

Crosby Village Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

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 Crosby Village Surgery on 12 August 2015. Overall the practice is rated as **Requires Improvement**.

Specifically, we found the practice to be requires improvement for safety and well led and for the population groups it serves. They were rated as good for providing effective, caring and responsive services.

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

- Systems were not in place to ensure incidents and significant events were identified, investigated and reported for all cases that had occurred.
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had received training appropriate for their roles and any further training needs had been identified and planned.

- Patients spoke highly about the practice and its staff. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients also reported their concerns for the high use of locum and agency GPs.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. However, the new role of clinical lead GP was not supported with a written job description which includes the practice priorities.

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

Importantly, the provider must:

- Ensure that serious and adverse patient incidents are reported, investigated and appropriate actions taken. They should be monitored to ensure that action is taken swiftly to ensure improvements are made as a

Summary of findings

result of a serious event analysis process. All relevant staff should be notified of the incidents that occur to promote learning and to reduce further harm to patients.

In addition the provider should:

- Ensure that the role of clinical lead GP is supported with a written job description which includes the practice prioritises.
- Improve the systems in place for monitoring medicines, including their storage and expiry dates.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where improvements must be made. Practice staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there had been instances where patient safety incidents had occurred but had not been reported as a serious event with appropriate investigation, action and monitoring. There were enough staff to keep patients safe. Medicine and infection control systems were safe.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff routinely referred to guidance from The National Institute for Health and Care Excellence. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Systems were in place to manage, monitor and improve outcomes for patients. Effective staffing arrangements were in place. Clinical audits were carried out by the GPs along with local peer review and benchmarking of practice across the locality. All staff were involved in activities to monitor and improve patient outcomes. All staff had the necessary qualifications, skills, knowledge and experience to do their job, along with appropriate training to meet their learning needs and to cover the scope of their work.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice high in terms of how caring staff were. Patients we spoke with on the day of the inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. On the day of our inspection staff showed an encouraging, sensitive and supportive attitude to patients and carers. Information to help patients understand the services was available and easy to understand. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Good



Summary of findings

Patient access to GP appointments was very good. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice demonstrated how it learned from complaints in co-operation with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for providing well led services as there are areas where improvements must be made. The practice had a clear vision and strategy which was documented and practice staff were able to articulate this. There was a leadership structure in place and staff felt supported by management. Regular practice meetings took place. The practice had a number of policies and procedures to govern activity and held regular practice meetings, although reception and administration staff did not routinely attend these. All staff were allocated protected learning time and training that enabled them to deliver their duties effectively and safely. There were systems in place to monitor and improve quality and identify risk, however significant event reporting was not taking place for all cases that had occurred. The practice proactively sought feedback from staff and patients, which it acted on but no patient participation group was in place. Staff had received inductions, regular performance reviews and attended staff meetings. The clinical lead GP did not have a written job description to support this new role which identified the key priorities for the practice.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

There were aspects of care and treatment that required improvement that related to all population groups. Nationally reported data showed that outcomes for patients were good for conditions commonly experienced by older people. The practice undertook patient record searches of older people, including identifying those patients who lived alone, who had caring responsibilities and who had been seen in the last 12 months. Older patients with chronic, complex medical conditions and social needs had their own community matron assigned to them, undertaking home visits as required. As part of their contract the practice had a Dementia Enhanced Service offering health and dementia screening to older patients. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, offering flu vaccination and home visits if needed.

Requires improvement



People with long term conditions

There were aspects of care and treatment that required improvement that related to all population groups. 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 to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice monitored unplanned admissions to hospital for patients with long term conditions and those assessed as at risk of hospital admission. Any patients admitted to hospital were contacted within one week to assess if they require additional primary care support services.

Requires improvement



Families, children and young people

There were aspects of care and treatment that required improvement that related to all population groups. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were higher than the CCG average for most of the standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint

Requires improvement



Summary of findings

working with midwives, health visitors and school nurses. The practice undertakes a joint six week child assessment including the administration of childhood vaccines. Patient information sign posted young people to sexual health services in the area. The practice had a lead for safeguarding children and practice staff had protected time to undertake an extended role to monitor those vulnerable children at risk.

Working age people (including those recently retired and students)

There were aspects of care and treatment that required improvement that related to all population groups. 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. The practice offers a range of appointment times for working people including late night evening appointments for GPs and nurses. The practice was proactive in offering online and telephone services as well as a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

There were aspects of care and treatment that required improvement that related to all population groups. The practice held a register of patients living in vulnerable circumstances and annual health checks were carried out for this population group. Staff were knowledgeable about how to support patients with alcohol and drug addictions sign posting them to support services locally. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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 offered annual reviews to all patients with learning disabilities. Patients in nursing homes or who were housebound were offered a home visit for full review.

Requires improvement



People experiencing poor mental health (including people with dementia)

There were aspects of care and treatment that required improvement that related to all population groups. Systems were in place to ensure people experiencing poor mental health had received an annual physical health check. This included identifying those patients on the practice register that may benefit from a dementia needs review. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where

Requires improvement



Summary of findings

they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. The practice offered a full mental health support service for patients in partnership with neighbouring mental health trusts. Patients can self-refer for counselling for anxiety, stress and depression. A number of patient information leaflets and posters were available in the waiting area, sign posting patients to agencies that could provide support to the patient or their families.

Summary of findings

What people who use the service say

We received 15 Care Quality Commission (CQC) comment cards which patients had completed before our inspection. Most of the patients were complimentary of the services provided, the staff and GPs working at the practice. Patients commented that the practice was always clean and tidy, though one patient stated the entrance and hallway was unkempt. Nine of the patients stated their concerns that locum GPs were regularly used by the practice. Their concerns included having to repeat their condition to a number of different GPs, a lack of continuity and the GPs not knowing the patients or their medical condition well enough. We spoke with seven patients throughout the morning and in the afternoon. Those we spoke with told us how caring, supportive and friendly staff were and they reiterated the concerns about the regular use of locum and agency GPs.

The NHS England GP Patient Survey, published on 8 January 2015, provides up to date information on the services provided by the practice and patients view of this. Data for this survey was collected between January and March 2014, and July and September 2014. These results showed the practice performed well compared to practices of a similar size in the Sefton area and in England. There were 286 survey forms distributed for this practice and 115 forms were returned. The practice achieved high results for patients finding it easy to get through by phone (90% compared to a national average of 74%). Patients also reported satisfaction with being able to get an appointment to see or speak to someone the last time they tried (92% compared to 85% nationally).

Areas for improvement

Action the service **MUST** take to improve

- Ensure that serious and adverse patient incidents are reported, investigated and appropriate actions taken. They should be monitored to ensure that action is taken swiftly to ensure improvements are made as a result of a serious event analysis process. All relevant staff should be notified of the incidents that occur to promote learning and to reduce further harm to patients.

Action the service **SHOULD** take to improve

- Ensure that the role of clinical lead GP is supported with a written job description which includes the practice priorities.
- Improve the systems in place for monitoring medicines, including their storage and expiry dates.

Crosby Village Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspector was accompanied by a specialist GP and Practice Manager Advisor.

Background to Crosby Village Surgery

Crosby Village Surgery is registered with the Care Quality Commission to provide primary care services. The practice holds an Alternative Provider Medical Services (APMS) contract and is located close to the centre of Crosby in Liverpool. The practice is managed by SSP Health Ltd a

corporate provider which has a number of GP practices across the North West of England. The practice provided GP services for approximately 2991 patients living in the Sefton area. The practice is run with one regular GP working two days per week and a mix of locum and agency GPs covering the rest of the week. They have a practice manager, one nurse practitioner and practice nurse, one health care assistant, administration and reception staff.

The practice opening hours are Monday to Friday from 8am to 6pm with extended hours on some days to accommodate working patients. The practice treats patients of all ages and provides a range of primary medical services and is part of the Sefton Clinical Commissioning Group (CCG). The practice population has a higher than national average patient group aged 65 years and over. There are lower deprivation scores for patients in this area compared to national figures.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Detailed findings

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 12 August 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face before and during the inspection. We looked at

survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff were clear that the practice manager and GP would be notified when events occurred. Junior staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. However, we reviewed a number of serious events relating to medicines management and delayed referral to treatment that had not been reported as a serious event when they should have been. The practice had also experienced problems with the scanning of patient information onto their records and this was not identified as a serious event when this should have been.

Learning and improvement from safety incidents

The practice had systems in place for reporting, recording and monitoring significant events and most staff could talk us through the process of reporting such incidents. Staff reported an open and transparent culture when accidents, incidents and complaints occurred. Mostly staff told us that if an incident occurred or a patient complaint was made it would be reported to the practice manager or GP on duty. Records were kept of significant events that had occurred during the last 12 months.

Prior to our inspection we were notified of a risk assessment that had been undertaken by the Clinical Commissioning Group (CCG) pharmacist advisor. This risk assessment highlighted a number of medicine incidents and errors that had occurred at the practice over previous months in June 2015. These incidents which were serious in nature should have followed a serious event reporting system but this had not occurred. We talked with the regional Medical Director and the GP in attendance and found that they were aware of the risk assessment and we were assured that actions had been taken. However, the matters had not been fully investigated and analysed and there was no written documentary evidence that systems were put in place to prevent this occurring again or that learning had taken place. We discovered also that the practice also failed to undertake a serious incident analysis for the results of a clinical audit showing there had been a

delayed diagnosis and referral of a cancer patient when this delay was shown to be avoidable. The local CCG also required the practice to undertake this analysis but this had not taken place.

For the events that had been reported the completed record was brief without completed action plans but discussions with staff showed that appropriate actions and learning had taken place.

Reliable safety systems and processes including safeguarding

There was a local policy for child and adult safeguarding. This referenced the Department of Health's guidance. Staff had undertaken electronic learning regarding safeguarding of children, including adult safeguarding training. There was a chaperone policy in place and there were signs for this in each consultation room and in reception. The practice had a dedicated GP appointed as lead for safeguarding vulnerable adults and children with appropriate training. The lead safeguarding GP was aware of vulnerable children and adults registered with the practice, however regular safeguarding meetings with the local health visitor was not taking place. There was a system to highlight vulnerable patients on the practice's electronic records. This alerted staff to any relevant issues when patients attended appointments, for example children subject to child protection plans.

Medicines management

The practice had systems in place for the management of medicines. There was a system in place for ensuring a medicines review was recorded in all patients' notes for all patients being prescribed four or more repeat medicines. We were told that the number of hours from requesting a prescription to availability for collection by the patient was 48 hours or less (excluding weekends and bank/local holidays). The practice met on a quarterly basis with the medicines management team from the local Clinical Commissioning Group (CCG) to review prescribing trends and medicines audits. A meeting held in June 2015 with this team showed that problems were occurring with regards to the re authorising of patient prescriptions. We discussed this with the practice and were informed a new system had been put in place the previous week to the inspection, but this was sometime after the concerns were raised by the CCG. At the time of our visit it was too early to assess the impact of the new system.

Are services safe?

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring medicines were kept at the required temperatures. We saw that fridge temperatures were monitored daily to ensure safety. Weekly and monthly reviews of medicines were recorded. The fridge was adequately maintained and staff were aware of the actions to take if the fridge was out of the correct temperature range.

We observed effective prescribing practices in line with published guidance. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. Information leaflets were available to patients relating to their medicines. We were told that doctors do not routinely carry medicines to patients' homes and a risk assessment was in place to support this decision.

Records were kept when any medicines were brought into the practice and administered to patients. We were told that processes were in place to check medicines were within their expiry date and suitable for use. However, on the day of the inspection we observed two medicines that were out of date. These were removed from the practice. There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice had the equipment and in-date emergency drugs to treat patients in an emergency situation.

Cleanliness and infection control

The premises were clean and tidy and cleaning schedules were in place. Our observations on the day of the inspection demonstrated the building was in a poor state of repair in some parts and required further maintenance. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice had a staff member with

lead responsibilities for infection control. We saw the practice had carried out an infection control audit in June 2015, the practice had achieved full marks for this so no action plan was required.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment including disposable gloves. There was a policy for needle stick injuries. Hand washing techniques signage was displayed in staff and patient toilets. Hand washing basins with hand soap, hand gel and hand towel dispensers were available in treatment rooms. The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings).

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Records showed that all equipment was tested and maintained regularly. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales and the fridge thermometers.

Staffing and recruitment

The practice had a recruitment policy in place. Appropriate pre-employment checks were undertaken, such as references, medical checks, professional registration checks, photographic identification. The practice undertook a Disclosure and Barring Service check for all clinical and practice staff to check the fitness of their employees. These checks provide employers with access to an individual's full criminal record and other information to assess their suitability for the role. The practice regularly uses locum and agency GPs and a locum pack was in place.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, the environment, medicines management,

Are services safe?

staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff asked knew the location of

this equipment and records we saw confirmed these were checked regularly. Emergency medicines were available in a secure area of the practice and all staff knew of their location.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, adverse weather, unplanned sickness and events which might prohibit access to the building. We saw records that showed staff were up to date with fire training and that regular fire drills were undertaken.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff clearly outlined the rationale for their treatment approaches and were up to date with best practice. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed, in line with NICE guidelines, thorough assessments of patients' needs and these were reviewed when appropriate. The GPs told us they led in specialist clinical areas such as diabetes, heart disease and asthma and the practice nurses supported this work which allowed the practice to focus on specific conditions. The practice clinicians worked together as a team with regular clinical meetings to discuss patients care.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multi-disciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met. The practice profile showed that the practice was in line with referral rates to hospital and other community care services for all conditions. All GPs we spoke with used national standards for the referral of different specialities. We spoke with the GPs about how this was achieved and monitored.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about people's care and treatment, and their outcomes, was routinely collected and monitored and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling

clinical reviews, and managing child protection alerts and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice had a system in place for completing clinical audit cycles. The practice showed us two clinical audits that had been completed recently. Following each clinical audit, changes to treatment or care were made where needed and the audit repeated to ensure outcomes for patients had improved. For example, the practice undertook an audit of patients who had been receiving anti-coagulant medicines to ensure they were receiving appropriate blood tests at timely intervals. This was carried out in June 2015 and repeated in July 2015. Results showed that improvements were needed for a small number of patients and on re auditing in July 2015 this had improved. The practice also showed a recent audit of cancer referrals from April 2014 to March 2015 which had been a CCG led initiative. The results led to recognition by the practice that the referral of one case could be improved. The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures.

The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was an outlier for the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years and the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months. The practice was aware of this and action plans were in place.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting there was an expectation that all clinical staff should undertake at least one audit a year.

Are services effective?

(for example, treatment is effective)

The practice's prescribing rates were similar to what is expected for a practice this size. For example the number of Ibuprofen and Naproxen Items prescribed as a percentage of all non-steroidal anti-inflammatory drugs items was 81.14 compared to 75.13 nationally. There was a protocol for repeat prescribing which followed national guidance. This required staff to regularly check patients receiving repeat prescriptions had been reviewed by the GP. They also checked all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence that after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe it, outlined the reason why they decided this was necessary.

The practice had a palliative care register and had monthly internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. The practice also kept a register of patients identified as being at high risk of admission to hospital. Individual multi-disciplinary care plans were put in place by the GPs to try to avoid any further hospital admissions. Structured annual reviews were also undertaken for people with long term conditions such as patients who had diabetes or asthma.

Effective staffing

We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. All GPs were up to date with their yearly continuing professional development requirements and all had either been revalidated or had a date for revalidation, as required by the GMC. We found that the practice had for some time been covered with the regular use of locum and agency GPs. During the inspection we were shown information that demonstrated that GP shortages had continued for some time with the result that the GPs did not have the time to complete administrative work. This caused a backlog of paperwork for patient prescriptions that required reauthorisation. At the time of our inspection a GP locum had been employed to work two days each week to provide continuity of care and to undertake a clinical leadership role to the practice. The remainder of the week continues to be covered by locum and agency GPs.

All staff had annual appraisals which identified learning needs from which action plans were documented. Staff interviews confirmed that the practice was proactive in providing training for relevant courses. Practice nurses had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, administration of vaccines, or cervical cytology or assessing patients with long term conditions.

Working with colleagues and other services

There was proactive engagement with other health and social care providers and other bodies to co-ordinate care and meet patients' needs. We saw effective communication, information sharing and decision making about who might best meet the patient's needs. We saw good communications with the out of hours services with information about the patient being shared with the practice each day by 8am. This included important information for instance for patients on the end of life care pathway whose needs may have changed overnight. Information received from other agencies, for example accident and emergency department or hospital outpatient departments were read and actioned by the GPs in a timely manner. Information was scanned onto electronic patient records in a timely manner.

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries and information from out of hour's providers were received both electronically and by post. We saw also that in June 2015 there were considerable delays to the scanning of patient information to their records. The potential impact of this could be delays in blood results being actioned and prescriptions being signed. Also if patient records were not up to date a locum GP who might not know the patient will not have access to a full and updated patient history. The practice had a policy outlining the responsibilities of all relevant staff in the passing on, reading and actioning of any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. However, we were told that at times locum GPs were not taking action for changes needed following a patient's discharge, such as changing their prescriptions. The practice was aware of this and recent steps had been taken by the lead GP to resolve these issues.

Are services effective?

(for example, treatment is effective)

The practice attended various multidisciplinary team meetings at regular intervals to discuss the needs of complex patients, for example those with mental health needs and palliative care patients.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hour's provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out of hours services. For patients who were referred to hospital in an emergency, there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency, (summary care records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours). We saw there were delays to information being updated on the summary record in June 2015 and this was highlighted by the CCG pharmacy advisor due to their concerns about this. At the time of our visit the practice was up to date.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling this. All the clinical staff we spoke to understood the key parts of the legislation and were able to describe how they implemented it in their practice. They gave examples in their practice of when best interest decisions were made and mental capacity was assessed prior to consent being obtained for an invasive procedure. All clinical staff demonstrated a clear understanding of Gillick competencies, (these help clinicians to identify children aged under 16 who have the legal capacity to consent to

medical examination and treatment). There was a practice policy for documenting consent for specific interventions. For example, for cervical screening a patient's written consent was obtained and documented.

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 information to patients. They provided information to patients with leaflets and information in the waiting area. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

Patient and population group registers were in place to enable the practice to keep a register of all patients requiring additional support or review, for example patients who had a learning disability or a specific medical condition such as diabetes. Practice records showed that those who needed regular checks and reviews had received this and the IT system monitored the progress staff made in inviting patients for their annual health review. This included sending letters and telephone calls to patients to remind them to attend their appointments. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice's performance for the cervical screening programme was 71.14% compared to 81.88% nationally. The practice was aware of this and they had a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Consultations took place in designated rooms with a couch for examinations and screens to maintain privacy and dignity. We observed staff were discreet and respectful to patients despite the reception area being open plan. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed the most recent data available for the practice on patient satisfaction. This included data sources such as the national patient survey, the practice survey and the CQC comments cards completed during our inspection. Overall patients reported being treated by staff with dignity and respect and in general they were satisfied with the care they received. Only one patient reported they had not been treated with compassion and support during their visit to the practice. The NHS England GP Patient Survey, published on 8 January 2015, provides up to date information on the services provided by the practice and patients view of this. Data for this survey was collected between January and March 2014, and July and September 2014. The results showed that 97% of patients had confidence and trust in the last GP they saw or spoke to (above average for CCG and national results) and 97% say the last nurse they saw or spoke to was good at treating them with care and concern (in line with CCG and national results).

Care planning and involvement in decisions about care and treatment

Patients we spoke with felt confident they had been involved in any decisions about their treatment and care. The national GP patient survey showed that:

- 82% said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average: 79% National average: 81%).

- 93% of patients said the last GP they saw or spoke to was good at giving them enough time (CCG average: 91% National average: 91%).
- 96% said the last GP they saw or spoke to was good at listening to them (CCG average: 86% National average: 88%).
- 94% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average: 90% National average: 89%).

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with and the comments cards we received during the inspection were positive about the care they received from the practice. They commented that they were treated with respect and dignity. Patients we spoke with told us they had enough time to discuss things fully with the GPs. They told us all the staff were compassionate and caring.

Notices in the patient waiting room, told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood by staff who had worked at the practice for many years. Systems were in place to address identified needs in the way services were delivered such as for patients who lived local in local care homes. The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the annual patient survey. For example in response to patients' complaints about the long wait for telephone contact a new telephone system had been recently installed.

Tackling inequity and promoting equality

The practice recognised the needs of different groups in the planning of its services. We saw that the practice had access to online and telephone translation services but we were told the population were predominately English speaking. The practice provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months. The main parts of the practice were situated on the ground floor of the building. However the entrance and the main bottom floor, corridors or patient toilets were not accessible to a patient who might attend in a wheelchair. Staff told they would be assisted but a risk assessment of the building had not been undertaken.

Access to the service

The practice opening hours are Monday to Friday from 8am to 6pm each day to accommodate working patients. Patients have a choice of pre bookable appointments by arranging this via telephone, drop in or online. We were told that if a child required an appointment they were always seen on the same day. If required, longer appointments were available for patients who needed them and those with long-term conditions. This also included appointments with a GP or nurse. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out of hour's service was provided to patients. Patients we spoke to during the inspection and via

completed comments cards raised concerns that they were not able to see a GP of their choice and they were concerned with the lack of consistent care offered by the regular use of GP locums.

We spent time in the patient waiting room and spoke with patients about their views and experiences. The room was bright and had adequate space, the reception area was open plan and reception staff tried to respect patient confidentiality during conversations. The area was large enough to meet the patient demands during our inspection. The area had reading materials and the walls displayed patient information. Patient leaflets were available making this an accessible and comfortable area for patients to wait for appointments. The receptionists had a pleasant and helpful manner both in their interactions with patients attending the practice and during telephone conversations. It was brought to our attention that the open plan for the reception area sometimes compromised patient privacy during discussions. This was shared with the practice at the time of our inspection.

NHS England carries out a GP Patient Survey annually. The data we hold was published on 8 January 2015. Related to access the results show that:

- 90% of patients find it easy to get through to this surgery by phone (Local (CCG) average: 65% National average: 74%).
- 63% reported that they get an appointment with a preferred GP usually get to see or speak to that GP (CCG average: 55% National average: 60%).
- 85% describe their experience of making an appointment as good (CCG average: 67% National average: 73%).

The practice had a website which displayed information for patients on a range of subjects including, opening times, and the clinics available and general information about the practice.

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, this included a patient

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

complaints leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. We looked at two

complaints received in the last 12 months and found that timely and appropriate responses had been made. The learning that took place was shared with the practice staff during team meetings.

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 did not have a written vision or strategy but staff shared the same ethos to provide good and sensitive patient care and to deliver high quality care and promote good outcomes for patients. We spoke with all members of staff on the day of the inspection and they all knew and understood the ethos and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop of any computer within the practice. We looked at a sample of these and spoke with staff who confirmed they knew how to locate them. Some important policies and guidance such as safeguarding were also available in paper format and displayed about the practice.

The practice had clear leadership with named members of staff in lead roles. For example, there was a lead nurse for infection control and a lead for safeguarding. The practice had a new lead GP who was being supported by the local Medical Director. Much of the management of practice staff was the responsibility of the practice manager. Staff were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line or at times above average with national standards. We were told that QOF data was regularly discussed at practice team meeting. Additionally, there were processes in place to review patient satisfaction and that action had been taken, when appropriate, in response to feedback from patients or staff. The practice also had an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Evidence from other data from sources, including incidents and complaints was used to identify areas where improvements could be made. However our findings highlight a number of serious patient incidents that had not been safely reported.

The practice identified, recorded and managed risks. Practice meetings with staff was where these risks were

discussed. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented, for example the practice health and safety risk assessment. We reviewed a medicines management risk assessment that had been undertaken by the CCG pharmacist in June 2015 and the regional Medical Director but not the lead GP was aware of this. A number of concerns and high patient safety risks were identified and yet these had not been reported as a serious event and an action plan had not been put into place in a timely manner. These events had also not been added to the practice serious event log submitted to CQC prior to inspection. There was no evidence that these concerns had been discussed at either a clinical or practice meeting or how this had been monitored.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, (for example disciplinary procedures, induction policy, and management of sickness) which were in place to support staff. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within the practice.

Leadership, openness and transparency

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues via an open door policy operated by the practice manager. Staff said they felt respected, valued and supported, particularly by the partners in the practice. At the time of our inspection the practice had developed the new role of medical clinical leader for one of their GPs who worked for two days each week. On these days the GP was given two hours to undertake his additional responsibilities as leader of the practice and we saw records to show that at times this was not achieved. The remaining days were covered by locum and agency GPs. We found that they were supported by the regional Medical Director for instance in undertaking clinical audits. While the role of clinical leader was still in the development stage we identified gaps in terms of the support that was provided. For example there was no practice priorities shared with the lead or work plan to assist him and there was no job description in place to provide a framework for how the role might develop.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients. Mostly this was via the family and friendly test. The practice had a patient participation group (PPG) but this was a virtual group and by their own admission the practice felt more effort was needed to set up regular face to face meetings. The practice had displayed the results of the most recent family and friends test, this asks the question would you recommend this service to friends and family and this which was considered in conjunction with the PPG. There was a significant decrease in patients who would recommend this practice across April, May and June and they were aware of this. The practice has not undertaken a recent patient survey but this is planned for the coming year.

The practice gathered feedback from staff on an informal basis and formally during regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. There was an open and no blame culture and staff felt supported to raise concerns. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Staff were supervised until they were able to work independently.

The practice had completed reviews of significant events and other incidents and shared with staff via team meetings to ensure the practice improved outcomes for patients. However, we identified that not all serious events that had occurred had been reported in this way, reducing the opportunity to learn and improve services to patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found that serious and adverse patient safety incidents had not been investigated and appropriate actions taken. Action plans had not been developed after the events and monitoring systems were not in place.
Surgical procedures	
Treatment of disease, disorder or injury	