The Park Medical Centre

Quality Report

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Date of inspection visit: 8 December 2016
Date of publication: 24/03/2017

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Park Medical Centre on 8 December 2016. Overall the practice is rated as requires improvement.

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

- The system for reporting and recording significant events was not embedded.
- Risks to patients were not always effectively assessed and well managed. For example, systems were not in place to ensure the Control of Substances Hazardous to Health (COSHH) regulations are being adhered to and there was no risk assessment for the building.Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had good policies for the recruitment of staff. However, did not always adhere to these as we found gaps in personnel files.
- Information about services and how to complain was available and easy to understand. However, there was no evidence of actions being implemented as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

Summary of findings

- Ensure the recruitment arrangements include all necessary employment checks for all staff employed by the practice.
- Ensure the arrangements for identifying, recording and managing risks and implementing the mitigating actions are fully embedded.
- Ensure practice specific policies are implemented and available for all the required areas and locum GPs can access the required policies.
- Ensure all medicines are maintained within the expiry dates.
- Ensure A programme of continuous improvement and audit is undertaken.

In addition the provider should:

- Maintain evidence of staff undertaking induction.
- Have processes in place to audit the use of prescription papers.
- Evidence any actions being taken to ensure the issues raised in the complaints do not reoccur.
- Continue to identify, support patients who are also carers.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- The system for reporting and recording significant events was not effective.
- Lessons were not always shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, the locum GP we spoke with was unaware of the practice safeguarding policies anddid not have access to the locum pack.
- Prescription pads and prescription paper were securely stored but there were no systems in place to check the prescription numbers and to monitor their use.
- Recruitment arrangements did not include all necessary employment checks for all staff employed by the practice.
- We found a Glucagon Pen (an emergency drug that increases blood sugar levels) in the vaccines fridge that had expired in October 2016 and some Betadine fluid (used for wound care) that had expired in 2004.
- Systems were not in place to ensure the Control of Substances Hazardous to Health (COSHH) regulations were being adhered to.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality. However, there was no evidence of staff undertaking induction in their personnel files.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.
- The practice's computer system alerted GPs if a patient was also a carer.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, we noted that there was no evidence of any actions being taken to ensure the issues raised in the complaints did not reoccur.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The practice did not have a documented succession plan for the practice to include such eventualities as the retirement of GPs.

Summary of findings

- The staffing structure was not always clear and the rotas were not embedded.
- Practice specific policies were implemented and were available to all staff. However, policies such as incident reporting and risk assessment were not available. We found the practice wasn't following some of it's polices such as the induction policy and procedure.
- An understanding of the clinical performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, some audits such as the infection control audit had not been undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always adequate; for example, the practice did not identify, record and manage risks to ensure the Control of Substances Hazardous to Health (COSHH) regulations were being adhered to and there was no risk assessment for the building.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.

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 is rated as requires improvement for this population group. The practice was rated inadequate for the safe domain and requires improvement for the well-led domain. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All elderly patients had been informed of their named GP.
- The practice offered same day appointments as well as telephone consultations.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for this population group. The practice was rated inadequate for the safe domain and requires improvement for the well-led domain. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 68% compared to the national average of 81%.
- 99% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 78% compared to the national average of 78%.
- A record of foot examination was present for 90% of patients with diabetes compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 65.2% compared to the national average of 78%.

Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84%, compared to the national average of 84%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for this population group. The practice was rated inadequate for the safe domain and requires improvement for the well-led domain. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- 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.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 69%, which was significantly below the national average of 81%. The practice had recognised the low figures and had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 96% and five year olds from 65% to 93%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for this population group. The practice was rated inadequate for the safe domain and requires improvement for the well-led domain. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone appointments were available if patients wished to discuss test results and urgent concerns and for those who may have difficulty attending surgery due to work commitments.

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for this population group. The practice was rated inadequate for the safe domain and requires improvement for the well-led domain. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and had attended training in how to recognise domestic abuse.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for this population group. The practice was rated inadequate for the safe domain and requires improvement for the well-led domain. The concerns that led to these ratings apply to everyone using the practice, including this population group.

However:

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 70% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 95% compared to the national average of 84%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above the local and national averages in the following four areas (309 survey forms were distributed and 119 (39%) were returned).

- 81% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 64% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager. One patient stated the doctors made them feel safe. Overall, patients felt the environment was hygienic, clean and friendly.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure the recruitment arrangements include all necessary employment checks for all staff employed by the practice.
- Ensure the arrangements for identifying, recording and managing risks and implementing the mitigating actions are fully embedded
- Ensure practice specific policies are implemented and available for all the required areas and locum GPs can access the required policies.
- Ensure all medicines are maintained within the expiry dates.
- Ensure A programme of continuous improvement and audit is undertaken.

Action the service SHOULD take to improve

- Maintain evidence of staff undertaking induction.
- Have processes in place to audit the use of prescription papers.
- Evidence any actions being taken to ensure the issues raised in the complaints do not reoccur.
- Continue to identify, support patients who are also carers.

The Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to The Park Medical Centre

The Park Medical Centre (434 Altrincham Road, Manchester, M23 9AB) is part of the NHS South Manchester Clinical Commissioning Group (CCG) and provides services to approximately 5090 patients under a Personal Medical Services contract with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 75 years for males and 80 years for females, both of which are below the England average of 79 years and 83 years respectively. The number of patients in the different age groups on the GP practice register was generally similar to the average GP practice in England.

The practice has a higher percentage (70%) of its population with a long-standing health condition when compared to the England average (54%). The practice percentage (52%) of its population with a working status of being in paid work or in full-time education is below the England average (62%). The practice percentage (7%) population with an unemployed status is slightly higher than the England average of (5%).

Services are provided from a purpose built building, with disabled access and some parking. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors. The practice is involved in teaching and training undergraduate doctors.

The service is led by three GP partners who are supported by a team of nurses, including a healthcare assistant. There is a practice manager as well as an administration team who also cover other duties such as drafting prescriptions.

The surgery is open from 8am until 6:30pm daily with extended hours offered on Mondays and Tuesdays between 6:30 to 7:20pm via telephone consultation**.** The practice is also a part of a federation of GP practices that provides extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients are also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover is provided by the NHS 111 service and Go to Doc.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2016.

During our visit we:

- Spoke with a range of staff including the GPs, the nurse, the practice manager as well as staff from the administration team.
- Observed how staff interacted with patients and spoke with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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 were provided for specific groups of people and what good care looked 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)

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was not fully embedded.

- Staff told us there was no policy or procedure for incident reporting and this could not be provided on the day of inspection. Staff told us they would inform the practice manager of any incidents.
- There was no practice file for significant events as the GPs kept records in their own files, so the sharing of these incidents across the practice staff was not evident.
- There were two significant events recorded over the last 12 months. The practice had carried out an analysis of the significant events at the time of occurrence but there was no yearly review.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings and found the discussion around significant events was minimal. Lessons were not always shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP lead for safeguarding adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff were all trained to child protection or child safeguarding level 3. The locum GP we spoke with was unaware of the safeguarding policies and didn't have access to the locum pack.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place; however, annual infection control audits were not undertaken.
- Generally the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However, we found a Glucagon Pen (an emergency drug that increases blood sugar levels) in the vaccines fridge that had expired in October 2016 and Betadine fluid (used for wound care) that had expired in 2004.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, it was noted The Park Medical Centre had higher hypnotic prescribing than other practices in the area and had not reviewed this prescribing trend.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Prescription pads and prescription paper were stored in a locked filing cabinet. However, there were no systems in place to check the prescription numbers and to monitor their use.
- A notice in the waiting room and in the treatment rooms advised patients that chaperones were available if required. Staff who carried out chaperone duties had received training and an appropriate Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice had a recruitment policy that detailed the process to follow that included the appropriate checks to conduct during the recruitment process. We reviewed five personnel files and five training files. We found that appropriate recruitment checks had not always been undertaken prior to employment. There were no records of interview and no job descriptions in any of the files we looked at. Only two files contained signed confidentiality statements and two files did not contain any references. We asked for the personnel files for the s but we were told these were not available.

Inadequate

Are services safe?

- The practice locum pack (contains practice specific documentation and contact details for services utilised by the practice) was not available on the day of inspection. Staff told us a locum GP had taken this away with them.

Monitoring risks to patients

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The gas boiler and had been checked and certified to be safe. There was an up to date fire risk assessment with yearly fire drills, the last evacuation was performed in October 2016. An assessment had been conducted which detailed the fire exits and routes. The practice manager told us their role encompassed the fire marshal role, however, this was informal and the practice manager had not received any training in this responsibility.

The building did not have an assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice did not have a specific risk assessment for the building which detailed any environmental hazards.

There were informal arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us the rota system was not formalised but they managed to cover each other as and when required.

Systems were not in place to ensure the Control of Substances Hazardous to Health (COSHH) regulations were being adhered to. There were no data sheets in place for the substances, such as the cleaning fluids, to provide staff with instructions on how to deal with spillages or any other emergencies.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator and an oxygen cylinder with adult and children's masks available.
- A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 97.4% of the total number of points available, with 26.8% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed;

- Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 68% compared to the national average of 81%.
- 99% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months was 78% compared to the national average of 78%.
- A record of foot examination was present for 90% of patients with diabetes compared to the national average of 88%.
- Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 65.2% compared to the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 84%, compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 70% compared to the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was 95% compared to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. In addition, the practice carried out medication audits aided by the CCG pharmacist and we saw evidence of improvements in practice prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included better identification and management of patients with Asthma.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, supporting records were not always maintained.

- The practice had an induction programme for all newly appointed staff. Staff told us they had received an induction when they started. It covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality. However, there was no evidence of staff undertaking induction in their personnel files.

Good

Are services effective?

(for example, treatment is effective)

- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff for example, the practice manager had been in post for three months, in her first management role, and had not received or been on any role specific training.
- Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received on-going training that included: safeguarding, fire procedures and basic life support.
- Staff told us their learning needs were identified through a system of appraisals, meetings and reviews of practice development needs. However, there was no record of staff having completed appraisals in their files. The practice manager told us there was no access to the historical appraisals as the previous practice manager had not filed them correctly.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service.

The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2015 to 31/03/2016) was 69%, which was significantly below the national average of 81%. The practice had recognised the low figures and had produced a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 60% to 96% and five year olds from 65% to 93%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager. One patient stated the doctors made them feel safe. Overall, patients felt the environment was hygienic, clean and friendly.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey (July 2016) showed the practice performance was above the local and national averages for all six satisfaction scores on consultations with GPs and nurses. For example:

- 96% said they found the receptionists at the practice helpful Clinical Commissioning Group (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 94% said the GP gave them enough time (CCG average 89%, national average 87%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

The CQC comment cards had positive comments in relation to how the patients were treated. All the patients we spoke with felt the GPs listened to them and empowered them to make positive decisions about their healthcare. Patients on the day confirmed they were satisfied with the service.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed they were above the local and national averages in two of the following three areas. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (1% of the practice list). We noted that none of the

Good

Are services caring?

patients identified as carers had received a health check within the last year. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and followed up 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked with the other practices in the area to provide urgent appointments via the local federation. Members of the local federation had use of a common clinical system that ensured all GPs had access to the medical records.

- There were longer appointments available for patients with a learning disability.
- Nurse appointment times had been updated to reflect the type of appointment. For example, 20 minutes were booked for new patient checks, travel immunisations and reviews and 10 minutes were booked for blood pressure checks.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Extended hours were offered on Mondays and Tuesdays between 6:30 to 7:20pm via telephone consultation**.**
- The practice had access to interpreters and telephone translation services were available. The practice also employed bi-lingual staff members.
- Full facilities were provided for wheelchair users including accessible toilets, a low reception desk section and wide doorways. All doctor and nurse examination couches raised and lowered to for the convenience of patients during examinations.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Patients could order repeat prescriptions and book appointments on-line.

Access to the service

The surgery was open from 8am until 6:30pm daily with extended hours offered on Mondays and Tuesdays between 6:30 to 7:20pm via telephone consultation**.** The practice was also a part of a federation of GP practices that provided extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients were also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover was provided by the NHS 111 service and Go to Doc.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was above the local and national averages for the following three areas:

- 81% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 68% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).
- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.

Patients told us on the day of the inspection they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a complaints policy and procedures that were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. There was a lead GP to handle any clinical complaints. We saw information was available to help patients understand the complaints system such as posters and leaflets in the reception area.

The practice had recorded six complaints in the previous 12 months including where patients had made verbal complaints. We looked at two of these and found they had been dealt with in a timely and open manner. However, we noted that there was no evidence of any actions being taken to ensure the issues raised in the complaints did not reoccur.

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 aim was "to provide a high quality service with dignity and respect for patients, their families and carers". The practice statement said "This is essential to the way we work especially for those with chronic health problems or terminal illness. We ask all patients to highlight any concerns so that we can reflect and learn from them. We believe in "life-long learning" and all the health professionals here and administrative staff, undergo regular appraisal where learning and development needs are identified." These were clearly displayed and embedded in the practice during our inspection.

The practice did not have a documented succession plan for the practice to include such eventualities as the retirement of GPs.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the mission statement and good quality care. This outlined the structures and procedures in place and ensured that:

- The staffing structure was not always clear and the rotas were not embedded.
- Practice specific policies were implemented and were available to all staff. However, the practice did not have policies for events such as incident reporting and risk assessment. We found the practice wasn't following some of its polices such as the induction policy and procedure.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, some audits such as the infection control audit had not been undertaken.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always adequate; for example, the practice did not identify, record and manage risks to ensure the Control of Substances Hazardous to Health (COSHH) regulations were being adhered to and there was no risk assessment for the building.

Leadership and culture

Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of, and had systems in place to ensure compliance with the requirements of the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported and were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received and submitted proposals for improvements to the practice management team.
- We received feedback from a member of the patient participation group (PPG). The PPG had struggled to recruit members but had recently gained a number of new members. The PPG met every two months and some participated via emails. The PPG had worked with the practice to reduce the number of patients that did not attend their appointments.

Are services well-led?

Requires improvement

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

- The practice had gathered feedback from staff through staff meetings and clinical sessions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- The practice was working with the local area teams and the CCG on a number of transformation programmes which were in the pilot phase. One pilot was called "primary care outreach team or PCOT" and was running for three months which was to review high risk patients with a view to reducing morbidity and improving outcomes.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered provider was failing to meet the legal requirements and did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of systems and processes in place to assess monitor and improve risks associated with the practice. There was no clear process to ensure significant events were documented and managed. Policies and procedures did not reflect the actual practice and were not available for all the processes required.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found the registered person did not operate an effective system to provide support, training, professional development, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Requirement notices

The practice did not adhere to its recruitment policy and we found gaps in the required information to demonstrate safe and effective recruitment of staff