We saw that equipment was maintained appropriately, and there was sufficient equipment and medicines on site to deal with a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were in line with the average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice engaged with some clinical audit and could demonstrate that learning had been implemented on the basis of audit outcomes and improvements made. Staff had received training appropriate to their roles however further training needs had not been identified as staff had not accessed appraisals and did not have personal development plans in place. Staff worked with multidisciplinary teams where possible.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

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 ensure improvements to services where these were identified. Patients said they found it easy to make an appointment with a GP or nurse, and urgent appointments were available the same day. The practice had good

Summary of findings

facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded in a timely manner to issues raised. Lessons learned from complaints was not shared with the whole staff meaning the learning was not maximised.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a vision and a strategy but not all staff was aware of this and their responsibilities in relation to it. There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, but some of these were overdue a review and not all fully reflected the practice's operation. Formal staff meetings were not held regularly. We were not able to view any minutes or agendas documenting what had been discussed at staff meetings. Staff did not receive regular performance reviews and there was no systematic approach to the monitoring or management of staff training.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

This provider is rated as requires improvement for providing safe and well led services. 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. Practice staff attended multidisciplinary palliative care meetings, and appointments in the patient's place of residence were available when necessary. The percentage of patients over the age of 65 who had received a seasonal flu vaccination was 74.1% which was in line with the national average of 73.24%.

People with long term conditions

Requires improvement

This provider is rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a structured annual review (or more frequently if required) to check that their health and medication needs were being met. The practice reported that the percentage of medication reviews completed for patients on four or more different medications was 70%.

Families, children and young people

Requires improvement

This provider is rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not make use of its electronic patient record system to flag 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 in line with or above CCG averages for all standard childhood immunisations. The practice offered a weekly child immunisation clinic and patients could access ante-natal appointments with the midwife on site. Appointments were available outside of school hours and the premises were suitable for children and babies. The GP told us that regular informal meetings with health visitors took place to allow information to be shared.

Summary of findings

Working age people (including those recently retired and students)

Requires improvement

This provider is rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. An evening surgery was available until 9:00pm each Tuesday evening for those patients who work through the day. The practice offered text message reminders for appointments for patients who opt in for this service. 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.

People whose circumstances may make them vulnerable

Requires improvement

This provider is rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered longer appointments for people with a learning disability or those who needed translation services in order to access services. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice had no homeless people on its patient list at the time of inspection.

People experiencing poor mental health (including people with dementia)

Requires improvement

This provider is rated as requires improvement for providing safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The percentage of patients diagnosed with dementia whose care had been reviewed face-to-face in the preceding 12 months was 100%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 92%. This places the practice above the national averages of 83.82% and 86.04% respectively in these areas.

Summary of findings

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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with or above local and national averages. There were 118 responses and a response rate of 34.3%.

- 92.4% find it easy to get through to this surgery by phone compared with a CCG average of 78.2% and a national average of 74.4%.
- 95.4% find the receptionists at this surgery helpful compared with a CCG average of 88.9% and a national average of 86.9%.
- 79.6% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60.5%.
- 90.1% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87.6% and a national average of 85.4%.
- 98.3% say the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.
- 90.2% describe their experience of making an appointment as good compared with a CCG average of 75.9% and a national average of 73.8%.
- 69.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.4% and a national average of 65.2%.
- 62.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Unfortunately no comment cards had been completed by patients. On the day of inspection we spoke to eight patients in the practice. The feedback they gave us was generally positive about the care they received.

Seven of the eight told us they were able to get an appointment when they needed one. All who were asked told us that they were treated with dignity and respect. Four patients felt that the clinical staff explained treatments and medications well. We were told that referals on to secondary care were made in a timely manner.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Implement a more effective, systematic approach to identifying and managing risks within the practice.
- Implement a more systematic approach to recording staff training. Staff must receive appropriate training in areas such as safeguarding, fire safety and infection control.
- Ensure recruitment arrangements include all necessary employment checks for all staff, as well as checks for membership with appropriate professional bodies for clinical staff.
- Ensure the policies and procedures that are available to staff are up to date and accurate.

Action the service SHOULD take to improve

In addition the provider should:

- Ensure all clinical staff have appropriate medical indemnity insurance as required.
- Utilise alerts on the electronic record system to identify at risk or vulnerable patients to clinicians in order to maximise their opportunity to receive the appropriate care.
- Ensure the infection prevention and control lead has received sufficient training to carry out the role
- Implement systems to improve medicines management.

Bredbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a second CQC inspector, a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology).

Background to Bredbury Medical Centre

Bredbury Medical Centre is situated in a purpose built building in Bredbury, on the outskirts of Stockport. The practice has a patient list size of 4816. The demographic area served by the practice contains a higher percentage of people over the age of 65 years old compared to the national average (19.2% compared to 16.7%). Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The practice caters for higher proportion of patients experiencing a long-standing health condition (60.8% compared to the national average of 54%) as well as for a higher proportion of patients with caring responsibilities (23.8% compared to the national average of 18.2%). The practice has more disability allowance claimants per 1000 (61.5) than the national average (50.3).

The practice is part of the NHS Stockport Clinical Commissioning Group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There are three male GP partners. The practice also employs a practice nurse and health care assistant (both female) as well as a pharmacist for one day per week. Non-clinical staff consisted of a practice manager, an accounts manager and eight administrative and reception staff. Bredbury medical Practice is a training practice, but there were no trainee GPs on site on the day of inspection.

The practice opens at 8:30 am each weekday. It closes at 5:00pm on Mondays and Wednesdays, 6:30pm on Tuesdays and Thursdays and 6:00pm on Fridays. Appointments are offered between 8:30 and 11:00am each morning. Surgery times in the afternoon start between 2:00pm and 4:20pm depending on the day and run until the surgery closes, except on Tuesday when the practice offers a late night surgery by appointment until 9:00pm.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Mastercall.

Why we carried out this inspection

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

Please note 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.

Detailed findings

How we carried out this inspection

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

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

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

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

Before visiting, 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 visit on 7th October 2015. During our visit we spoke with a range of staff including one of the GP partners, the practice's pharmacist, the practice manager, the practice nurse and health care assistant as well as two members of the administration and reception team. We also spoke with patients who used the service. We observed how people were being cared for and we reviewed a range of information provided by the practice leading up to and during the inspection.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice had some systems in place to monitor patient safety. Staff were able to tell us how safety alerts were received by the practice and circulated to colleagues. Alerts were circulated in hard copy to the GP partners, and then destroyed once they had been viewed. A record was not kept of which alerts had been circulated to staff. This limited their ability to follow up on alerts and ensure all required actions were followed.

The staff we spoke to were aware of the procedure for reporting incidents and aware of their responsibilities to raise concerns.

Learning and improvement from safety incidents

The practice analysed, recorded and monitored significant events, although there was not a systematic approach to ensure that relevant learning from these events was disseminated to appropriate staff. Two significant events had been analysed during the preceding 12 months. We were shown records documenting the description of the event and appropriate learning outcomes including changes to practice from each event. For example one related to a medication being switched to a lesser known brand version that clinical staff were not familiar with. This had resulted in a patient being prescribed another medicine meaning the dosage of that particular medication was too high. The action points specifically identified on the document included medication searches being done using the practice's electronic record system to ensure no other patients on similar medication were in the same position as well as pop-up alerts being placed on the electronic records to alert clinicians of the potential risk. The document named staff members responsible for carrying these actions out. It was also specified that feedback should be given to practice staff at the next practice staff meeting on 10th September 2015. However, no minutes were available documenting that this meeting had taken place. Staff members we spoke to confirmed that they did not routinely receive information about significant events and were unable to give examples of any changes to practice as a result of them.

Reliable safety systems and processes including safeguarding

We saw that the practice had comprehensive policies in place around safeguarding both children and adults. The policies contained appropriate contact details for the relevant agencies such as the local authority safeguarding team and staff demonstrated to us that they were aware of how to find these. We saw training certificates demonstrating that staff had accessed training for safeguarding. We were shown a certificate that confirmed one of the GP partners had received training for safeguarding children up to the expected level. However, evidence of the training the other two GPs had received in this area was not available to view on the day of inspection. The practice did not make use of alerts to flag up vulnerable or at risk patients on the electronic record system.

There was a chaperone policy available for staff, but it did not specify where a chaperone should position themselves when undertaking chaperone duties. We did not see information clearly displayed in the waiting area to notify patients that they could request a chaperone be present in their appointment. Staff told us that primarily either the practice nurse or health care assistant would carry out chaperone duties. However, on occasion if either are unavailable, a member of reception staff would act as chaperone instead. We spoke to two members of the reception team. One told us that they had received training around chaperoning, the other told us they had not. No record of chaperone training was available for us to view. Disclosure and Barring Service (DBS) checks had not been carried out for any members of reception staff asked to act as chaperones. No risk assessment had been carried out by the practice to ensure the possible risk to patients was mitigated in light of appropriate background checks not being completed.

Medicines management

The practice nurse took responsibility for managing medicines held on site at the practice. All emergency medicines and vaccines we checked on the day of inspection were stored appropriately and within date. We saw that an inventory of medicines was maintained and documentation confirmed that stock levels were checked on a regular basis. We saw that the vaccine fridge was at the appropriate temperature and that fridge temperatures were monitored and logged daily by nursing staff. The practice had a cold chain policy and staff were aware that if the cold chain was broken (cold chain refers to the process

used to maintain optimal conditions during the transport, storage, and handling of vaccines) this could render the vaccines unusable. The plug socked for the vaccine fridge was marked with a clear notice instructing that it be left on at all times and we saw that a cool box was available for use in an emergency should the fridge fail to operate appropriately.

We were told that when prescriptions clerks were requesting the GPs add acute medication to the patient's prescription, this was communicated by passing post it notes between members of staff. This process posed a risk for information being lost or inputted incorrectly and also meant there was no clear audit trail to monitor the task's completion.

Blank prescription forms were kept securely locked away. However, no log was kept to record prescription numbers and this meant that the practice could not track efficiently the location of any prescription pad the GP's currently held.

Cleanliness and infection control

The practice facilities were visibly clean and tidy, other than a number of marks and stains on the carpet in the waiting room. Five of the patients we spoke to on the day of inspection commented specifically about the cleanliness of the waiting room carpet, but felt that that aside the practice premises were kept clean and tidy. We saw cleaning schedules were kept detailing the frequency of different cleaning tasks, and a daily signature record to confirm that cleaning staff had completed their duties.

We were told by staff that there was an infection control policy and it was stored electronically on the practice's shared drive. However, when we asked to see it, staff were unable to locate it. Staff were aware that the practice nurse took the lead within the practice for infection prevention and control. We were shown a training certificate for the practice nurse that confirmed she had been observed during direct patient care and had safely carried out the high risk elements in preventing the spread of infection. This certificate was not dated. There was no further evidence of attendance at infection prevention and control training for either the practice nurse nor any other staff member. We were informed by the practice manager that all staff were booked onto infection prevention and control training on 20th October 2015. Staff we spoke to were aware of procedures to handle specimens and deal with a spillage of bodily fluids. The practice maintained a spillage kit and staff we spoke to knew of its location.

In December 2014 the practice had carried out a hand washing audit. The documentation for this audit suggested that there was good practice and a good level of awareness amongst staff around the importance of hand washing. There were some minor areas for action documented, but it did not elaborate on this or document an action plan for improvement.

Legionella testing had not been carried out at the practice, and no risk assessment had been carried out to justify the lack of testing or protocol to do so (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal).

Equipment

Staff did not raise any issue about the availability of equipment. We saw that equipment in the practice was in satisfactory condition. Annual portable appliance testing (PAT) had been carried out appropriately and clinical equipment such as scales had been calibrated to ensure they were operating appropriately.

Staffing and recruitment

The practice had a comprehensive recruitment policy in place. However, we found that this policy had not been followed in their recruitment of the most recently employed member of staff. We saw that proof of identification had been sought and a copy retained on file, as well as a copy of the job offer letter. Neither references nor a record of the interview were held in the recruitment file. The practice manager confirmed to us that written references had not been sought. A Disclosure and Barring Service check (DBS) had not been completed for this staff member, even though part of the role involved carrying out visits to patient's homes.

The reception staff members we spoke to told us that they had been offered an induction process when first starting work with the practice, and that this involved shadowing colleagues and learning from more experienced peers. The GPs told us that they would cover for each other rather than use locums presently if there was a GP absent, but they had recently compiled a comprehensive locum pack in case a situation arose where they needed to employ one.

Requires improvement

Are services safe?

Staff told us that annual leave is planned to ensure there are sufficient staffing levels, and staff are flexible with their working arrangements so are able to cover each other's roles during times of unexpected or unplanned absence.

There was no system in place to make checks on the registration of clinical staff with the relevant professional bodies, such as the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC). We saw certification demonstrating the GPs had appropriate indemnity insurance in place. We were told the practice nurse's indemnity insurance certificate was unavailable as they had recently applied to renew the policy and so were awaiting confirmation of the cover.

Monitoring safety and responding to risk

The GPs acknowledged that risk assessments were an area of weakness for the practice. Both the practice manager and GP partner we spoke to confirmed that risk assessments had not been completed to identify and manage risks to patients or staff.

There was no documentation confirming that fire evacuation drills took place, nor which staff members were identified as fire marshals. The practice manager informed us they planned to carry ot a fire drill after the training session on 20th October 2015 when all staff would be present. The building was appropriately equipped with fire extinguishers, and we saw that these had been checked in February 2015. Staff told us that the building's fire alarm was serviced and checked annually by the installer, but we were unable to view any documentation to confirm that these checks took place. The practice manager informed us that routine checking of the fire alarm system would begin shortly. We saw that fire exits were clearly marked.

Arrangements to deal with emergencies and major incidents

There were appropriate arrangements in place for staff to deal with medical emergencies. The practice had emergency medicine kits for anaphylaxis (a severe, potentially life-threatening allergic reaction that can develop rapidly). Staff knew where these were held and how to access them. Oxygen and an automated external defibrillator (AED) were available for use in an emergency.

Emergency medicines and equipment were checked on a regular basis, with records maintained. Staff had undertaken annual training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR). Flowcharts were displayed on the treatment room wall where the emergency medicines were stored detailing the procedure for managing a medical emergency.

We saw that the practice had a comprehensive business continuity plan to ensure continued delivery of services in the event of a major incident. The plan detailed a 'buddy' practice in the locality that would assist in the continued delivery of services to the patient list in the event that the premises became inaccessible. Key contact numbers were included and an electronic copy of the plan was stored on the practice's shared drive and was accessible to staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF) (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. For the year 2014/15 the practice's results were 92.8% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes on the register who had a record of an albumin:creatinine ratio test in the preceding 12 months was 82.14%, compared to the national average of 85.94%. The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 84.66% compared to the national average of 81.6%.
- Performance for mental health related indicators was either in line with or slightly above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 92% compared to the national average of 86.04%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 85.67% compared to the national average of 83.11%.

Clinical audits were carried out to demonstrate quality improvement and relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years, one of these was a completed two cycle audit where the improvements made were implemented and monitored. This audit had examined the practice's proportion of appointments that patients failed to attend. In 2013 it had been found that the practice's did not attend (DNA) rate was 10.3% of appointments. Following the initial audit the practice introduced text message reminders for patients. When re-audited in 2015 the average DNA rate had dropped to 8.3% of all appointments.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, in response to recent concerns raised by the CCG that the practice was an outlier for some prescribing trends, a practice pharmacist had been employed for one day per week to address this.

Effective staffing

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

- The practice had an induction process for newly appointed non-clinical members of staff, that involved shadowing more experienced colleagues.
- The practice nurse informed us that she liaised with the lead practice nurse advisor for the CCG to identify learning needs and attend relevant training courses appropriate for her role. None of the staff we spoke to on the day of inspection had received an appraisal to monitor performance and identify training needs.
- We saw training certificates that confirmed staff had received mandatory training such as safeguarding and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Good

Are services effective?

(for example, treatment is effective)

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. We saw evidence that multi-disciplinary team meetings took place, although these occurred infrequently; only one set of multidisciplinary meeting minutes were available for us to view dated May 2015. The GPs told us they met informally with other professionals such as health visitors to share information and updates about patient care. We saw that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, although formal training in this area had not been accessed by clinical staff. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment. The process for seeking consent by practice staff was not monitored. Carrying out an audit of patient records would ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available and the practice's surgery leaflet specifically encouraged patients to arrange an appointment to receive advice from the GP around this.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 73.97%, which was below the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; posters were displayed in the waiting area advertising these programmes and how to access them.

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 71.4% to 94.6% and five year olds from 91.4% to 95.7%. Flu vaccination rates for the over 65s were 74.1% (compared to the national average of 73.24%), and at risk groups 53.76% (compared to the national average of 52.29%), meaning they 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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in all but one of the consulting rooms containing couches 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.

Unfortunately no CQC patient comment cards had been completed. On the day of inspection we spoke to eight patients in the practice. The feedback they gave us was generally positive about the care they received. All who were asked told us that they were treated with dignity and respect.

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

- 90.3% said the GP was good at listening to them compared to the CCG average of 91.5% and national average of 88.6%.
- 96.2% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.8%.
- 95.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.4% and national average of 95.3%
- 86.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.2% and national average of 85.1%.
- 98.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.9% and national average of 90.4%.
- 95.4% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.9% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Four out of the six who were asked felt that the clinical staff explained treatments and medications well.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86.3%.
- 82.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.6% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language, although there were no notices in the reception or waiting area to inform staff that this was the case.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system did not alert GPs if a patient was also a carer. The practice catered for 18 patients who also had caring responsibility in the year 2013/14. However, when asked about up to date figures the GP told us the practice did not maintain a register of these patients. Written information was available for carers to ensure they understood the various avenues of support available to them and the GP told us they would signpost carers to appropriate local support sites.

Staff told us a sympathy card would be sent to patients who had suffered a bereavement and appointments offered for support as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an evening surgery on a Tuesday evening until 9:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or those needing translation serviced.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children under the age of 16 and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice opened at 8:30 am each weekday. It closed at 5:00pm on Mondays and Wednesdays, 6:30pm on Tuesdays and Thursdays and 6:00pm on Fridays. Appointments were offered between 8:30 and 11:00am each morning. Surgery times in the afternoon started between 2:00pm and 4:20pm depending on the day and ran until the surgery closed, except on Tuesday when the practice offered a late night surgery by appointment until 9:00pm. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. On the day of inspection, urgent appointments were available that same day and the next pre-bookable appointment was available three day's later.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 73.6% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.9% and national average of 73.8%.
- 92.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 78.2% and national average of 74.4%.
- 90.2% patients described their experience of making an appointment as good compared to the CCG average of 75.9% and national average of 73.8%.
- 69.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.4% and national average of 65.2%.

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.

We saw that information was available to help patients understand the complaints system. Information was included in the practice leaflet which was available in the reception area. A poster was also displayed behind the reception desk, although its positioning and size meant it was not obvious. Patients we spoke with were not aware of the complaints procedure, but told us they had not had the need to complain in the past.

We looked at five complaints received in the last 12 months and found that these were dealt with in a satisfactory manner. However, we noted that written responses to the complainants did not include advise to contact the parliamentary ombudsman should they not be satisfied with the outcome.

Lessons were learnt from concerns and complaints were not routinely fed back to the staff as a whole, but rather on an ad-hoc basis to staff members who had been involved. This meant that learning from the complaint was not maximised.

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 GP partner we spoke to was able to discuss the practice values and a vision for the future of the practice, which involved improving the practice building facilities. However, the staff we spoke with found it difficult to articulate this vision. They were aware that a core value of the practice was to deliver high quality care to patients. We did not see that the practice had a robust strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice had a range of policy and procedure documents, although no central register of these was kept to demonstrate how they were managed. We saw that a number of policies had not been updated or marked as reviewed for some time, for example the incident reporting policy was dated April 2009, the chaperone policy was dated as reviewed in February 2014 and the child and adult safeguarding policies did not have last or next review dates recorded on them.

Not all policies viewed accurately reflected the operation of the practice. For example the chaperone policy failed to acknowledge that on occasion reception staff would be asked to perform chaperone duties. The incident reporting policy made reference only to non-clinical incidents and did not acknowledge clinical incidents that may need to be reported and analysed.

The practice did not have any formal arrangements for identifying, recording and managing risks, for example managing the risk of fire in the building.

There was a programme of clinical audit being undertaken by the GPs, however we were only shown one where two cycles of audit had been completed in order to demonstrate that learning and change to clinical practice had been implemented effectively.

There were shortfalls in recruitment processes used for the employment of new staff. References to corroborate previous employment history had not been sought and other pre-employment checks not completed, such as DBS checks. Records of interviews carried out were not kept.

Leadership, openness and transparency

There was a clear leadership hierarchy within the practice and staff were aware of their roles and responsibilities.

Staff informed us they had not been involved in formalised staff meetings in the previous 12 months. Management staff reported that meetings were held informally, and no agendas or minutes kept as a record of what was discussed.

Staff told us that management were approachable and always took the time to listen to all members of staff. They felt there was a culture of openness and honesty and that they felt respected, valued and supported. This was reflected in the low turnover of non clinical staff at the practice.

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

The practice sought feedback from its patients. On the day of inspection we observed patient questionnaires were placed on the seats in the waiting area. However, practice staff were unable to tell us of any changes that had been implemented as a result of patient feedback. The practice did not have an active Patient Participation Group (PPG.

The practice had gathered feedback from staff through feedback forms. Staff told us of changes that had been made as a result, for example the turnaround time for prescriptions being produced being increased from 24 to 48 hours to reduce pressure on staff.

Management lead through learning and improvement

We did not see evidence staff had been appraised. Staff did access training, but the practice did not maintain a training log or matrix. There was no systematic approach in place to monitor and manage the training needs of staff. This meant that there was a risk of there being gaps in staff knowledge and training. Staff told us that training was managed on an ad hoc basis, but that they felt comfortable requesting any training they felt they needed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Appropriate employment checks were not consistently carried out prior to staff commencing work Regulation 19 (1) a, b ,c (3)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems and processes had not been established to identify, assess, monitor or manage risk to patients or staff. There was no systematic approach to recording and monitoring staff training Regulation 17(1)(2) a b (3) a b