

The Alma Partnership

Quality Report

Alma Medical Centre
31 Alma Road,
Winton,
Bournemouth,
Dorset
BH9 1BP

Tel: Tel: 01202 519311

Website: www.almapartnership.co.uk

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Alma Partnership on 22 September 2015. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were average for the locality and the practice generated reports to improve outcomes for people. For example, the practice generated a report of patients who had not requested a repeat prescription in over 40 days so that they could be contacted.
- Patients said they were treated with compassion, dignity and respect.

- Information about services was available and the practice had a carer's lead that was very proactive in supporting patients who were carers.
- Whilst routine appointments were not easily available due to a shortage of GPs urgent appointments were available on the day they were requested.
- The practice had a number of policies and procedures to govern activity and all had been reviewed within the past six months.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Data from the Quality and Outcomes Framework (QOF) identified that the practice had achieved 96% of the total points available compared to the National average of 94.2%

The areas where the provider must make improvements are:

- Ensure that infection control procedures and systems are in place and include action plans following audit.
- Ensure that all equipment is tested and calibrated.

Summary of findings

- Review fire safety information to ensure that it is consistent and appropriate and ensure that emergency lighting is tested and ensure that cupboards are locked where they may present a risk to patients and staff.
- Ensure that emergency medicines are available to all staff conducting home visits.
- Ensure that computer SMART cards are securely stored at all times.

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Improve the procedures to ensure that all test results are recorded as reviewed in a timely manner.
- Ensure that DBS risk assessments includes all staff roles.
- Improve access for patients in wheelchairs by ensuring that hand hygiene facilities and toilet chains are accessible and in reach.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were investigated and lessons learned were communicated.
- The practice was clean and tidy but we found that some aspects of infection control were not in place to ensure the safety of patients.
- Although risks to patients who used services were assessed and managed, some risks had not been consistently managed, for example, risks relating to recruitment checks and fire safety.
- The practice had systems in place to manage business continuity.
- Some patient information was not protected and we saw that some staff did not keep their computer SMART cards in a secure place when they were not in use.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and staff were supported to undertake training that was appropriate to their role.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients the practice in line with others for most aspects of care.
- Patients that we spoke with 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.

Good



Summary of findings

- We also saw that staff treated patients with kindness and respect and patients who had been bereaved told us that they had been well supported by the practice. The practice also had systems in place to support patients who were carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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. For example, the practice provided leg ulcer clinics to prevent patients having to travel to the local hospital for treatment.
- Patients said they found it did not always find it easy to make an appointment with a named GP but urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice was accessible to people in wheelchairs but their needs had not been fully considered. For example, the patient toilet was wheelchair accessible but the hand towel dispensers were not within easy reach.
- 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?

The practice is rated as good for being well-led.

Good



- It 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.
- 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 regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However some systems had not been consistently updated to mitigate risk such as recruitment checks.
- The practice had systems in place for knowing about notifiable safety incidents and learning outcomes were shared with staff.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and the practice had completed a PPG reported in which it has set key priorities for improvement and had taken action to complete them.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks to patients over the age of 75 on request.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages but patients from the PPG told us that flu vaccination clinics were available, accessible and very efficient. .

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice generated reports to identify patients who needed to be reviewed and cross referenced them to identify patients who needed more than one review. These were then completed as one appointment.
- Performance indicators for patients with diabetes were in line with national averages.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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 failed to attend for hospital appointments and immunisations.

Good



Summary of findings

- Children and young people were treated in an age-appropriate way and were recognised as individuals. Health promotion advice for young people was available.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 80.41% compared to the national average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had links with a local children's centre.
- We saw good examples of joint working with midwives, health visitors and school nurses with multi-disciplinary team meetings held.

Working age people (including those recently retired and students)

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

- 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 offered health checks for patients aged 40-74 and were trialling a template to record the results of these checks.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and it offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations and signposted patients, including those who were homeless to services such as substance misuse service.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was better than the national average. The percentage of patient 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 90.83% compared to the national average of 86.04%.
- The dementia diagnosis rate was below the national average. The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 74.19% compared to the national average of 83.82%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 4 July 2015 for the period July to September 2014 and January to March 2015. The results showed the practice was performing predominantly in line with local and national averages. 335 survey forms were distributed and 98 were returned.

- 86.1% found it easy to get through to this surgery by phone compared to a CCG average of 85.3% and a national average of 74.4%.
- 89.7% found the receptionists at this surgery helpful (CCG average 89.8%, national average 86.9%).
- 88.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89.7%, national average 85.4%).
- 91.1% said the last appointment they got was convenient (CCG average 94.2%, national average 91.8%).
- 73.9% described their experience of making an appointment as good (CCG average 82.3%, national average 73.8%).
- 60.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68.3%, national average 65.2%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 20 comment cards which were all positive about the standard of care received. Patients indicated that they were happy with the service received and commented on the friendly professional service provided by staff. Four patients commented that whilst the service was good it was sometimes difficult to get an appointment with their named GP.

We reviewed data from the friends and family test for May and June 2015. Out of 37 patients that completed the survey 29 (79%) said that they would be likely or extremely likely to recommend the surgery to friends and family. 6 patients (16%) said that they would be neither likely or unlikely to recommend the surgery and 2 patients (5%) said that they did not know.

We spoke with 5 patients and eleven representatives of the patient participation group during the inspection. All of the patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However some patients did comment that they found it difficult to access routine appointments and that appointments did not always run to time but they could always obtain appointment if they felt that the need was urgent.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that infection control procedures and systems are in place and include action plans following audit.
- Ensure that all equipment is tested and calibrated.
- Review fire safety information to ensure that it is consistent and appropriate and ensure that emergency lighting is tested and ensure that cupboards are locked where they may present a risk to patients and staff.
- Ensure that emergency medicines are available to all staff conducting home visits.

- Ensure that computer SMART cards are securely stored at all times.

Action the service **SHOULD** take to improve

- Improve the availability of non-urgent appointments.
- Improve the procedures to ensure that all test results are recorded as reviewed in a timely manner.
- Ensure that DBS risk assessments includes all staff roles.
- Improve access for patients in wheelchairs by ensuring that hand hygiene facilities and toilet chains are accessible and in reach.

The Alma Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector and a practice manager specialist advisor.

Background to The Alma Partnership

The Alma Partnership provides care and treatment to 9331 patients and is situated in a residential area of Bournemouth. The practice has four GP partners, one salaried GP and two GP registrars. The practice employs four nurses, a practice manager, deputy practice manager, administration and reception staff. Three GPs are female and two are male. The practice has nine consulting rooms and three treatment rooms. The building is also used by a chiropody service, family planning service and a psychosexual health service.

The practice is open between 8am and 12.30pm and between 2pm and 5.30pm Monday to Friday. Extended hours surgeries are offered on Wednesdays from 7.15am and until 7.30pm on Mondays and Tuesdays. The practice has a duty doctor who covers between 12.30pm and 2pm to meet urgent needs.

Out of hours care is provided by South West Ambulance Service and can be accessed using 111. The practice has a personal Medical Services Contract which is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice operates from one location only at 31 Alma Road, Winton, Bournemouth, Dorset, BH9 1BP.

Why we carried out this inspection

We inspected this service as part of our new 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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses and administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with family members.
- Reviewed the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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)

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.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and the final outcome was recorded on the significant events form. The spreadsheet used to record significant events indicated that ten significant events had been reviewed on 1 December 2014 and others had been reviewed on a quarterly basis.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, We reviewed an incident where a patient's test results were not available prior to treatment. The GP had discussed this with the patient and had taken additional precautionary measures to ensure that the treatment could continue. Previous events were reviewed at subsequent meetings to ensure that learning outcomes had been actioned.

When there were unintended or unexpected safety incidents and complaints, people 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 clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a separate lead member of staff for safeguarding adults and children and GP leads were identified using a board with their photograph on it. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Multi-disciplinary

team meetings were held to discuss safeguarding concerns. We reviewed minutes of a multi-disciplinary team meeting dated 9 July 2015 which recorded action taken with regard to supporting families who were at risk. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level 3 in protecting children and had received training in safeguarding vulnerable adults.

- Systems were in place to ensure that staff received alerts and safety information from other organisations. This information was cascaded to all staff using the e-mail system.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had a policy regarding the chaperoning of patients. There was a risk assessment in place that concluded that all administration staff who acted as chaperones were trained for the role should receive a disclosure and barring check (DBS check) and these checks had been completed. (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control policy in place that had been reviewed in August 2015 and staff had received up to date training. Annual infection control audits were undertaken but there were no action plans in place to address actions needed as a result of audits. There were hand hygiene instructions on soap dispensers in consulting rooms and toilets. Sharps boxes did not indicate the date that they had been opened. A cupboard in a corridor that was accessible to staff only was open and we found dirty instruments stored awaiting collection. There were no signs to identify to staff that these instruments were dirty and should not be touched without appropriate personal protective equipment. Consulting rooms were carpeted and carpets were cleaned on an annual basis.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). A named GP was the lead in prescribing. The practice carried out regular medicines audits to ensure prescribing was in

Are services safe?

line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. A separate report was generated to identify patients who had not requested repeat medication for over 40 days and these patients were contacted. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found that a staff member had also been given an additional role of safeguarding and processes officer and a further staff member had been employed prescribing technician and we found that there was no documented risk assessment for this role to identify whether the person needed any additional checks such as DBS checks.
- Computer SMART cards were not always securely stored and we noticed that some staff kept them in drawers in their consulting rooms, which were not always locked.

Monitoring risks to patients

Risks to patients were predominantly assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster available to provide information to staff. We reviewed Health and Safety audits that had been conducted annually and saw that action had been taken to address concerns identified. The practice had up to date fire risk assessments and carried out regular fire drills. Information about fire procedures was available to staff and patients but was not always consistent. We noted that one poster directed staff to use fire extinguishers and did not indicate that staff must be trained in their use, however staff had received fire safety training.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, where GPs were using their own equipment some equipment had not been tested and maintained. Fire safety procedures were regularly tested and a record of tests was maintained but the last emergency lighting

test was completed in 2013 and was therefore overdue testing. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as asbestos and legionella. We noticed that a cupboard door had been left open and it had a sign on it that said danger 240volts.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and locums were used to provide additional GP cover when required. There was a system in place for different staffing groups to ensure that enough staff were on duty. Staff covered each other during periods of absence such as holidays.

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 and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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. However we found that not all GPs had access to emergency drugs in their personal bags when they were conducting home visits but we were told that they were moving towards a single emergency bag system.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed and updated in March 2015 and included emergency contact numbers for key service providers such as electricity, gas, water and information technology as well as a list of contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to 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 were 96% of the total number of points available, with 9.9% exception reporting. The practice had a system where it held a list of all patients who were part of exception reporting and a dedicated member of staff generated reports to review and improve performance against targets. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/ 2014 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The percentage of patients with diabetes, on the register, who have a record of an albumin: creatine ratio test in the preceding 12 months was 82.04% compared to the national average of 85.94% and the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87.86% compared to the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was slightly lower than the national average. The percentage of patients with

hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 79.86% compared to the national average of 83.11%.

- Performance for mental health related indicators was better than the national average. The percentage of patient 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 90.83% compared to the national average of 86.04%.
- The dementia diagnosis rate was below the national average. The percentage of patients diagnosed with dementia whose care plan had been reviewed in a face to face review in the preceding 12 months was 74.19% compared to the national average of 83.82%.

There were limited clinical audits available on the day of the inspection but they demonstrated quality improvement.

- We reviewed three clinical audits that had been completed in the last two years and saw on the notice board that a further two clinical audits were ongoing.
- Findings were used by the practice to improve services. For example, we reviewed a medicines audit that had identified a further need to review medication records for patients who are discharged from hospital. However the audit identified that the hospital discharge summary is also required at the same time to make a full assessment of the patients medication needs. The audit findings have been submitted to the hospital in order to assist in driving improvements.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, equality and diversity, infection prevention and control, fire safety, health and safety and confidentiality. Locum GPs were supported with a specific locum pack that contained information about the practice and who they needed to speak to for support in specific areas such as safeguarding and referrals to other services.
- Practice staff had lead roles in key areas such as diabetes and asthma. The practice could demonstrate

Are services effective?

(for example, treatment is effective)

how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. GP registrars were supported in training by named mentors.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. However we identified that five blood test results had not been logged as reviewed for over a week. We were told that these had been reviewed by a GP but had not been marked as read.
- Information such as NHS patient information leaflets were available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. Care plans that were in place for those patients who were vulnerable were shared with out of hours services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

are discharged from hospital. Patients who were referred to hospital urgently using the two week referral process had their referral tracked to ensure that they had received an appointment.

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 and had completed on line training in the Mental Capacity Act 2005. Staff provided examples of how they had supported patients to make decisions regarding their and of life care and do not resuscitate.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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 conditions and those requiring advice on their diet, smoking and alcohol cessation and patients who required mental health support. Patients were then signposted to the relevant service.
- Smoking cessation and dietary advice was available on the premises and patients could be referred to a healthy choices group, which is a healthy living intervention supported by Public Health England. Patients could also be given a leaflet called "Eating Well" to support them to make healthy food choices.

Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 80.41%, which was comparable to the national average of 81.88%. We were given a copy of a survey that had been undertaken to obtain feedback from patients about their preferred appointment time for cervical screening. 26 patients responded and 69% said that their preferred time was in the evening. An extended hour's clinic was put in place from 6.30pm to 7.30pm on a Tuesday evening.
- Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from

42.9% to 97.6% and five year olds from 88.4% to 97.7%. Flu vaccination rates for the over 65s were 67.71%, and at risk groups 45.48%. These were slightly below national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 20 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However four patients commented that it was sometimes difficult to get an appointment with a named GP.

We also spoke with 11 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Members of the group highlighted that they had received exceptional support after bereavement and that had been supported to manage their long term conditions. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was predominantly in line with CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.2% said the GP was good at listening to them compared to the CCG average of 91.9% and national average of 88.6%.
- 80.3% said the GP gave them enough time (CCG average 89.9%, national average 86.8%).

- 94.1% said they had confidence and trust in the last GP they saw (CCG average 96.9%, national average 95.3%)
- 88.6% said the last GP they spoke to was good at treating them with care and concern (CCG average 89.2%, national average 85.1%).
- 89.5% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92.3%, national average 90.4%).
- 89.7% said they found the receptionists at the practice helpful (CCG average 89.8%, national average 86.9%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 patients responded slightly less positively to questions about their involvement in planning and making decisions about their care and treatment. Results were just below local and national averages. However patients that we spoke with said that they felt involved in decisions about their care. For example:

- 84.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.3%.
- 74.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 86.1%, national average 81.5%)

Staff told us that translation services were available for patients who did not have English as a first language. GPs used language line and an appraisals for one staff member indicated that they had used an online translation service to assist in translation. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients who required support were referred to services such as "Steps to Well-being".

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had a separate list of patients who were carers. Written information was available to direct carers to the various avenues of support available to them. The carers' folder had a picture of the named lead for carers and contained cards that patients who were carers could complete to identify if they required additional support. The carers lead phoned patients on the carers list to check whether they needed any additional support.

Two patients from the Patient Participation Group told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation and advice on how to find a support service. They identified that the practice had been extremely supportive following their bereavements. Practice staff also confirmed that a protocol was in place that included the named GP contacting the bereaved family to offer additional support.

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 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.

- The practice offered extended hours on Wednesday morning from 7.15am and on Monday and Tuesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability. Patients with learning disabilities were invited for an annual review and if they could not attend the surgery then a home visit would be arranged to review their care. A questionnaire had been created as a template to obtain information from patients with learning disabilities.
- Home visits were available for older patients and patients who would benefit from these.
- A palliative care template had been put in place to record and coordinate the care provided to patients receiving end of life care.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had a diverse population with patients from thirty different ethnic groups and there were disabled facilities, hearing loop and translation services available and the practice planned to install a lift to improve access. However we noticed that in some toilets that were wheelchair accessible the toilet chain and towel dispensers were placed at a high level and would not be accessible to people in wheelchairs.
- The practice provided additional services such as leg ulcer clinics to prevent patients having to travel to the local hospital.
- The practice maintained registers of patients who were vulnerable such as older people who needed additional support and care plans were in place. Multi-disciplinary team meetings were held to discuss the care provided to patients who were vulnerable. GPs contacted patients who had been discharged from hospital to discuss whether there were any remedial factors that could have led to their admission.
- The practice had a higher than average number of patients with mental health needs and performance for

mental health related indicators was better than the national average. The percentage of patient 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 90.83% compared to the national average of 86.04%.

- Patients were supported to attend substance misuse services and if patients were homeless they would be registered as temporary residents using the practice address so that they could access care.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had links with a local children's centre. We saw good examples of joint working with midwives, health visitors and school nurses with multi-disciplinary team meetings were held.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2.30pm to 5.30pm daily. Extended hours surgeries were offered at the following times on Monday and Tuesday until 7.30pm and on Wednesday mornings from 7.15am. In addition to pre-bookable appointments urgent appointments were also available for people that needed them. The practice had introduced a telephone triage system and telephone consultations to help to improve access to GP. Patients who could not attend the surgery were visited at home by a GP. A nurse led extended hours service was available on a Tuesday evening to carry out reviews and if patients needed more than one review these were grouped together and completed during one appointment.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was sometimes lower than local averages but comparable to national averages. People told us on the day that they were able to get appointments when they needed them but that it was sometimes difficult to access routine appointments.

- 74.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.8% and national average of 75.7%.

Are services responsive to people's needs?

(for example, to feedback?)

- 86.1% patients said they could get through easily to the surgery by phone (CCG average 85.3%, national average 74.4%).
- 73.9% patients described their experience of making an appointment as good (CCG average 82.3%, national average 73.8%).
- 60.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68.3%, national average 65.2%).

Data from the friends and family test for the May and June 2015 indicated that 37 people completed the survey and that six patients commented negatively about the practice. Some patients indicated that it was difficult to get an appointment with a doctor and there was a long wait for appointments. However, other patients indicated that they could obtain a telephone consultation and be seen on the same day if their need was urgent. The practice had vacancies for two GPs and was using locum GPs whilst it was trying to recruit permanent staff. A duty GP was available to deal with emergency appointments and two GPs were available to deal with emergencies on a Monday. A patient contacted the practice with an emergency at 11.20 and was offered an appointment at 11.40 the same day. However we were told that routine appointments were fully booked for the first two weeks in October and that further appointments would be released in due course. Patients who requested appointments were all being seen by the duty GP until more routine appointments were available.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and the practice website advised patients to book an appointment to discuss their concerns in person.

We looked at 31 complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way and that there was openness and transparency with dealing with the complaint. The complaints record included all complaints, including those that were dealt with over the telephone. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we reviewed a complaint where a patient had been given conflicting information about their test results. The patient was offered an appointment to discuss the incident and received a timely apology and prompt follow-up care. The GP was also informed about the incident in writing and lessons learned were identified. Complaints were discussed at individual team meetings and partners meetings.

Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. This was supported by a Statement of Purpose.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff on the practice computer system. All policies had been reviewed and updated in the six months prior to our inspection.
- Staff had a comprehensive understanding of the performance of the practice and used reports to identify areas where improvements could be made.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions but these were not always robust and some fire signage was inconsistent and some recruitment risks assessments had not been fully documented.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and had systems in place to identify learning outcomes from reportable incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 that the practice held regular team meetings. The practice was divided into two teams and each team met on a monthly basis. However the practice did not meet as a whole team.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. A member of staff discussed the changes that they had proposed and how they generated reports to optimise efficiency. They were supported and encouraged to do this and their work was utilised.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis as well as a virtual PPG. We met with members of the PPG who told us that the practice had changed the layout of the waiting room in response to feedback and that they were kept up to date with events and changes using newsletters.
- The last PPG report dated 28 March 2015. The report identified four priorities including upgrading the current telephone system, managing a delay in allowing

Are services well-led?

Good 

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

patients to book appointments in advance, publicising the availability of extended hours clinics and purchasing a more secure post box. The practice responded to the priorities identified.

- The practice had also gathered feedback from staff through meetings, supervision and appraisals. Staff were divided into two teams and each team had a separate team meeting. 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 and that management were proactive in facilitating change.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice had responded to a complaint regarding a medication error by providing further training in this area to the member of staff concerned. The practice team was forward thinking and part of a group of practices that had federated to improve access to services. Two GPs had attended a group meeting on maternity and reproductive healthcare that was organised by the clinical commissioning group (CCG) and other GPs represented the practice at relevant CCG meetings.

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 Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>1.Care and treatment must be provided in a safe way for service users.</p> <p>2.Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include—</p> <p>a. assessing the risks to the health and safety of service users of receiving the care or treatment;</p> <p>b. doing all that is reasonably practicable to mitigate any such risks;</p> <p>e. ensuring that the equipment used by the service provider for providing care or treatment to a service user is safe for such use and is used in a safe way;</p> <p>f. where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;</p> <p>h. assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated;</p> <p>Regulation12: Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider was not meeting the requirements of The Health and Social Care Act 2008 Code of Practice for prevention and control of infections and related guidance.• Equipment such as personal equipment for use on patients was not tested and calibrated.• Fire safety information was not consistent and appropriate to minimise the risk of harm to patients and staff.

This section is primarily information for the provider

Requirement notices

- Emergency lighting was not tested and cupboards were not locked where they may present a risk to patients and staff.
- GPs did not have emergency medicines available when conducting home visits.