

# Poplar House Surgery

## Quality Report

24 –26 St Annes Road East  
Lytham  
Lytham St Annes  
Lancashire

Tel: 01253 722121

Website: [www.poplarhousesurgery.nhs.uk](http://www.poplarhousesurgery.nhs.uk)

Date of inspection visit: 3 February 2015

Date of publication: 31/03/2015

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

Good 

Are services safe?

Good 

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	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Poplar House Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We had previously undertaken a responsive inspection at this practice in September 2014 due to information of concern we had received. A number of improvements were required and we issued compliance actions and warning notices at that time.

We carried out an inspection of Poplar House Surgery on 3 February 2015 as part of our new comprehensive inspection programme and to determine the actions taken since the last inspection.

Overall the practice is rated as Good.

Our key findings were as follows:

- Significant improvement had been made to ensure staff worked together as a cohesive team.
- Improvements had been implemented for the safe and effective recruitment and employment of staff.

- The practice had significantly improved the system in place for reporting, recording and monitoring significant events.
- The practice was clean and the environment and equipment appropriately maintained.
- The GPs, nursing staff and Pharmacist were familiar with and used current best practice guidance to maximise outcomes for patients.
- The practice had an active Patient Reference Group. Minutes of meetings and annual reports were made available on the practice website. We were told the practice was improving in how they responded to comments and feedback to improve services.
- Patients we spoke with and comments made by patients via the CQC comment cards reflected that they felt staff were caring and tried their best to help.

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

Importantly, the provider must:

# Summary of findings

- Effectively monitor and assess the quality of the service provided.
- Undertake staff appraisals in order to identify personal development and monitor individual staff performance.

In addition the provider should:

- Take action to improve telephone access to the practice.

- Undertake appropriate monitoring of infection prevention and control within the practice.
- Ensure that all staff have access to a paper copy of the practice business continuity plan.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

We found that there had been improvements made since the last inspection, by which the practice could identify safety issues and take appropriate action. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. The practice used opportunities to learn from incidents, to support improvement.

The practice had up to date child and vulnerable adult safeguarding policies. Appropriate systems were in place for the management of medicines. The practice was clean and tidy and equipment was maintained appropriately.

Improvements had been implemented for the safe and effective recruitment and employment of staff. There were sufficient staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services

The practice was familiar with and used current best practice guidance. We found from our discussions with the GPs, nurses and the pharmacist that they completed assessments of patient's needs after considering national guidance.

The practice utilised coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients who were vulnerable, on the at risk register and palliative care register.

The practice offered mixed clinics which provided patients with flexibility to attend appointments when it suited them. Systems were in place to identify and recall patients who did not attend for follow up appointments

Good



### Are services caring?

The practice is rated as good for providing caring services.

The practice offered patients a chaperone prior to any examination or procedure. Information about requesting a chaperone was displayed in the reception area.

Good



# Summary of findings

Patients we spoke with and comments made by patients via the CQC comment cards reflected that they felt staff were caring and tried their best to help. We saw that reception staff dealt with patient queries both on the telephone and in person in a professional, efficient but friendly way.

Patients we spoke with confirmed that treatment options were explained and that staff took time to ensure they understood.

Patients said both the nurses and GPs were good at explaining about discussing various conditions and that they did not feel rushed when explanations were requested.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services

We saw the practice's electronic records system was used to flag patients with additional needs or concerns, such as learning difficulties (LD), or those who may be vulnerable. It was confirmed that when patients had complex conditions longer appointment times were given to enable appropriate time to explain current care and treatment.

The practice had an active Patient Reference Group (PRG). Information about the group was available on the practice website, with the latest report was accessible.

The practice was open Monday to Friday 8am until 6pm. No extended hours were available. We did not receive any negative comments about the opening hours of the practice from patients we spoke with, however only 31% of respondents in the NHS England 2014 GP Survey said they were happy with the telephone access to the practice.

Good



## Are services well-led?

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

A business plan was in place. The practice had undergone changes in partnerships of GPs and we acknowledged that following the last inspection, the practice had implemented many changes and were addressing the vision and future of the practice.

We found significant improvements in the governance of the practice. Each GP had been given a lead for a clinical area and long term condition.

Requires improvement



# Summary of findings

Policies and procedures had been either reviewed or written since the last inspection so that staff had appropriate guidance in place. When we sampled key policy guidance we found these to reflect current professional guidance.

We found during this inspection that the whole culture and atmosphere within the practice had improved.

However there were still some shortfalls. We found there were no clinical audits undertaken to determine the impact of care and treatments provided by the practice.

It was acknowledged that appraisals for clinical staff were overdue and we did not see any updated appraisals for reception or administration staff.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

All patients over 75 years of age were identified by the practice. The practice had a higher percentage of patients 75 years and older. This was 12.4 % compared with the national average 7.8%. All patients over 75 years had a named GP. Care plans were in place for those assessed at most at risk. Alerts were placed on the electronic records for those patients who were vulnerable.

Patients were contacted if they had recently been treated by the out of hours service or accident and emergency department. There was a range of information available within the practice for health and social support to aid their health and well-being. This included Age UK and other local organisations.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions.

Patients who had long term and complex conditions were identified by the practice. GPs had been designated as lead for long term conditions. Care plans were in place and patients were recalled for treatment and medicine reviews as required. We saw alerts were used on the electronic records system to facilitate this.

Patients we spoke with, in this population group, confirmed that they received requests to come into the practice for a review of their condition on a regular basis. The practice was proactively supporting patients with specific conditions such as Chronic Pulmonary Obstructive Disease (COPD), with rescue packs utilised when patients were suffering acute episodes.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people.

The practice was achieving a high childhood immunisation uptake across all the pre-school ages. The uptake was higher than both the national and local Clinical Commissioning Group (CCG) averages. There was 100% uptake for five years old and almost the same uptake rate across the one and two years age groups. There was an effective system to ensure that any child who did not attend was appropriately followed up. We were informed that this involved on occasions, liaison with Health Visitors and School Nurses.

Good



# Summary of findings

Information in regards to sexual health for young people was available and the female nurses led on the cervical smear programme.

Practice staff had undertaken safeguarding training children and there were established systems in place to raise any concerns. Staff we spoke with had a good understanding of what could constitute abuse or risk and could describe the actions they would take.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students).

Although the practice did not offer any extended hours, that may be of benefit to those patients of working age, we received no negative comments about this when speaking with patients or via the CQC comment cards.

A range of health promotion and screening which reflected the needs for this age group was available.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Patients whose circumstances may make them vulnerable were highlighted within the patient's electronic record. This included patients with learning disabilities. We were told the practice offered longer appointments for those patients to ensure their needs were fully met.

There was a drug and alcohol service located close by and the practice provided care and treatment for those resident there when required.

Health and social support information leaflets were readily available in the waiting room. Patients were also signposted Big White Wall, an on-line counselling and support service.

Good



## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

A GP had been designated as lead for patients with mental health or learning difficulties. Patients within this group received a recall for their annual physical health check. The practice worked with multidisciplinary community teams in the management of people experiencing poor mental health.

Good



# Summary of findings

A cognitive memory service had been introduced. Patients were referred to the GP if score indicated a potential problem. We were informed the practice was the first within the Clinical Commissioning Group (CCG) to offer this. The practice also offered self-referral Cognitive Behaviour Therapy (CBT) services for patients who suffered from continued periods of anxiety or depression.

Health and social support information leaflets were also available in the waiting room. Patients were also signposted Big White Wall, an on-line counselling and support service

# Summary of findings

## What people who use the service say

During the inspection we spoke with four patients. We received 22 completed CQC comment cards. Patients whom we spoke with varied in age and population group. They included older people, those with long term conditions and those of working age and those with children.

All patients were positive about the practice, the staff and the service they received.

They told us staff were helpful, and caring. Patients said they were always treated with dignity and respect and had confidence in the staff and the GP who cared for and treated them.

All but three of the 22 CQC comment cards were positive. The negative comments all related to issues about continuity of care and not being able to see the same GP. Patients we spoke with on the day were aware of a new GP who had joined the practice that week.

Patients told us the environment was always clean and maintained to a good standard.

The results of the national GP patient survey published in January 2015 told us that 86% of respondents stated the GP was good or very good at treating them with care and concern. 91% of respondents stated the nurses were good or very good at treating them with care and concern.

The percentage of respondents who were very satisfied or fairly satisfied with their GP practice opening hours was 77%.

However the GP patient survey showed only 31% of respondents thought it was easy to get through to the practice by telephone.

## Areas for improvement

### Action the service **MUST** take to improve

- Effectively monitor and assess the quality of the service provided.
- Undertake staff appraisals in order to identify personal development and monitor individual staff performance.

### Action the service **SHOULD** take to improve

- Take action to improve telephone access to the practice
- Undertake appropriate monitoring of infection prevention and control within the practice
- Ensure all staff have access to a paper copy of the practice business continuity plan

# Poplar House Surgery

## 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 advisor, an additional CQC inspector and an Expert by Experience.

## Background to Poplar House Surgery

Poplar House Surgery is located in Lytham St Annes within the Fylde and Wyre Clinical Commissioning Group (CCG.) Services are provided under a General Medical Services (GMS) contract with NHS England. There are 8900 registered patients. The practice population includes a lower number (12.9%) of people under the age of 18, and a higher number (23.6%) of people over the age of 65, in comparison with the national and CCG average of 20.8% and 16.9% respectively.

There are comparatively low levels of deprivation in the practice area. Information published by Public Health England, rates the level of deprivation within the practice population group as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice opens from Monday to Friday from 9am until 6pm with no extended hours. When the practice is closed patients are advised to contact NHS 111. The out of hour's service is provided by Fylde Coast Medical.

The practice staff includes: a Lead GP and three salaried GPs. Working alongside the GPs are a nurse practitioner, two practice nurses, two healthcare assistants, a practice manager, a reception manager, and teams of

administrative and reception staff. Under local arrangements with a local NHS hospital, the practice benefits from the support of an independent community pharmacist. The pharmacist is contracted to work at the practice 20 hours per week to advise and support in relation to medicines management and prescribing. A temporary practice manager is covering the absence of the permanent practice manager.

The nurse practitioner has daily clinics both morning and afternoon for patients with acute illnesses.

On line services include; booking appointments and repeat prescription requests

The premises are purpose built and offer access and facilities for disabled patients and visitors.

The CQC intelligent monitoring placed the practice in band 2. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

## Why we carried out this inspection

The practice had previously been inspected in September 2014. As a result of this inspection the practice was required to make improvements and compliance actions and warning notices were issued.

# Detailed findings

We carried out 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

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

Before visiting, we reviewed the action plan submitted by the practice following the last inspection. We also reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 February 2015.

During our visit we spoke with a range of staff including the lead GP and two salaried GPs, the temporary practice manager, the nurse practitioner, two practice nurses, reception manager, reception and administration staff. We also spoke with the pharmacist. We spoke with four patients during the inspection and we contacted the Chair of the Patient Reference Group (PRG) by telephone. We also reviewed comments made by patients on Care Quality Commission comment cards left in the practice. We saw how staff interacted with patients and managed patient information when patients telephoned or called in at the service. We saw how patients accessed the service and the accessibility of the facilities for patients with a disability. We reviewed a variety of documents used by the practice to assist staff to run and manage the service.

# Are services safe?

## Our findings

### Safe track record

We found that there had been improvements made since the last inspection, by which the practice could identify safety issues and take appropriate action. National patient safety alerts as well as comments and complaints received from patients were now used to identify issues that could affect either patient safety or that of the safe running of the practice. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Staff told us that since the last inspection and the change in the management of the practice, they felt more confident to actively report incidents that might adversely impact on patient care.

### Learning and improvement from safety incidents

The practice had significantly improved the system in place for reporting, recording and monitoring significant events. The significant event toolkit had been updated and provided staff with comprehensive guidance on how to raise, record and investigate any significant event.

There were records of significant events that had occurred since the last inspection. We reviewed three incidents. We found the investigation and management of these was comprehensive and undertaken in a timely manner. We saw minutes from practice meetings where these had been discussed and actions put into place to prevent recurrence. Staff confirmed that in addition to the availability of meeting minutes, emails were also circulated with any actions.

National patient safety alerts were also disseminated by email to practice staff. Staff we spoke with were able to give examples of recent alerts. They also told us alerts were discussed at practice meetings and then information circulated to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

We were told by the practice pharmacist that he received alerts directly from the Medicines and Healthcare Regulatory Agency (MHRA) and how these were used to review patients' medicines as required and referred to the GPs if any issues were highlighted.

### Reliable safety systems and processes including safeguarding

The practice had up to date accessible policies for safeguarding children and young adults and for vulnerable adults. These provided staff with information about identifying, reporting and dealing with suspected abuse and at risk patients.

All staff we spoke with were able to demonstrate a good understanding of child protection, vulnerable adults /patients procedures and they knew how to report concerns.

The contact details for the local authority safeguarding teams were displayed in treatment rooms, consultation rooms and in reception so that staff could report any concerns quickly.

All staff spoken with were aware of who the safeguarding lead for the practice was and all demonstrated an awareness of their responsibility to report all concerns both internally and to external agencies. There was an identified GP lead for safeguarding who had undertaken level three training as required. All other staff had received up to date training, at a level suitable to their role.

Staff were alerted to vulnerable patients or children who were at risk or on a child protection plan by a colour coded alert on the electronic records management system. This enabled staff to quickly identify, monitor and review children or vulnerable patients who were considered at risk.

The practice had a detailed chaperone policy in place. Nursing staff we spoke with confirmed they undertook chaperone duties as required. Information on requesting a chaperone was displayed in the waiting area.

The practice had initiated a safeguarding/child protection meeting which was held every two months and this included the health visitors and school nurses.

### Medicines management

The practice benefitted from a practice pharmacist, employed by the local NHS hospital, who worked at the practice approximately 20 hours each week. We were told by the pharmacist that since the last inspection and a change in management within the practice, there was closer working with the GPs and nurses, to improve medicine optimisation, (known as rationalisation in the

## Are services safe?

practice). This is to ensure that the right patients get the right choice of medicine, at the right time. It is particularly important when patients are prescribed multiple medicines. We were told that specific appointments were made with patients to review and discuss their medicines. We were also told that due to the work undertaken the practice prescribing budget had gone from £500k overspent to £150k underspent.

We saw records of prescribing meetings held monthly, that noted the actions taken in response to review of prescribing data. For example, patterns of antibiotic prescribing and the use of warfarin (a blood thinning medicine) within the practice.

We checked medicines stored in the treatment rooms and fridges. We found that they were stored appropriately. There was a current policy and procedures in place for medicines management. We saw the checklist that was completed daily to ensure the two fridges used to store vaccinations remained at a safe temperature. Nursing staff spoken with were clear on the actions they should take if either of the fridges failed to ensure the integrity and viability of the stored vaccines were maintained. Vaccines we checked were in date.

Medicines for use in medical emergencies were readily available and kept securely in the treatment rooms. Staff knew where these were held and how to access them. These were checked regularly and checks were recorded.

Blank prescription forms were tracked through the practice and kept securely at all times. This was in accordance with national guidance. An audit system was in place to follow up on any uncollected prescriptions. The practice had also had a system in place whereby prescriptions for certain types of high risk and controlled drugs had to be signed for on collection to ensure there was an audit trail in place.

### **Cleanliness and infection control**

There was an up-to-date infection prevention and control (IPC) policy and associated procedures in place. A private cleaning company carried out cleaning at the practice at the end of each day. A cleaning schedule was available and the company carried out checks to ensure standards of cleanliness were maintained. These were recorded.

Since our last inspection the practice had identified one of the practice nurses as the lead for IPC. The nursing staff had undertaken level one and two infection control training.

However the lead for infection control had not received any additional infection control training to support them in this role. The lead confirmed that an audit of infection control practices and procedures had not been carried out recently, however we did not find any issues in relation to infection control. We saw that all areas of the practice were clean and tidy. Sharps bins were dated and kept out of the reach of patients. We were told the practice generated very little clinical waste and so waste was collected by an external contractor on a weekly basis.

Consultation and treatment rooms had adequate hand washing facilities. Instructions about hand hygiene were available throughout the practice. We found protective equipment such as gloves and aprons were available in the treatment and consulting rooms. Couches were washable and disposal paper rolls were available to use between patients. Privacy curtains in the treatment rooms were washable and a record of when they were last changed was held.

We were told the practice did not use any instruments which required decontamination between patients and any instruments used were single use only.

Procedures for the safe storage and disposal of needles and clinical waste products were evident in order to protect the staff and patients from harm. Nurses understood and had access to a needle stick injury policy. They had access to spillage kits and were clear of how and when to use these.

Records were available to indicate that risk of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been assessed. This was reviewed monthly by an external company.

### **Equipment**

Staff we spoke with told us they had sufficient and suitable equipment to enable them to carry out diagnostic examinations, assessments and treatments. All staff confirmed that medical equipment was calibrated regularly but written documentation to support this was not available. The temporary practice manager told us that she had not been able to locate this documentation since taking over at the practice. There were contracts in place for annual checks of fire fighting equipment and electrical appliances had received a portable appliance tested (PAT).

## Are services safe?

There was an oxygen cylinder and an automated external defibrillator. These were checked regularly. Staff had recently received training in cardio pulmonary resuscitation and the use of the defibrillator.

### Staffing and recruitment

At the last inspection a warning notice was issued as we found the practice did not have appropriate recruitment procedures in place to demonstrate staff were safely and effectively recruited, and had the skill and experience necessary for their roles and responsibilities.

At this inspection we saw that the recruitment policy had been updated and fully reflected current recruitment and employment requirements. There had been one non-clinical staff member recruited since the last inspection. We found the personnel file to contain an application form, interview notes, job description, health assessment, two references and photographic identification checks. We saw that an appropriate risk assessment was in place for the decision that this person did not require a disclosure and barring check.

A new GP had also just commenced at the practice the day before the inspection. We saw that all the required personnel information was also in place. The GP confirmed that he had been given a full induction and was aware on how to access the intranet shared folder, which stored all the practice's policies, protocols and procedures.

The practice checked on the registration of nurses with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) for the GPs within the practice. Checks were also made for professional indemnity of the GPs.

Staff confirmed there were always enough staff to maintain the smooth running of the practice and to keep patients safe. Staff had a range of skills which enabled the practice to respond to any unexpected absences using the regular staff team.

### Monitoring safety and responding to risk

The practice had improved the system for reporting, recording and monitoring significant events since the last inspection. These included checks of the building, the

environment, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. We were told that incidents were reported at practice meetings and records were shown to us to demonstrate this.

Systems were in place to ensure that medicines in use were in date and readily available. Staff confirmed they had recently received regular cardiopulmonary resuscitation (CPR) training. A fire risk assessment and a basic legionella risk assessment were also available. Health and safety information was displayed for staff around the premises.

The practice had identified a fire marshal and a fire log was maintained. Fire extinguishers and alarms were checked and maintained by an external company.

Accidents were effectively recorded and investigated.

### Arrangements to deal with emergencies and major incidents

Since the last inspection the practice had reviewed and implemented a comprehensive business continuity plan. This detailed the roles and responsibilities of each staff member in the event of an incident or emergency that that may impact on the daily operation of the practice. Contact details for all utility and IT services were documented. A neighbourhood GP practice was identified as a buddy practice in the event of an emergency to enable continuation of a service for patients.

Some staff told us they were not familiar with the plan and although it was stored in the electronic policy folder, we discussed that a hard copy should be available for all staff.

All three nurses gave examples where they had responded to patient medical emergencies. Staff had received training in dealing with medical emergencies including cardiopulmonary resuscitation (CPR) and use of a defibrillator. This was updated annually. There was suitable emergency equipment and medicines readily available that were checked and maintained.

Medicines for use in medical emergencies were available. These included Adrenaline and Benzyl penicillin (used as initial treatment for meningitis) and were in date.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff were familiar with and used current best practice guidance. We found from our discussions with the GPs, nurses and the pharmacist that they completed assessments of patient's needs after considering national guidance. This included the National Institute for Health and Clinical Excellence (NICE) guidelines. The staff we spoke with and evidence we reviewed, confirmed that care and treatment delivered was aimed at ensuring each patient was given support to achieve the best health outcomes for them.

The practice utilised coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients who were vulnerable, on the at risk register and palliative care register.

The two practice nurses managed long term conditions such as diabetes, heart disease and asthma, along with an identified GP lead. Nurses told us they were able to focus on specific conditions and provide patients with regular support based on up to date information about each long term conditions. The practice offered mixed clinics which provided patients with flexibility to attend appointments when it suited them. Systems were in place to identify and recall patients who did not attend for follow up appointments.

One practice nurse was working with older and vulnerable patients to develop person centred care plans. This involved undertaking a physical assessment of the patient, reviewing their past and current medical history and social situation, discussing with the patient and liaising with carers and other professionals as appropriate. Care plans were maintained electronically and a copy provided to the patient. We saw evidence that these care plans were reviewed every three months by the practice nurse.

### Management, monitoring and improving outcomes for people

No clinical audits had been undertaken since the last inspection, however from discussions with the lead GP we were informed there were plans for these to begin as soon as possible now that the practice management had become more stable and with the recruitment of an

additional GP. Prescribing audits had been undertaken. These had included antibiotic prescribing and the use of benzodiazepine, a medicine to treat anxiety or depression. These had resulted in a review of patients prescribed these medicines and a reduction in their use, by prescribing alternatives as recommended.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, the pharmacist regularly checked that patients receiving repeat prescriptions had been reviewed by the GP.

Care plans were in place for patients with complex or multiple health conditions. This enabled the practice to effectively monitor patients at regular intervals. Electronic systems had alerts when patients were due for reviews and ensured they received them in a timely manner, for example, reviews of medicines and management of chronic conditions. The practice had robust systems to follow up and recall patients if they failed to attend appointments, for example, non-attendance at a child vaccination clinic.

Since the last inspection the practice had initiated changes so that the GP had a daily oversight of the read coding from hospital discharge letters. Read coding is the basic means by which clinician's record patient findings and procedures on the patient's records. All blood results, pathology reports and X-rays were screened and coded and assigned via an electronic system for review by the GPs.

Practice and clinical meetings were held and we were informed that these meetings were now more productive and facilitated better discussion and communication. Any urgent patient issues were reviewed.

Regular meetings were held where the practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a national performance standard.

### Effective staffing

There were systems in place for the staff to receive continued training and updates relevant to their roles and responsibilities. We saw training was appropriately recorded and monitored.

All the nursing staff spoken with confirmed that they had received recent eLearning training This included safeguarding adults levels 1 and 2 and infection prevention and control level one and two. The nurse showed us

# Are services effective?

(for example, treatment is effective)

certificates of training in the last 12 months and this included cytology screening updates, Immunisation and Vaccinations update training and Cardio Pulmonary Resuscitation (CPR) training role. The two practice nurse also confirmed that they had enrolled to undertake a diploma managing diabetes in a primary care setting.

None of the nurses we spoke with had received a recent appraisal. Nurses told us that they had previously not been involved in the clinical meetings at the practice but were assured that this would be rectified going forward. We were told that the current management team were approachable and supportive. Appraisals had not been undertaken for the reception staff.

GPs were up to date with their yearly continuing professional development requirements and either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council.

There was a system in place to check on the annual registration for nurses with the Nursing and Midwifery Council.

Patients were spoke with and comments made on the CQC comment cards reflected they felt the staff at the practice were knowledgeable and skilled when providing care and treatment.

## Working with colleagues and other services

There had been a marked improvement in the development of a strong and cohesive team. It was clear that staff had moved a long way from the chaotic, dysfunctional and often isolated way of working we found at the last inspection. Staff confirmed that they felt communication was much better and they now felt able to raise issues or concerns and had more confidence that they would be dealt with appropriately.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were attended by external health and social care professionals, such as health visitors, district nurses and the palliative care team.

## Information sharing

The practice had established systems in place to ensure relevant information was shared appropriately. Staff had completed training on information governance and one of the GPs, the temporary practice manager and reception manager took the lead to ensure this was effectively managed.

The practice used electronic systems to communicate with other providers. Information was received in a timely manner from the A&E department and from the out of hour's service. The practice had systems to provide staff with the information they needed. Staff used the electronic patient record system to coordinate, document and manage patients' care. All staff were trained on the system, and commented positively about the system's safety and ease of use. This enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. Patient information was updated electronically, with all letters and other relevant patient documentation scanned onto the practice system.

We saw that letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by the GP. We found referrals were made to secondary care (hospital) in a timely way. Patients we spoke with also confirmed that when the GP had made referrals to other health professionals, these were received within an appropriate time scale.

## Consent to care and treatment

All clinical staff (GPs and nurses) we spoke with demonstrated an awareness of the Mental Capacity Act 2005 (MCA) and their duties in respect of this. Nurses gave examples of when best interest decisions were made and mental capacity was assessed. One practice nurse provided an example of a patient subject to a Deprivation of Liberty Safeguarding (DoLS) plan. They were clear of the practices roles and responsibilities in relation to this. All three nurses confirmed that training in MCA was planned. This was part of the eLearning training programme

Nurses and GPs demonstrated a clear understanding and provided examples of where they had applied the Gillick competencies assessment to young people. (These help clinicians to identify children aged under 16 who have the capacity to consent to medical examination and treatment).

Staff had access to an updated consent policy, which reflected current guidance.

# Are services effective?

(for example, treatment is effective)

Patients we spoke with confirmed that consent was always sought before blood tests or examinations were undertaken.

## Health promotion and prevention

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion/lifestyle advice clinics.

There were a range of information leaflets, noticeboards and posters in the reception and waiting area regarding services available.

The practice offered a health check to all new patients registering with the practice and it offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

Information was available for patients for services in the community to improve their health and well-being. These included; smoking cessation, drug and alcohol support and mental health services.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Consultations took place in purpose built rooms with an appropriate couch for examinations and screens to maintain privacy and dignity. We saw staff were discreet and respectful to patients. Patients we spoke with told us they were always treated with dignity and respect.

The practice offered patients a chaperone prior to any examination or procedure. Information about requesting a chaperone was displayed in the reception area. Patients confirmed that they knew about the availability of a chaperone and had indeed used and felt comfortable with the staff who undertook those duties.

The practice had a confidentiality policy and staff we spoke with were aware of the importance of providing patients with privacy and confidentiality. Only 14% of respondents to the NHS England GP Survey 2014 had stated that in the reception area other patients cannot overhear. We saw staff did as much as possible to speak in a manner to keep conversations private, as the layout of waiting area made this difficult to control.

Patients we spoke with and comments made by patients via the CQC comment cards reflected that they felt staff were caring and tried their best to help. We saw that reception staff dealt with patient queries both on the telephone and in person in a professional, efficient but friendly way. It was clear that staff knew patients well. Staff did their best to solve issues raised and we saw staff remain calm and helpful when a patient became a little irritated and frustrated.

### Care planning and involvement in decisions about care and treatment

Data reviewed demonstrated that 80% of respondents of the NHS England GP Patient Survey 2015 thought that the GPs were good or very good in involving them in decisions

about their care and treatment. In addition 83% of respondents thought that the nurses were good or very good in involving them in decisions about their care and treatment.

Patients we spoke with confirmed that treatment options were explained and that staff took time to ensure they understood. Patients said both the nurses and GPs were good at explaining about treatments and discussing various conditions and that they did not feel rushed when explanations were requested.

We found translation services were available for patients who did not have English as a first language though we were told these were rarely used. We saw that patients' information was treated with confidentiality and that information was shared appropriately when necessary.

Patients we spoke with who had long term medical conditions said the practice was good in ensuring they understood their condition and sign posted them to various support groups to assist in their health and well-being. Patients said they were aware of a care plan in place.

### Patient/carer support to cope emotionally with care and treatment

Patients were positive about the care they received from the practice. Patients we spoke with told us they had enough time to discuss things fully with the GP, patients felt listened to and felt both the GP, practice nurses and reception staff were caring and compassionate.

Information was available for those patients who were also carers. The practice also signposted patients to a local advocacy service. Information was also available for "Big White Wall", an online service for those experiencing mental health issues or requiring emotional support.

Patients explained that the practice was supportive when they had experienced bereavement. Two of the patients we spoke with spoke positively about the staff being very supportive and making referrals in a timely manner for bereavement counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We saw the practice's electronic records system was used to flag patients with additional needs or concerns, such as learning difficulties (LD), or those who may be vulnerable. It was confirmed that when patients had complex conditions longer appointment times were given to enable appropriate time to explain current care and treatment. Safeguarding alerts were also used to identify those who were at risk.

The lead GP attended locality and neighbourhood meetings regularly to take part in peer review, referral management and developing primary care services to ensure the practice was proactive in responding to changing needs of the patients.

Staff were raising awareness to support patients who were experiencing mental health issues. A cognitive memory service had been introduced. A CANTAB assessment - Cambridge Neuropsychological Test Automated Battery - was utilised by staff to assess the neurocognitive function in patients, who may be suffering from memory loss. Patients were then referred to the GP if the score indicated a potential problem. We were informed the practice was the first within the Clinical Commissioning Group (CCG) to offer this. Patients were supported to self refer for cognitive behaviour therapy (CBT) to help break the cycle of anxiety and/or depression

The practice had an active Patient Reference Group (PRG). Information about the group was available on the practice website, with the latest report was accessible. We spoke with the Chair of the group during the inspection by telephone. We were informed that it was felt that information shared by the practice had improved. We were given examples of issues raised in the past that were not always acted upon in a timely manner. Name badges had been requested to be worn by all staff so patients were aware to whom they speaking with. This had been an on-going issue for some time we were told. We noted all staff were wearing name badges during the inspection and when we asked if there had been a problem implementing this we were told some staff had been reluctant at first but now everyone was expected to wear badges.

We were informed of a PRG awareness week that was planned to ensure that patients were informed of the group

and to try to encourage new members. We reviewed the minutes of the last meeting, it was noted that patients feedback was positive about the range of notice boards and information available to them. PRG members had also suggested that they assist in the updating of the practice website and practice information leaflet. The temporary practice manager felt this was a good idea and intended to take up this offer.

Comments from patients we spoke with and from the CQC comments cards were positive about the responsiveness of the GPs and nurses. Patients said they felt listened to and had time during appointments to discuss and ask questions. Three negative comments made were about the continuity of the GPs when requesting and seeing GPs.

### Tackling inequity and promoting equality

The practice population was mainly English speaking patients. Reception staff were aware of Language Line if translation was required but we were informed this had never been requested.

The practice had a hearing loop for patients with hearing impairment.

Ramped access was available into the building. All GPs surgeries and treatment rooms were provided on the ground and first floor. There was no elevator or chair lift. Nurses confirmed that patients who were unable to use the stairs to the first floor were offered appointments on the ground floor.

The computer system enabled staff to place an alert on the records of patients who had particular difficulties so the GP could make adjustments. For example, carer support, learning or hearing difficulties. Longer appointment times were available for patients who required them.

### Access to the service

The practice had appropriate ramped access for those patients in wheelchairs. An electronic screen detailing names of GPs on duty and a display system for appointment times was available in the waiting area. There was a dedicated option on the practice telephone system for patients to raise any medicine queries.

The practice was open Monday to Friday 8am until 6pm. No extended hours were available. We did not receive any negative comments about the opening hours of the practice from patients we spoke with, however only 31% of

# Are services responsive to people's needs?

(for example, to feedback?)

respondents in the NHS England 2014 GP Survey said they were happy with the telephone access to the practice. We discussed this with the temporary practice manager who was aware that this had been raised previously by the PRG and had been referred to the telephone company. The manager assured us this would be looked into again.

Comments made by patients on the CQC comment cards did not raise any issue about access to the service.

## **Listening and learning from concerns and complaints**

The practice had improved the system for handling complaints and concerns. Its complaints policy had been reviewed and this was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handles all complaints in the practice.

Information was available in the practice and on the website on how to make a complaint. Staff we spoke with were unanimous in stating that they would try to resolve any issues as soon as possible to avoid a more formal complaint being required.

Patients we spoke with on the day were aware of how to make a complaint but none had felt they needed to make any complaint.

We saw that the system for dealing with complaints had been reviewed since the last inspection and was better organised. We were told there had been two written complaints received since the last inspection. We saw these had been actioned as required as per the practice policy.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had undergone changes in GP partnership and we acknowledged that following the last inspection, the practice had implemented many changes and were addressing the vision and future of the practice. A business plan was in place. It was clear from discussions with the GPs that the practice was now in a position to think about the future as a result of a more stable management team.

### Governance arrangements

At the last inspection in September 2014 we found that staff were not always aware of their roles and responsibilities. Areas of clinical responsibility were assigned to GPs, who were not aware and this had led to a blame culture within the practice.

We found this had clearly improved. Each GP had been given a lead for a clinical area and long term condition. The practice nurses were also involved in the management of long term conditions. This was formally recorded and staff were aware of their roles.

Due to partnership changes the lead GP had applied to become the Registered Manager with the Care Quality Commission. The GP was aware of the responsibilities and regulatory requirements of the role.

Policies and procedures had been either reviewed or written since the last inspection so that staff had appropriate guidance in place. When we sampled key policy guidance we found these to reflect current professional guidance. A shared folder on the intranet had been created to store policies and procedures and all staff were aware of how to access this and commented how much easier this was.

Practice and clinical meetings had become more productive, with detailed minutes recorded and when actions were required these were assigned to key staff.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was achieving 886.6 out of a possible 897 and showed the practice was in line with the national average for the majority of the indicators. QOF is a national performance standard.

QOF meetings were held where performance indicators were discussed. These were attended by all clinical staff including GPs, nurses and health care assistants. Any actions required to achieve improvements for various indicators or medical conditions were assigned to appropriate clinical staff.

### Leadership, openness and transparency

At the last inspection we found that without clear leadership, teams within the practice worked in isolation and often in a chaotic and dysfunctional way.

We found during this inspection the whole culture and atmosphere within the practice had improved. Nursing staff were on the whole positive about the recent changes in the management of the practice. They told us they felt more supported and felt the GPs and the practice manager were more accessible and willing to discuss patient concerns.

Reception and administration staff also spoke of the improved atmosphere, and a better place to work. Staff confirmed significant improvement in communication and team work.

It was clear the new leadership in place were developing a cohesive team. Staff were aware of the changes and on the whole supported these.

Staff were aware of the term whistle blowing and they had appropriate policy guidance in place. Staff reiterated that they also had confidence in raising any concerns to line managers.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active Patient Reference Group (PRG). A notice board and information about the group was displayed in the waiting room. We saw that other health and social information was also placed on the board and we discussed the benefit of having a separate board for the PRG so it increased patient awareness.

There were notices in reception which encouraged patients to provide feedback on the service. A suggestions box was available in reception for comments.

The national Friends and Family Test used to assess if patients using the practice would recommend the service to friends and family, had also given an opportunity for feedback. The results had so far been positive.

# Are services well-led?

Requires improvement 

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

Staff told us that they felt more relaxed about asking for help or information and in raising any issues. One staff member said that they now felt able to act on their own initiative. Appraisals for staff were overdue. Staff had not had a formal opportunity to raise individual concerns or performance issues.

## Management lead through learning and improvement

The GPs had undergone an appraisal and were gathering evidence and information required for their professional revalidation. This is the process whereby doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice.

The nurse practitioner and practice nurses were registered with the Nursing and Midwifery Council, and as part of this annual registration was required to update and maintain clinical skills and knowledge. We saw evidence of updated training and learning undertaken. This included updates for cervical smears and immunisation and vaccinations. We saw the two practice nurses were due to commence on a diploma course for diabetes management.

Staff had undertaken mandatory training in infection control, safeguarding adults and children, information governance and resuscitation and defibrillator training. We saw that training attendance was collated and that training updates were on-going.

The practice had updated risk assessments and a risk register in place which enabled the practice to have an appropriate understanding, recognition and management of potential risks to patients, staff or the service.

Following the last inspection in September 2014 it was found that the practice had made significant improvements in implementing comprehensive policy guidance and recruitment procedures, however there were still some shortfalls.

We found there were no clinical audits undertaken to determine the outcomes and impact of care and treatments provided by the practice.

It was acknowledged that appraisals for clinical staff were overdue and we did not see any updated appraisals for reception or administration staff. Staff we spoke with did confirm that they felt as they were now to attend clinical meetings, they would be given a chance to give feedback and raise issues.

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision  <b>Although improvements had been made the provider must effectively monitor and assess the quality of the service provided.</b>  Staff must have appraisals in order to identify personal development and monitor individual performance.