Dr H Singh & Partners

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?	Requires improvement
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr H Singh & Partners on 19 January 2015. Overall the practice is rated as Requires improvement.

Specifically, we found the practice required improvement for providing safe, effective, caring and being well led. It also required improvement for providing services for older people, people with long term conditions, families, children and young people, the working age population and those recently retired, people in vulnerable circumstances and people experiencing poor mental health. It was good for providing responsive services.

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

- Patients were at risk of harm because systems and processes were not consistently implemented to keep them safe. For example appropriate recruitment safety checks were not completed on non-clinical staff who were involved in the direct care of patients such as chaperone duties. The practice could not demonstrate that all clinicians had reviewed and acted on safety alerts.
- Staff were clear about reporting incidents, near misses and concerns, however there was no evidence of shared learning and communication with staff.
- Data showed that patient outcomes specifically related to the management of poor mental health were below average for the locality.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However, not all felt supported and listened to.
- Urgent appointments were usually available on the day they were requested. However patients said that they found it difficult to get through the practice when telephoning to make an appointment.
- The practice had limited formal governance arrangements.

Importantly the provider MUST:

Summary of findings

- Ensure effective governance systems are in implemented for monitoring and managing potential risks to patients safety and performance related to patient outcomes. This includes:
  - having a robust system in place for acting on all safety alerts, including medicine alerts.
  - Developing a clinical audit process that drives improvement in patient care.
- Ensure that appropriate protocols are in place to monitor and confirm the accuracy of medicine changes recorded in patient records by administration staff following their discharge from hospital.

Action the provider SHOULD take to improve:

- Implement systems to demonstrate learning from significant events.
- Review recruitment procedures to ensure that non-clinical staff who are involved in the direct care of patients such as chaperone duties are risk assessed to determine if a Disclosure and Barring Service (DBS) check is required.
- Develop appropriate protocols to share information about patients care and treatment needs with health professionals in a secure and timely manner.
- Provide appropriate training for staff to ensure accurate data related to patient medical diagnosis is recorded into the patient IT system.
- Store blank prescription pads securely at all times.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Risks to patients who used services were assessed. When things went wrong, reviews and investigations were thorough, however lessons learned were not communicated widely enough to support improvement. Safety alerts were not actioned by all relevant staff, which meant that safety alerts related to medicines were not reviewed. Criminal records checks through the Disclosure and Barring Service (DBS) for non-clinical staff who carried out chaperone duties were not completed. Risk assessments to determine whether criminal checks were needed were not undertaken. Staff were familiar with the business continuity plan to ensure that immediate and appropriate action would be taken in the event of emergency.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes that although improvements had been made over a three year period there were areas for improvement when compared to the locality. Audits were not robust to demonstrate complete audits which would support and evidence improved patient outcomes. Staff referred to guidance from National Institute for Health and Care Excellence and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Patients said the practice

Summary of findings

nurses involved them in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they did not always find it easy to make an appointment with a named GP to ensure continuity of care, however urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held meetings. Robust systems were not in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The limited patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the percentage of older people who had received a seasonal flu vaccination was lower than the national average. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice with the involvement of the patient participation group had started to engage with this patient group to look at further options to improve services for them.

People with long term conditions

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP, a personalised care plan and a structured annual review to check that their health and medication needs were being met. However local data showed there were some areas which fell short of the local average performance which included diabetes, cancer and hypertension (high blood pressure). There were issues related to the inaccurate coding of patient conditions which could impact on the management of patients with long term condition.

Families, children and young people

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

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 relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

However the practice had a high number of patients that were one parent families. Systems were not in place to ensure patients were made aware of and had access to the various support groups and voluntary organisations available to them.

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered. For example the practice had an active website from which to offer patients the opportunity to make online appointments and access to an online repeat prescription service. However this had only been available for approximately six weeks. The practice planned to review how effective this service was to confirm that patients found it accessible, flexible and offered them continuity of care. A full range of health promotion and screening that reflects the needs for this age group was offered. Patients also had access to printable information on health conditions and disease through the practice website.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had carried out annual health checks for people with a learning disability and all of these patients had a care plan in place and had received a follow-up. It offered longer appointments for people with a learning disability. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in

Summary of findings

normal working hours and out of hours. However there were areas where the practice was not providing support to all vulnerable patients registered with the practice. For example a high percentage of the practice patients were unemployed. The practice did not have systems in place to routinely offer information on how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement in the domains of safe, effective, caring and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

We found that only 35% of people experiencing poor mental health had a comprehensive care plan in place. The practice was aware of this and had reviewed the data and told us that they had plans in place to address this. We also noted that the practice was performing well below average 16.7%, for the care of patients with depression as compared with the local CCG average of 74.6%. The practice were aware of the problem however were not actively addressing it. Care plans had been completed for patients diagnosed with dementia. The practice had completed 99.1% of these care plans which was above the national and local average.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. A mental health wellbeing therapist carried out a weekly clinic for patients at the practice. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. Most staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

We spoke with nine patients during our inspection. We spoke with and received comments from patients who had been with the practice for a number of years and patients who had recently joined the practice. We also spoke with two members of the patient participation group (PPG). PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. Patients we spoke with during the inspection were positive about the services and treatment they received from the GPs and the support provided by other members of the practice team. They told us that they were treated with dignity and respect and that they were happy with the care provided by the GPs and nurses.

We found that there were no completed comment cards in our Care Quality Commission comments box that we had placed in the practice prior to our inspection. We observed that the box and cards had not been placed in an accessible place for patients as it was behind the reception screen.

We also looked at the results of the 2013 - 2014 National GP patient survey. This is an independent survey run by Ipsos MORI on behalf of NHS England. The survey results showed the practice performed well in all the areas related to the care they received from the practice nurses.

- 97% of respondents had confidence and trust in the last nurse they saw or spoke to, this was the same as the local CCG average of 97%
- 91% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the local CCG average of 88%
- 87% of respondents said that the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the local CCG average of 84%

Areas where the practice performed less well than the CCG average were identified in the national patient survey and included:

- 31% of respondents would recommend this surgery to someone new to the area compared with the local (CCG) average of 79%
- 41% of respondents found it easy to get through to this surgery by phone compared with the local (CCG) average of 75%
- 51% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the local (CCG) average of 82%.

Areas for improvement

Action the service MUST take to improve

- Ensure effective governance systems are in implemented for monitoring and managing potential risks to patients safety and performance related to patient outcomes. This includes:
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Summary of findings

- Store blank prescription pads securely at all times.

Dr H Singh & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The inspection team included a GP, practice manager, and an Expert by Experience. An Expert by Experience is someone who has extensive experience of using a particular service, or of caring for someone who has.

Background to Dr H Singh & Partners

Dr H Singh & Partners provides services for 5,700 patients living in Newcastle under Lyme, Staffordshire and is situated within an area of high deprivation. The practice population group is mainly young adults aged 15 to 18 years, young single parents, people recently retired and older people aged 65 to 75 years.

The practice is located in a purpose built single storey building. It also offers on-site parking, disabled parking, a disabled WC, wheelchair and step-free access. The opening times at the practice are between 8am and 6pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. Extended hours are available on Monday evening between the hours of 6.30pm and 8.30pm and Tuesday evening, 6.30pm to 7.30pm.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. Services provided at Dr H Singh & Partners include the following clinics; asthma, diabetic, baby vaccination and wellbeing screening clinics. The practice is a single ground floor building and is easily accessible to all patients.

Following the retirement and leaving of GP partners the practice has experienced difficulties in recruiting and retaining GPs over the past two to three years. To fill these vacancies the practice used regular locum GPs. The team of staff at the practice is made up of two GP Partners (both male) who both work full time, two practice nurses (female) and one healthcare assistant. A practice manager, reception, administrative and secretarial staff provide management and administration support for the practice.

Staffordshire Doctors Urgent Care provides an out of hours service for patients when the practice is closed.

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.

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

How we carried out this inspection

Before our inspection we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We asked NHS England, North Staffordshire CCG and the local

Detailed findings

Healthwatch to tell us what they knew about Dr H Singh & Partners and the services they provided. We reviewed information we received from the practice prior to the inspection.

We carried out an announced visit on 19 January 2015. During our visit we spoke with a range of staff including two GPs, the practice manager, two practice nurses and six reception and administration staff. We spoke with nine patients including two members of the patient participation group (PPG) who used the service. We observed how patients were being cared for and talked with carers and/or family members. We reviewed surveys where patients shared their views and experiences of the service.

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, the practice reviewed the care practices and treatment staff provided to ensure these were within their level of competence. This was as a result of an incident related to the treatment of a patient without appropriate consultation.

The practice had a system in place for reporting, recording and acting on significant events, incidents and accidents. Records were kept of significant events that occurred during the last two years and these were made available to us. Staff told us that they would report any incidents to the practice manager or assistant practice manager who completed the incident report form and over saw the management and monitoring of the incident. These were entered on a computerised incident and adverse events reporting system. A receptionist gave us an example of a significant event recorded. The incident was a discharge letter the practice received from a hospital had the test results of another patient attached to it. The staff had followed their protocol for the receipt of patient information and noticed the error before the results were shared with the patient. The practice contacted the hospital to inform them and obtained the correct results.

Information available to us showed that there had been few recorded significant events in the last two years. Four in 2013 and two to date for 2014. However, we saw records of a complaint that the practice should have considered as a significant event but had not recorded and reviewed this as such. For example, a complaint received by the practice identified that the incorrect dosage of a medicine had been prescribed. This was investigated by the practice and the practice protocol for checking the medicine doses for new and existing patients was reviewed and a copy of this forwarded to the CCG.

Learning and improvement from safety incidents

We were told that significant events was a standing item discussed at practice meetings. The minutes of meetings we read did not show that dedicated meetings were held to review actions from past significant events and complaints. However information in the significant event reports showed that one of the GPs, the senior practice nurse and the practice manager were present at the meetings to discuss the incidents. There was evidence of the action that the practice had taken to address the incidents and prevent recurrence. Staff told us that incidents were discussed with them at individual staff meetings.

We saw that the practice had investigated, reviewed and made changes after significant events were completed in a timely manner. One of the incidents we reviewed related to the delay in reviewing patient test results by the practice. We saw evidence of action taken which included a review of the practice system for handling results. One of the changes made to the system included ensuring GPs had 30 minutes protected time each day to look at and act upon test results. Any results that required urgent action would be dealt with on the day the result had been received by the practice. The practice reported that there had been no further incidents related to a delay in addressing test results. Records we looked at showed that there had been a review in November 2014 to monitor whether staff had followed the reviewed protocol and a further review was planned for May 2015. Where patients had been affected by something that had gone wrong, in line with practice policy, they were given an apology and informed of the actions taken.

We were told that a system was in place for circulating safety alerts, which included medicine alerts to practice staff. Staff were expected to sign the alert to show that they had read them. However we found that this system was not followed and our conversations with clinical staff did not demonstrate that they were aware of this process. There was no register of the alerts and records were not available to confirm that staff had read them. One of the GPs told us that safety alerts were received but not acted on. For example we asked the GP about a recent alert on the use of Domperidone (A medicine used to prevent patients from feeling or being sick). The alert indicated that patients needed to have a medical assessment before taking the drug to determine if it was suitable for them due to the risk of heart related side effects. The GP told us that they had not acted on this to review patients that may be affected. The practice manager told us that alerts were forwarded to all clinicians via an email. The practice nurse we spoke with confirmed that they received some safety alerts directly from the organisations involved or through an email from

the practice manager. The practice nurse was able to tell us about a recent safety alert. The practice nurse shared with us the details of the risk of hyperglycaemia (high blood sugar) or hypoglycaemia (low blood sugar) identified with a specific insulin pump if the pump's power was interrupted. The practice nurse confirmed that they did not provide or maintain these pumps for any of their patients.

We noted that overall systems for monitoring safety alerts had not implemented. For example, alerts were not kept or discussed at practice meetings to confirm that action had been taken. There were no systems in place to show that these were read, appropriate action taken and consequently were not audited or reviewed. We talked to the Practice Manager and one of the GPs about how these could be better managed, they told us that they would review the system.

Reliable safety systems and processes including safeguarding

The practice had systems, which included a safeguarding policy in place to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible. Staff told us that a safeguarding policy was available and easily accessible on the practice computer and in a folder.

The practice had appointed a dedicated GP as the lead person in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans and systems were also in place to alert staff to children who had a high number of visits to the accident and emergency department. The lead safeguarding GP was aware of vulnerable children and adults. The lead GP shared information with relevant professionals and documented safeguarding concerns. We were told that it was not always possible to attend child protection case conferences, and reviews. In these instances reports were sent if staff were unable to attend.

There was a chaperone policy for staff and information for patients on the role of a chaperone. A poster for patients was visible on the waiting room noticeboard and a copy of this was available in pictorial format in the consulting rooms. One of the practice nurses carried out the training for all staff. Staff were clear on what their role involved when acting as a chaperone. Staff knew where to stand and were clear of the observations they should make. Patients we spoke with told us that they had been offered a chaperone when needed. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All staff carried out chaperoning duties this included administration and reception staff. We found on the day of the inspection that administration and reception staff had not had DBS criminal record checks or risk assessments completed to confirm that they were suitable to undertake the role of a chaperone. At our inspection we were told by the practice that they would be completing DBS checks on all staff. Following our inspection the practice manager sent us information to confirm that all staff had had a DBS check completed.

Medicines management

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 clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed the policy. For example a record of the vaccine fridge temperatures were recorded daily to ensure that the vaccines were stored in line with the manufacturers guidelines and therefore safe to use.

The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions and evidence that nurses had received appropriate training to administer vaccines.

Requires improvement

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records of audits that identified best practice actions to be taken in response to a review of prescribing data. For example, the practice had reviewed their patterns of antibiotic prescribing, medicines prescribed for patients diagnosed with dementia and a review of medicines prescribed for pain relief. Action taken included changes in patients' medication and a review of the dose of medicine prescribed.

There was a process for repeat prescribing which was in line with national procedures and was followed at the practice. For example, all prescriptions were reviewed and signed by a GP before they were given to the patient. We were told that there was a system for updating changes in patient medicines following their discharge from hospital. The practice manager told us that the discharge letters were reviewed by the GP and the GP made any changes in the patient record. However we found that this process was not followed. The process explained to us by one of the administration staff was open to errors. The staff explained that they recorded any medicine changes in the patient record. A paper copy of the letter was then given to the GP in a folder for their signature to confirm that they had checked the changes were correct however we were told that the GPs did not always sign the letter. We found that non-clinical staff were coding patients' records without an effective system in place to do this. Correct coding of patient data is a necessary part of clinical governance (a system for improving the standard of clinical practice) and an essential part of clinical risk management (identifying the circumstances that put patients at risk of harm and then acting to prevent or control those risks). The practice manager and GP assured us that this would be reviewed.

We saw that a GP had left blank prescriptions in an unlocked consultation room. Our discussion with the GP showed that they were aware of the implications of this and Appropriate action to remedy this was taken at the time of the inspection. We were told by the practice that they would review their security procedures to ensure prescription pads were stored securely at all times.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. 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 lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. We saw evidence that the lead had carried out audits over the last three years. For example a handwashing audit was completed in May 2014. The practice planned to repeat the audit in 2015. Records showed that any improvements identified for action had been completed on time. The practice nurse discussed the findings of the audit with staff.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves and aprons were available for staff to use. Staff were able to describe how they would use these to comply with the practice's infection control policy. For example when dealing with spills of blood or bodily fluids. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. Staff told us that they were aware of the policies and where to find them if they needed to refer to them.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed the practice was carrying out regular checks in line with this policy to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and

displayed stickers indicating the last testing date of January 2014. We saw evidence of calibration of relevant equipment; for example weighing scales, blood pressure measuring devices and the fridge thermometer.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken for most staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However at the time of our inspection staff records we examined showed that administration and reception staff had not had DBS criminal record checks or risk assessments completed to determine if one was required. The practice manager told us that these would be completed. Following our visit we received information to confirm that all staff had had a DBS criminal check completed. We saw evidence in the practice nurses file of their registration with their professional body.

Following the retirement and leaving of GP partners the practice had experienced difficulties in recruiting and retaining GPs over the past two years. To fill these vacancies the practice used regular locum GPs. The practice used a locum on a regular basis for two sessions each week. Documents were made available in relation to locums such as membership of their professional body, professional indemnity and DBS checks. The practice also had a formal agreement with a GP from another practice with experience of minor operations to carry out procedures on their patients. The practice had since recruited a permanent GP partner within the last year.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. The practice manager told us about the arrangements in place for managing expected and unexpected absences. Administrative staff would have staggered starting times to ensure cover throughout the day. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

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. We saw records that demonstrated that weekly, monthly and annual checks of the building had been carried out. These also included checks of the environment, staffing, testing and investigation of legionella, accident incident and ill health reporting and dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see, there was an identified health and safety representative and staff had access to a health and safety handbook. We saw that multiple risk assessments for the Control of Substances Hazardous to Health (COSHH) had also been completed.

However although these systems were in place we saw that the processes related to the management of clinical risks, for example the management of safety alerts, security of prescriptions and the management of patient medicine changes following discharge from hospital were not robust.

The practice had emergency processes in place for identifying acutely ill children and young people. Staff we spoke with told us that children were always provided with an on the day appointment if required. We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. We saw two examples of this at the time of our inspection where patients were referred immediately due to the symptoms they presented with, which had resulted in a rapid deterioration in their health.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support in February 2014. 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) at a secure accessible area. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were

Requires improvement

Are services safe?

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

A business continuity plan dated July 2014 was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The plan had an identified holder and it was confirmed that a copy was also held off site so that if the building was not accessible due to an incident staff would have access to the plan. The plan documented a number of risks that could affect the practice providing a safe service to patients these included the loss of premises, incapacity of staff, loss of the computer system and patient information, loss of the telephone system and failure of the gas fired heating. We saw that each risk was rated and mitigating actions recorded to reduce and manage the risk. For example, temporary premises and the plans for longer term premises were identified and systems were in place to back up computer (patient) information daily. The document also contained relevant contact details for staff to refer to. For example, contact details for utility services and medical equipment.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised regular fire drills.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We spoke with a practice nurse who told us that NICE guidelines were followed to manage the care of patients.

We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. For example, we were shown the NICE diabetic care guidance which the nurse followed when carrying out annual reviews and monitoring of patients diagnosed with diabetes. We saw records that showed that any clinical decision was discussed with the GP before any alteration to medication or treatment. Patients notes were updated to confirm that the GP had reviewed the care assessment. The practice nurses showed us an example of the care records they completed for patients. These included care plans for patients with long term conditions. We saw that these were detailed and provided sufficient information for patients on their care and treatment.

The GPs told us they lead in specialist clinical areas such as poor mental health and dementia. The practice nurses focussed on reviewing and assessing the needs of patients with long-term conditions such as asthma and diabetes. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

We looked at data from the quality and outcomes framework (QOF) for 2013/2014. 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. We saw that the practice had achieved 82.1% of the QOF points available to them, this was lower than the England average of 94%.

A GP told us that patients who experienced poor mental health were supported by using nationally recognised scoring tools to establish the severity of symptoms. However we saw that not all patients experiencing severe poor mental health had a care plan completed. Information available showed that 35.5% of these patients had an agreed care plan in place compared with the national average of 85.9%. In response to this the practice had carried out a small review of patient data. The review identified that 19 of the 34 patients registered with the practice and diagnosed as experiencing mental health problems did not have a care plan recorded. Further analysis showed that ten of these patients were also under the care of a local mental health unit and had a care plan and review completed by the unit. Exception reports had been written for seven patients who had not attended appointment requests and the records for two patients had been incorrectly coded (e.g. incorrect diagnosis) which the practice had addressed.

We also noted that the practice was performing below average in the local CCG area for the care of patients with depression. Information for the practice showed that only 16.7% of patients experiencing depression had an assessment completed as compared with the local CCG average of 74.6% and the national average of 86.3%. The practice acknowledged that this was a problem but had no information to show that they had looked at the reasons for this. The lead GP for mental health showed us an example of the literature given to patients who experienced poor mental health. The fact sheet provided the patient with information on the symptoms, causes and treatment of depression. This demonstrated that although the practice were aware of the problem that they were not actively addressing it.

We reviewed other data from QOF and saw that other groups of patients received annual health assessments was broadly in line or above average when compared with local and national averages. For example 85% had had an annual review the local and national average were 70.9% and 75.5% respectively. We saw that 94.3% of patients with chronic obstructive pulmonary disease (COPD) as compared to the 87.2% local and 89.6% national averages. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. We saw that the practice had performed well in all eight public health indicator groups and achieved above average or 100% in the following health screening areas cervical screening, child health surveillance, maternity services, contraception, heart disease primary prevention and obesity.

The senior GP partner and the practice manager showed us data related to a number of completed reviews of case

notes for patients. These included patients with cancer, patients with one or more long term condition and patients with dementia. The review established if patients had received appropriate treatment and regular review of their condition. The practice had collated information to review patients who were recurrent attenders to the accident and emergency department (A&E). The practice manager told us that they planned to analyse this information to determine what action they could take to decrease the number of patients attending A&E.

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

Staff regularly checked that patients who received repeat prescriptions had been reviewed by the GP. The patient management IT system flagged up relevant medicine safety alerts when the GP prescribed medicines. We were told that one of the administration staff also reminded the GPs when patients' medicine reviews were due. Patients we spoke with confirmed that their medicines were regularly reviewed. However following our discussions with the GPs the practice could not confirm that following the receipt of medicine alerts that the GPs had reviewed the use of the medicine in question.

There was little evidence that clinical audits were driving improvement as audits were not always completed or results discussed with staff. For example, a recent audit was completed to monitor the number of adequate and inadequate cervical screening tests clinical staff had carried out in the last 12 months (2014). The results did not establish the total number of inadequate cervical screening tests. An analysis had not been carried out to consider the possible reasons for the inadequate tests, or if any changes were required to minimise further occurrences.

Records were not completed to show that the outcome of audits were communicated through clinical meetings. The GPs showed us records of three clinical audits carried out in the last year. However the information we read did not demonstrate that the clinical audit process was followed. A clinical audit is a process or cycle of events that help to ensure that patients receive appropriate care and treatment. This is performed by measuring the care and services provided to patients against evidence based standards. Change is then implemented to narrow the gap between existing practice and what is known to be best practice. The information we saw showed that the practice had carried out a review of patients on their clinical registers. We saw that two of the reviews looked at whether patients had been appropriately placed on the QOF cancer and dementia registers. The outcome of these showed the number of patients on the registers but there was no other analysis or dates set to undertake specific clinical audits related to identifying whether appropriate care and treatment had been implemented and to identify improvements.

The practice was registered to carry out minor surgical procedures. A GP from another practice with experience of minor operations worked one session a week at the practice to carry out these procedures on their patients. The GP was assisted by the practice nurses. It was not evident that best practice was being followed as staff did not have a formal register of all surgical procedures carried out and audit of minor operations was not completed.

We reviewed some records with the GPs because QOF data showed patient outcomes were below average for the clinical commissioning group. The practice was an outlier for a number of the QOF clinical targets. These included, the monitoring of patients experiencing mental health conditions, diabetes and hypertension (high blood pressure). Data we examined for example showed that 35% of patients with poor mental health had a comprehensive care plan and 61% had an assessment of their social lifestyle completed. The local CCG average results were 86% and 88.6% respectively. The GPs told us recording the data to demonstrate the achievement of QOF performance indicators had not been consistent and this was reflected in their results. The practice had recently started using a new patient information system. Errors in the coding of some conditions were noted and had been corrected. Administration staff told us that they felt they needed further training on the coding of clinical conditions on the patient information system. The lead GP and practice manager told us that further training would be provided for staff to ensure increased accuracy when coding clinical conditions.

Requires improvement

Are services effective?

(for example, treatment is effective)

We found that there was little evidence of effective audits being carried out. There was no evidence of two cycle audits being completed to review and drive improvements in the patient care.

Effective staffing

Practice staffing consisted of two GPs, two practice nurses, a healthcare assistant, a practice manager and reception and administrative staff. We reviewed staff training records and saw that staff were up to date with attending the practice's training courses such as annual basic life support. Both GPs were up to date with their yearly continuing professional development requirements and had dates for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff had annual appraisals carried out. We saw from the appraisals that training and any future learning needs had been discussed. Staff interviews confirmed that the practice was supportive in providing training. Training records confirmed that staff had received training relevant to their role in the last 12 months. For example administrative staff had received training which covered areas such as infection control, information governance and confidentiality. The issues related to the inaccurate coding of patient information had identified that further training in the importance of information governance was needed.

The practice nurse had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, on the administration of vaccines and updates in the management of long term conditions such as chronic pulmonary disease and a diploma in asthma.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. We saw that the practice had changed their policy for reviewing and acting upon test results. This followed an incident where abnormal test results for a patient had not been followed up promptly. One of the GPs had introduced a tasking system which outlined the responsibilities of all staff involved in the handling of test results and communication from other agencies. The GP who reviewed documents and results was responsible for the action required. All staff we spoke with understood their roles in relation to this policy and felt the revised system worked well.

The practice held monthly 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 district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. A midwives clinic where pregnant women can be seen is held weekly at the practice.

A well-being counsellor supported the practice to manage the care and treatment of patients who experienced poor mental health. The counsellor carried out a weekly clinic at the practice.

Information sharing

The practice used manual and electronic systems to communicate with other providers. The practice manager told us that the system in place for sharing information with the local GP out-of-hours service involved the GP passing the details of patients (with the patients consent) the out of hours service needed to be aware of to a designated member of practice staff on a daily basis. The member of staff contacted the out of hours service by telephone to pass on this information. This information was recorded in patients records. Where the patient received a visit from the out of hours service this was communicated in writing and by telephone. This information was then reviewed by the GP and details entered into the patient records. The practice did not have a computerised system which linked with the out of hours services. The practice manager and GP told us that they would review their system to ensure that it was robust enough for patient data to be shared in a secure and timely manner. The practice was in the process of adding patient summary care records to the system.

Electronic systems were in place for making referrals, and the practice had made referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date

Requires improvement

Are services effective?

(for example, treatment is effective)

and time for their first outpatient appointment in a hospital). Patients we spoke with confirmed that they had been offered this choice. Administration staff told us that they monitored the system to check that referrals were being processed.

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, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling them. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions. We saw that all patients on the practice register with learning disabilities had been reviewed in the last year.

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's verbal consent was documented in the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. An audit had not been completed to confirm that the visiting GP had followed the consent process for minor practice.

Health promotion and prevention

It was practice policy to offer an annual health check to all new patients registering with the practice and patients aged 75 years or over. Patients over 75 years of age had a named GP to provide continuity of care. Older patients we spoke with confirmed this. The practice offered three yearly NHS Health Checks to all its patients aged between 40 – 74 years who were not already diagnosed with diabetes, heart disease, and stroke or kidney disease. A total of 278 patients had attended for a health check. These checks included a cholesterol test, blood pressure check, weight and lifestyle management advice. The GP was informed of all health concerns detected and these were followed up in a timely way. We saw notices in the waiting room that made patients aware that these health checks were available. We saw that the practice had performed well in relation to public health screening.

The practice nurses actively engaged their patients in lifestyle programmes as they were aware that they had a high number of patients who needed this support. Smoking prevention rates at the practice was below the local CCG average. The practice had performed better than other practices in the local CCG area for monitoring and supporting patients with obesity. Practice nurses described to us how they sign posted patients to weight loss clinics and completed exercise referrals for patients who needed to manage their weight.

We saw that up to date health promotion information was displayed, available and easily accessible to patients' in the waiting area of the practice. The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the local Clinical Commissioning Group (CCG), and again there was a clear policy for following up non-attenders by the named practice nurse. However the percentage of older people who had received a seasonal flu vaccination was lower than the local average.

The practice carried out cervical screening for women between the ages of 25 and 64 years. The practice's performance for cervical screening uptake was 94%, which was better than others in the CCG area. However we saw that appropriate audits had not been carried out to confirm that cervical screening tests carried out were adequate. Patients who did not attend for cervical smears were offered various reminders, by telephone and letters for example and the practice audited non-attenders annually. The practice offered a free and confidential Chlamydia screening service for all 16 to 24 year olds. A similar

Requires improvement

Are services effective?

(for example, treatment is effective)

mechanism of following up patients who did not attend was also used for these screening programmes. Family planning services were provided by the practice including the issuing of free contraceptive methods.

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 registers of their patients who had high health needs and or considered vulnerable. These included a register of patients with learning disabilities, dementia and mental health problems. We found that those patients with a learning disability and patients with dementia had completed care plans and had received an annual physical health check.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national GP patient survey where 291 surveys were sent out and 97 surveys were returned and a survey of 124 patients undertaken with involvement from the practice's Patient Participation Group (PPG). PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. The evidence from all these sources showed that patient satisfaction with how they were treated and whether it was with compassion, dignity and respect was variable.

The 2014 national GP patient survey showed the practice was below the national average at 62% for patients who described their experience of the practice as good. The practice's own in house patient survey carried out in November 2014 found 56% of patients who responded to the survey said they were satisfied with the practice. There had been 16 reviews left on the NHS Choices website in the last 12 months. Seven of these were positive about the service and nine were negative. There were themes to both sets of the comments made. Patients raised concerns about appointments and attitude of staff. More recent comments identified that improvements had been made at the practice following the recruitment of a second GP and refurbishment of the practice. Patients had not completed any of the CQC comment cards we left at the practice to provide us with feedback on the practice. We spoke with nine patients who, although were satisfied with the practice, raised similar issues such as confidentiality in the reception area, access to appointments and dissatisfaction at times with their consultation with the GP.

We saw that consultations were carried out in the privacy of the consulting rooms. The nine patients we spoke with told us that they were treated with dignity and respect. Curtains were provided in consulting rooms and treatment rooms so that the patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be heard. However conversations at the reception desk could be overheard. Reception staff were aware of this and told us they would offer somewhere more private if patients wanted to speak in confidence. Staff demonstrated an awareness of protecting patient confidentiality and we saw that staff had signed confidentiality agreements as part of their staff contract.

Staff told us that us that they had not encountered any incidents of discriminatory behaviour and that the practice manager installed the ethos of respect and dignity at the reception staff meetings. We saw that complaints about staff attitude had been appropriately dealt with by the practice. We saw positive, polite and helpful interactions between staff and patients during our visit.

Care planning and involvement in decisions about care and treatment

Data available from the 2014 national GP patient survey showed the practice to be below the national average for patients that felt involved in planning and making decisions about their care and treatment (51%) and who felt the GP was good at explaining treatment and results (60%). These results were more positive when the same questions were asked about the nurses 87% and 91% respectively as compared with the local CCG average of 84% and 88%. These results were also reflected in some of the comments we received from the patients we spoke with at our inspection. Patients commented that the level of care they received could vary dependent on the GP they saw and nurses were described as excellent. The practice manager told us that these issues had been looked and that they were related to previous staff who had left the practice. With the support of their patient participation group the practice planned to undertake a comprehensive survey to look at these issues further. The practice manager was invited by the PPG and attended meetings in the community to talk about the practice and their aims to make improvements.

The majority of patients we spoke with at the practice told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patients also told us they felt listened to and that information was explained to them in a way they could understand to help them make decisions about their own health care. Patients told us that they received information leaflets about their care and treatment that they could take away and read.

The practice had a very small number of patients who did not speak English as their first language. Translation

services were available for patients where language was a barrier to accessing the service. Information was available alerting patients of the availability of translation services or much information displayed in a language other than English.

Patient/Carer support to cope emotionally with care and treatment

Practice staff were aware of patients that were also carers. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. We did not speak with or receive any comment cards from patients who were also carers. The carers support service was promoted at the practice, this included support for carers who cared for patients with dementia. A GP and other staff described the support they provide for carers and links to refer patients to appropriate organisations. These included a counselling service for professional support such as family members after bereavement.

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.

The practice had a range of health information available in the practice. The practice website also had links to various health conditions so patients could find out more about them. We saw leaflets which sign posted patients to local carer support services. The practice had notices asking patients to inform them if they were a carer so that they could be supported.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GPs we spoke with were able to demonstrate that they considered the particular needs of patients who were vulnerable such as people with long term health conditions, dementia, learning disabilities and older people. The practice nurses ensured that systems were in place to ensure these vulnerable patient groups were able to access medical screening services such as annual health checks, monitoring long term illnesses, smoking cessation, weight management, immunisation programmes or cervical screening. Patients we spoke with confirmed that they received a letter asking them to attend the practice for a review of their care and treatment.

The practice held registers of their patients that had a high level of health care needs. For example one of the registers identified that there were 35 patients with a diagnosis of mental health problems, a second register showed 30 patients with learning disabilities and a further register showed 3,286 patients with long term conditions, such as diabetes and asthma. Information available showed that 357 patients had been identified with high needs and added to the practice at risk register. We found there was a recall and annual review system in place for patients with long-term conditions such as diabetes and respiratory disease. The practice had completed care plans for patients with a long term condition. However care plans had not been completed for patients who experienced poor mental health.

Patients also had access to patient information leaflets on varied health conditions and diseases through the practice website.

The practice had an active website from which to offer patients the opportunity to make online appointments or access to an online repeat prescription service. However this had only been available for approximately six weeks and the practice were not aware of how effective this service was. The practice told us that they had plans to promote the use of the service more widely and then carry out a review. Some of the patients we spoke with told us, that it was often easier to attend the practice to get an appointment.

The Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised.

The practice had an active patient participation group (PPG). PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. For example in 2014 the PPG was involved in developing a patient survey. The group also maintained their own page on the practice website. Information on this page told patients who the members of the PPG were and how they could contact them and invited patients to join the group.

Tackling inequity and promoting equality

The premises and services had been refurbished to meet the needs of patient. We saw that the waiting area was furnished to allow enough space to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice. The practice building was a single storey building with good access for vehicles and parking bays for patients with a physical disability. There was level access to the premises for ease of access for patients using a wheelchair.

Staff told us that translation services were available for patients who did not have English as a first language. The practice staff we spoke with all knew of the existence and availability of the translation service, although none of them had used it.

The practice provided equality and diversity training through e-learning. Staff we spoke with and training records we saw confirmed that staff had completed the equality and diversity training in the last 12 months.

Access to the service

The normal opening hours for the practice was 8am to 6pm. Appointments were available in the morning between 9am and 12.30pm and 2pm to 6pm in the afternoon. Patients were told that they should contact the practice between 8am and 8.30am for a morning clinic appointment and at 1.30pm for an afternoon appointment. The practice offered pre-bookable appointments which could be booked up to two weeks in advance. The practice also offered extended hours These are appointments outside of the practice normal working hours for patients

Good

Are services responsive to people's needs?

(for example, to feedback?)

that are unable to attend due to work commitments or rely on other people bringing them to the practice who go to work. Extended hours are available on Monday evening between the hours of 6.30pm and 8.30pm and Tuesday evening, 6.30pm to 7.30pm.

We saw that the information about patient appointments needed updating on the practice website and in the practice leaflet. This included how to arrange routine and urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances.

Longer appointments were available for patients who needed them and also for those with long-term conditions. The GP and practice nurse told us that longer appointments were made for patients with a learning disability and patients who experienced poor mental health. The practice also offered up to five telephone consultations per day after the morning clinic. Staff told us that children and older patients were always seen on the same day that they requested an appointment.

The results of the 2014 GP survey showed that 41% of patients who responded to the survey found it easy to get through to the practice by telephone. Comments we received from patients were in line with this as we found that generally patients were not happy with the appointment system. One of the reasons they gave for this was that they found it difficult to get through to the practice on the telephone. Patients told us that if they could not get through to the practice by phone between 8am and 8.30am all appointments would be booked. Patients told us that they found it difficult to get through to the practice by telephone. Some patients choose to visit the practice in person as they felt this was the best way to make contact with the practice for an appointment. To help to improve this, the practice had already employed an additional member of staff to answer the telephone. The practice planned to monitor this change to determine whether improvements had been made.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information on how to make a complaint was displayed in the practice, on the practice website and in the practice information leaflet. All complaints received at the practice were referred to the practice manager or assistant practice manager to ensure there was no delay in responding to the concerns raised.

We reviewed three complaints the practice had received between June and September 2014. These had been investigated and resolved as far as possible to the complainant's satisfaction. Patients told us they knew how to complain should they need to. We noted that an analysis of complaints had been carried out. The complaints related to poor communication, poor staff attitude and medication errors. The complaints register showed when the complaint was received, whether an acknowledgement was sent, details of the complaint and investigation result. The register showed that the complaints were discussed with relevant staff and learning shared.

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 a vision to deliver high quality care and promote good outcomes for patients. These values were clearly displayed at the practice and on the practice website. The practice vision and values included to provide the best possible quality service for patients within a confidential and safe environment and to promote good health and well-being to patients through education and information. We spoke with eight members of staff and they all knew and understood the vision and values of the practice and knew what their responsibilities were in relation to these. We saw that people's health and wellbeing was promoted through the promotion of health education for patients. Nursing staff attended training related to the care of patients registered with the practice. However there were areas where the practices vision was not being fulfilled. For example, patients wellbeing was not promoted due to inaccurate coding of patients diagnosis and the practices failure to have effective systems in place to act on safety alerts received.

Although the practice had experienced recent partnership changes over the past two years, with partners leaving within quick succession of each other the practice did not have a written strategy or business plan in place. A business plan would allow the practice to focus on future planning in taking the practice forward. The practice told us that their plans for their future development included, recruiting a female GP or nurse practitioner and becoming a training practice. However we were told that they were working on a plan which should be available later this year (2015). The practice had recently appointed a new partner.

Staff were aware of the concerns that patients had about the practice and had worked hard to change the culture at the practice. All the practice staff were clear on the vision for the practice and were aware of the improvements needed. Changes implemented included, a review on the role of staff, a review of practice policies and procedures, successful recruitment of a new partner, a review of patient appointment times and the introduction of a patient participation group (PPG). PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. Hard copies were available in the practice manager's office. The practice nurses also kept their own file of policies that were relevant to them. We looked at six of the policies available and saw that they had been reviewed annually and were up to date. The practice collected evidence to confirm that staff had read and understood relevant policies that had been put in place. This was monitored through the practice computer information system. The practice manager could see who had read the policies and when and followed this up with individual staff, at practice meetings and through appraisals.

There was a clear leadership structure with named members of staff in lead roles. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us the changes that had been made to improve the running of the practice had been positive and staff felt valued, well supported and knew who to go to in the practice with any concerns.

We noted that overall the system for monitoring and acting on safety of alerts was not robust. We saw that some safety alerts received were not acted on, systems were not in place for who best to allocate each alert to in terms of their knowledge and skill base. Alerts were not kept and there was no information available to confirm that alerts had been read and appropriate action taken.

We found that information governance systems were not consistently implemented for example, non-clinical staff were coding patients' records without an effective system in place to do this. One of the GPs showed us information where patients had been wrongly coded in relation to dementia. This information and patients were reviewed to ensure appropriate diagnosis was recorded and patients referred if appropriate to support services for example, a memory clinic. We found that coding errors (recording of patient diagnosis) had been identified and discussed at individual team meetings or individually. However there was no information to confirm that these had been discussed at clinical meetings and how this was to be addressed overall. Although the practice had identified that staff required further training there was no information to show that systems had been put in place and risk assessments carried out to manage the problem and any potential impact on patient safety.

Are services well-led?

Requires improvement

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

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The 2013-2014 QOF information showed that the practice had achieved 82.1% of the available 897 points available to the practice. The practice had achieved maximum overall points for the management of some conditions such as asthma, heart failure and chronic obstructive pulmonary disease (COPD). We saw that the number of patients that had received annual health assessments was broadly in line or above average when compared with local and national averages. We saw that 94.3% of patients with chronic obstructive pulmonary disease (COPD) had received an annual assessment as compared to the 87.2% local and 89.6% national averages. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. We saw that 85% of patients with asthma had received an annual assessment as compared to 70.9% locally and 75.5% nationally.

Information for the 2013-2014 public health indicator groups showed that the practice had performed well in all eight groups. Overall the practice had achieved above average or 100% in the following health screening areas cervical screening, child health surveillance, maternity services, contraception, heart disease primary prevention and obesity.

There were some areas which fell short of the local average performance which included diabetes, cancer, hypertension (high blood pressure) and mental health. We saw that the practice manager ensured that QOF data was regularly discussed at meetings held with the GPs. However robust systems were not in place to demonstrate the action to be taken to drive improvement for these patients.

There was evidence of clinical reviews; however these were not completed to ensure a full audit cycle. This is where a second audit is undertaken to demonstrate whether improvements to services have been achieved. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes. The practice had undertaken risk assessments with the support of a management company to address potential risks related to the operation of the service and business continuity. We also found that the practice had not maintained a formal register of all surgical procedures or carried out an audit of minor operations procedures carried out.

The practice had arrangements for identifying, recording and managing risks. The practice manager with the support of an external company had completed a risk assessment and developed a risk log which identified the level of impact each risk posed to the practice. The risk log identified generic topics related to lone working and the need for policies to be reviewed. However, it did not include the potential risk of receptionists who chaperoned who did not have a Disclosure and Barring Service check in place. DBS checks are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Leadership, openness and transparency

Staff told us that they were well supported by GPs and the management team. Staff felt that there was a good team spirit and felt confident to report any concerns. We saw that the practice manager was a strong leader and had worked hard to improve the management systems at the practice. The practice manager was the chair of the local practice managers group. They found that this was a good network which offered good support. The practice manager worked very well with the senior GP partner this helped in the planning of improvements at the practice. Staff told us they were clear about their own roles and there was evidence that they had lead roles. For example one partner was the lead for safeguarding.

We saw that the different staff groups had individual practice meetings these did not specifically relate to performance. For example nurses and healthcare assistants held regular meetings and notes were taken at these meetings. Performance issues were discussed at meetings held between the senior GP, the practice manager and senior practice nurse in order to drive improvement. The practice manager took a lead role in the performance management of the practice. We saw from minutes that these meetings were held at least monthly. The lead GP and practice manager told us that informal clinical meetings were held between the GPs daily however minutes were not taken at these meetings to confirm what was discussed. Staff told us that there was now an open culture within the practice and they had the opportunity and were happy and encouraged to raise issues at team meetings.

An external management company supported the practice with human resource issues, policies and procedures. We

Are services well-led?

Requires improvement

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

reviewed a number of policies, for example disciplinary procedures and confidentiality which were in place to support staff. A staff handbook was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through for example, patient surveys and complaints received. The results of the survey showed that there had been some improvements in patients' views about the service. For example there was an increase in the number of patients who viewed the reception staff as helpful.

The practice had an active patient participation group (PPG) which was steadily increasing in size. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. The PPG was not fully representative of the practice population in terms of gender, age and ethnic background. The practice was actively working on building a PPG group that included representatives from their various population groups. The PPG met every three months and the practice manager and a clinical staff representative attended these meetings. The PPG had carried out surveys and maintained an information noticeboard for patients in the reception area. The two PPG members that we spoke with told us that they were encouraged to have a say in the way the practice operated.

The PPG had been instrumental in implementing a number of improvements at the practice these included; The placement of a notice displaying the practice opening times at the entrance to the practice, new chairs and a clock in the reception area. Music was played in the reception area at a low volume. This was introduced as a way of distraction in order to promote privacy when patients were talking in the reception or at the reception desk. The two members of the PPG told us that they felt supported, and that the practice was open to suggestions for improvement. We saw the PPG notice board in the reception area and noted that a copy the minutes from their meetings with an action plan was displayed on the board and made available for patients to read.

The practice held regular individual staff team meetings which provided opportunities for staff to raise any issues with colleagues and management. Members of staff we spoke with during our inspection told us that they felt supported and that senior staff were approachable if they needed to raise any issues with them. Staff also told us that they felt involved in discussions to improve the service.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development. The practice nurse told us that they received supervision and support from the GP partners. They also attended nurses' forums and peer groups with other practice nurses in the local area. We saw that reception staff had access to regular training to update their knowledge. We saw that staff had received an appraisal in the last 12 months. We saw that staff training and development had been discussed at appraisals. Both clinical and administrative staff confirmed this. The practice staff told us that they shared learning from significant events on an individual basis and via individual team staff meetings.

The Practice Manager showed us a training plan which provided an overview of which staff required training and in what subject area. The nurses and GPs kept their continuing personal development up to date and attended other courses relevant to their roles and responsibilities within the practice such as safeguarding vulnerable patients, cytology screening updates and current immunisation advice.

The practice had completed reviews of significant events and other incidents but there was no evidence that they had always shared the outcomes of these with staff particularly during meetings. Where appropriate significant events had been notified to the local Clinical Commissioning Group (CCG) in order that learning on a wider area base could be achieved.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision We found that the registered person could not demonstrate that safety systems were operated effectively because a robust system was not in place to ensure safety alerts were acted on. Clinical audit processes were not robust to ensure improvement in the development and quality of patient care. This was in breach of regulation 10 (1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 Health and Social Care Act 2008 (Regulated Activities) 2014 Good Governance Regulation 17(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines We found that the registered person had not protected people against the risks associated with the unsafe use and management of medicines. The provider could not demonstrate that action had been taken following the receipt of medicine alerts to minimise the risks associated with identified medicines. Robust systems were not in place to ensure medicine changes were accurately recorded in patients' records following discharge from hospital. Blank prescription pads were not stored securely at all times. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.