

Berrymead Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Berrymead Medical Centre on 13 September 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events. Safety alerts were received and acted upon.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Feedback from patients indicated they had difficulty getting through to the practice by telephone and sometimes appointments were hard to get.
- The practice sought feedback from staff and patients, which it acted on.
 - Staff were supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.
- Improvements were needed to ensure the safe storage of prescription pads
- Improvements were needed to governance systems and processes to ensure that health and safety risks to patients were assessed, monitored and mitigated.

Summary of findings

- Improvements were needed to governance systems and processes to ensure that the quality of services was assessed, monitored and improved.

The areas where the provider must improve are:

- The provider must ensure that all prescription pads are stored securely.
- The provider must ensure that health and safety policies and procedures are implemented and are regularly reviewed and updated according to legislation and national guidance. Ensure that electrical installation safety tests and fire safety drills are carried out.
- The provider must ensure that risks are assessed, monitored and mitigated including health and safety, environmental, fire, lone working, management of unforeseen circumstances (business continuity) and Legionella.
- The provider must ensure their audit and governance systems remain effective

The areas where the provider should make improvement are:

- Review and improve access to appointments and the telephone system.
- Review staff recruitment records to include documenting interviews and inductions undertaken.
- Review the cleaning and disinfection of medical equipment and clinical rooms to include a documented schedule that is monitored.
- Review complaints and significant events periodically in order to identify themes and trends.
- Review clinical audit arrangements to include an audit programme based on national and local priorities to demonstrate quality improvement and ensure audits undertaken are meaningful and relevant to the needs of the practice.

We saw one area of outstanding practice:

- The practice had identified a substantial number of their patients as being carers and had registered them as such so that care and services could be provided taking into account their caring responsibilities.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to safeguard patients from abuse. However policies and procedures were in need of updating to reflect national guidance and legislation.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. Risks to the health, safety and welfare to patients, staff and others were not assessed, managed or mitigated. For example, there were no health and safety policies in place and no risk assessments undertaken in order to mitigate any risks identified. Fire safety drills and electrical safety tests were not undertaken.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed outcomes for patients were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Audits were undertaken however some of the audits did not demonstrate quality improvement and improvement in patient care and outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice around average and higher than others for some aspects of care. For example, 91% of respondents to the survey said the last GP they saw or spoke to was good at treating them with care and concern (compared to a national average of 85% and local CCG average of 86%).
- 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 provided was available and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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. For example in dementia and elderly care and the care of those at risk of unplanned admissions to hospital.
- Feedback from patients told us it was difficult to get through to the practice on the telephone and when they did get through appointments were difficult to get. The practice was continually reviewing systems in order to try to improve access.
- Information about how to complain was available and in a format patients understood. The practice responded quickly to issues raised.

Good



Are services well-led?

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

- The practice had an ethos to provide high quality care and services. Staff were clear about their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by the partners and management. However there was no evidence of business and strategy planning which included succession planning.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Requires improvement



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group worked with the practice to improve services and patient outcomes.
- There was a lack of robust systems and processes in place to monitor and improve quality, including audits and to identify, assess and mitigate risks, including health and safety risks.
- The practice had a number of policies and procedures to govern activity, but some of these were in need of review and updating to reflect current guidance and legislation and to ensure that they were specific to the practice.
- Practice meetings were held however these could be improved in order to promote good governance and dissemination of information and learning to include all staff.
- There was a lack of focus on continuous learning and improvement at all levels within the practice. The practice did not regularly review and seek to improve their governance and audit processes and systems.

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 requires improvement for the care of older people. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

- The practice had an elderly population around the national and local clinical commissioning group (CCG) average number of elderly patients with 15% of patients over the age of 65. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, avoiding unplanned hospital admissions, dementia screening and care planning, care home support and end of life care.
- The practice was responsive to the needs of older people and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were around average. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 88% and slightly higher than the CCG and national average. The percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 97% and around the CCG and national average.
- All the older patients had a named GP who co-ordinated their care.

The practice had a GP lead for elderly care who liaised with the local elderly care network in caring for patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- Performance indicators for patients with long term conditions were around or above the CCG and National average. For example:

The percentage of patients on the diabetes register, who had an influenza immunisation in the preceding 1 August to 31 March (2014/2015) was 98%. The CCG average was 96% and the national average was 94%.

The percentage of patients with cardio pulmonary obstructive disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was comparable to other practices at 90%.

- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement in the safe and well led domain overall affected all patients including this population group.

- 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 or who did not attend appointments, vulnerable children and their families.
- Immunisation rates were around average for all standard childhood immunisations with immunisations uptake for all children aged five and under around 89%.
- 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 recorded that a cervical screening test had been performed in the preceding five years was around the national average at 83%.
- Appointments were available outside of school hours.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- For example, it offered online booking of appointments and offered evening appointments and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and all children.
- It offered extended hours on alternate Saturday mornings.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old and cervical cancer screening.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

- The practice held a register of, and cared for patients living in vulnerable circumstances including homeless people, those who misused substances or alcohol and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement in the safe and well led domain affected all patients including this population group.

- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which is around the national average
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Counselling support services were available in-house.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages, 277 survey forms were distributed and 111 were returned (40% completion rate). This represented 1.3% of the practice's patient list. Results showed for example;

- 65% of respondents with a preferred GP usually got to see or speak to that GP compared to the national average of 59% and local CCG average of 58%.
- 92 % of respondents said the last GP they saw or spoke to was good at explaining tests and treatments compared to the national average and CCG average of 86%.
- 91% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared to the national average of 85% and CCG average of 86%.

However for some aspects of the survey the practice was performing below the national and local CCG averages. For example:

- 78% found the receptionists helpful compared to the national average of 87% and CCG average of 84%.
- 43% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 66%.
- 54% described their experience of making an appointment as good compared to the national average of 73% and CCG average of 70%.

The practice continually reviewed the appointment system and had made changes in order to improve access. A new telephone system was to be implemented in the next couple of weeks which the practice believed would improve telephone access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Comments told us patients found they received an excellent service, prompt appointments, staff who were responsive to their needs and treatment options were always explained. One comment indicated telephone access and getting an appointment was difficult.

We spoke with two patients during the inspection. They said they were satisfied with the care they received and thought staff were kind, caring and treated them with dignity and respect.

The practice took into account comments from the Friends and Family Test (FFT) and from the extended questions asked on the feedback forms. Comments included the issues of getting through to the practice by telephone and getting an appointment. However most patients completed the forms said staff were friendly and approachable, and they had confidence in the staff. (The NHS Friends and Family Test (FFT) was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way for patients to give views after receiving care or treatment across the NHS).

Areas for improvement

Action the service MUST take to improve

- The provider must ensure that all prescription pads are stored securely.
- The provider must ensure that health and safety policies and procedures are implemented and are

regularly reviewed and updated according to legislation and national guidance. Ensure that electrical installation safety tests and fire safety drills are carried out

Summary of findings

- The provider must ensure that risks are assessed, monitored and mitigated including health and safety, environmental, fire, lone working, management of unforeseen circumstances (business continuity) and Legionella.
 - The provider must ensure their audit and governance systems remain effective.
- Action the service SHOULD take to improve**
- Review and improve access to appointments and the telephone system.
 - Review staff recruitment records to include documenting interviews and inductions undertaken.
 - Review the cleaning and disinfection of medical equipment and clinical rooms to include a documented schedule that is monitored.
 - Review complaints and significant events periodically in order to identify themes and trends.
 - Review clinical audit arrangements to include an audit programme based on national and local priorities to demonstrate quality improvement and ensure audits undertaken are meaningful and relevant to the needs of the practice.

Outstanding practice

The practice had identified a substantial number of their patients as being carers and had registered them as such so that care and services could be provided taking into account their caring responsibilities.

Berrymead Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Berrymead Medical Centre

Berrymead Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 7900 patients living in St Helens and is situated across two purpose built medical centres. Patients can visit either of the medical centres and staff work across both sites. We visited one centre (Berrymead) on the day of inspection and spoke to staff and patients from across both sites. The practice has four male GPs, three female practice nurses, one healthcare assistant, administration and reception staff and a practice management team. Berrymead Medical Centre holds a Personal Medical Services (PMS) contract with NHS England.

The practice is open Monday - Friday 8.30am – 6.30pm. Extended hours services are provided on alternate Saturday mornings (8.30am – 12.30pm).

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of St Helen's Clinical Commissioning Group (CCG) and is situated in a deprived area which has challenges with medicines abuse. The practice population is made up of around average population groups with 21% of the population under 18 years old and 15% of the population aged over 65 years old. Sixty nine percent of the patient population has a long standing health condition and there is a higher than the national and CCG average number of unemployed patients. Life expectancy for both males and females is lower than the CCG and national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the GP out of hour's service provider (St Helens Rota) and NHS 111. Information regarding out of hours services was displayed in the practice information leaflet.

The practice website is currently not available. We were told a new website was under construction and would be available shortly.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 13 September 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, healthcare assistants, reception and administration staff and the practice management team).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service and spoke to two patients on the day.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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.

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 and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal and sometimes written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events however this did not include reviewing them annually to identify themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new procedures and protocols were implemented following a significant event at the practice involving a child patient.

Patient safety alerts were received by relevant staff and we saw evidence of action taken where relevant, for example checking of smear sample bottles in the case of recall.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. There were however areas that needed improvement.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies were in place, specific to the practice and these referred to the local authority's policies and procedures. However the practice specific policies had not been updated this year to reflect recent national guidance and legislation. Policies were accessible to all staff and 'what to do in

the event of concerns' flowcharts were displayed in clinical and non-clinical areas for reference. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated a good knowledge, understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Other clinical staff, such as nurses, were trained to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 told us that non clinical staff who were not trained did not act as chaperones.
- We observed the premises to be clean and tidy. Cleaning schedules were in place and monitored. The clinical staff cleaned and disinfected their equipment and work surfaces as needed; however they did not have a documented schedule in place. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice used and referred to the community infection control team's policies and supporting procedures. They did not have practice specific infection control policies and procedures in place. Staff received regular update training in infection control. An infection control audit had been undertaken by the community infection control team in July 2016. The practice achieved a high score of 99%.
- The practice did not have a Legionella survey or risk assessment that had been undertaken by a competent person, however they did have a regime for running water taps in order to minimise the risk. (Legionella is a bacterium which can contaminate water systems in buildings. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place).

Are services safe?

- The arrangements for managing vaccinations and other temperature sensitive medicines in the practice were safe. The medicine fridges were monitored to ensure medicines were stored within the correct temperature range and findings were documented. Staff monitoring the fridges were aware of the protocol to report any out of range temperatures and address any risks to medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We found that blank prescriptions were stored in an unlocked cupboard. Their use was not monitored with no audit trail of the prescriptions evident.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). However we found that interview records were not documented.
- Patient records were stored securely in fire retardant containers and in a locked room.

Monitoring risks to patients

Risks to patients were not assessed or well managed.

- Procedures for assessing, monitoring and managing risks to patient and staff safety were unsafe. There was no health and safety policy or procedures in place. The practice did have a health and safety poster in the staff room however this was not complete and did not identify local health and safety representatives. There were no environmental/workplace risk assessments in place. There was no evidence of an up to date fire risk assessment and the practice did not carry out regular

fire drills. There was no evidence of regular checking and testing of the fire alarm system, emergency lighting or an electrical safety certificate for the building. However portable electrical appliances had been checked on a regular basis.

- The practice lacked other risk assessments to monitor the safety of patients, staff and the premises such as lone worker and Legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GPs operated a buddy system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients. The practice told us they had not used any locum GPs; however, in the event of needing to, there was no provision for the safe recruitment of locum GPs.

Arrangements to deal with emergencies and major incidents

Improvements were needed to ensure 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 and panic button alarms which alerted staff to an 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. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff, were secure and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice did not have a business continuity plan or emergency contingency plan to manage unforeseen events or major incidents such as staffing shortages, power failure or building damage.

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 patients' needs.

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 99.8% of the total number of points available. Exception reporting was lower than average at 4.7% (9.3% for the CCG and 9.3% for England). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the national average. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88% compared to the national average of 78% and CCG average of 82%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the national average of 88% and CCG average of 82%.

- Performance for mental health related indicators was better than the national average. For example:

89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), national average 88% and CCG average of 93%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 88% compared to the national average of 84% and CCG average of 86%.

There was little evidence of quality improvement including clinical audit.

- There was no audit programme in place based on national and local priorities and relevant to the practice. There had been some clinical audits completed in the last two years; some of these were complete cycle audits where the improvements made were implemented and monitored. However a number of audits seen were not meaningful and did not fulfil the criteria for audit (audit being a quality improvement process that seeks to improve patient care and outcomes through systematic review of care and the implementation of change).
- Examples of audits seen included drugs fridge/cold chain monitoring, telephone triage system and cancer diagnosis review. These audits included discussions and actions around change of practices to improve outcomes. Medication audits were carried out in conjunction with the CCG medicines management team and demonstrated improvements for example, a reduction in the prescribing of solifenacin which is a medication used for overactive bladder

Effective staffing

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

- The practice had an induction programme for newly appointed staff. A new member of staff told us about their induction, however this was not documented. This covered such topics as safeguarding, infection prevention and control, and confidentiality and included a period of supervision/mentorship.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.

Are services effective?

(for example, treatment is effective)

- Clinical staff had a diverse range of skills and knowledge to respond to the needs of their patient population and this was reflected in the services they offered, for example, dermatology, joint injections and substance misuse.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 nurse meetings.
- 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 their learning needs and to cover the scope of their work. All staff had received an annual appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house face to face 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 plans, medical records and investigation and test results.
- 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 professionals 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, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice was able to signpost patients to local support groups for example, smoking cessation and obesity management.

The practice's uptake for the cervical screening programme was 74%, which was just above the CCG average of 73% and the same as the national average of 74%. There was a policy to offer reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 53% (national average 58%, CCG average 56%) and females (aged 50-70) screened for breast cancer in the last 36 months at 71% (national and CCG average 72%).

Are services effective? (for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 87% and five year olds were at 92%.

Saturday influenza vaccination clinics were held for patient convenience.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in most of the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However one of the nurses' rooms did not have screening or a curtain around the examination couch. The nurse described how they would maintain privacy and dignity in view of this, by locking the door to the consultation room.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, friendly, caring and treated them with dignity and respect.

We spoke with two patients on the day of inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national data for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 88% of patients said the GP gave them enough time. This was the same as the CCG average of 88% and just above the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were around local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

Are services caring?

- Information leaflets were available when requested in different formats.
- There was wheelchair access to the premises and disabled accessible toilet facilities were available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Patients were referred as necessary to local support groups.

The practice had identified and registered a large number of their patients as being carers. They had identified 644 patients as carers (8% of the practice list). The practice's computer system alerted staff if a patient was also a carer so that this could be taken into account when delivering care and services to these patients. Written information was available to direct carers to the various avenues of support available to them.

Patients who had suffered bereavement were identified on their record so that appropriate advice and care could be given if presenting or ringing for an appointment.

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 alternate Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning and/or developmental disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Local care and nursing home visits were undertaken proactively.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Travel vaccinations were available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open Monday - Friday 8.30am – 6.30pm and alternate Saturday mornings 8.30am – 12.30pm.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey (published July 2016) and feedback from patients we spoke to on the day indicated that patients' satisfaction with getting through to the practice by telephone and getting an appointment was below local and national averages. For example:

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.

- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 66% and the national average of 73%.

In response to this feedback the practice were continually reviewing appointment access and had made changes to improve the service such as introduction of a nurse triage system, appointment of a nurse prescriber and the proposed introduction of a new telephone system.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by a telephone triage system. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 for example a specific complaint information leaflet was available at reception.

We looked at complaints received in the last 12 months and found these were dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints. However there was no review of complaints annually or more frequently in order to identify and learn from themes and trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

- The practice had a statement of purpose which outlined its aims and objectives. However we noted that the statement of purpose and aims and objectives of the practice were not publicised for patients. The practice had an ethos to provide high quality care and services and staff were clear about their responsibilities in relation to it.
- There was no evidence of business planning or a practice strategy which included succession planning. There were no plans in place to cover unforeseen absences, for example there were no recruitment procedures in place for locum GPs.

Governance arrangements

- There was a clear staffing structure with clinical staff taking lead roles and staff were aware of their own roles and responsibilities.
- A range of practice policies and procedures were in place. Some policies and procedures such as the safeguarding policy were in need of review to ensure they met local, national and professional guidance. Some policies such as the infection control policies and procedures needed localising to ensure they were specific to, and reflected the practice's needs.
- The practice held regular clinical meetings at which some governance issues were discussed, however these were not attended by all the practice staff. Information in relation to quality and safety was not widely disseminated to non-clinical staff.
- Clinical audits were undertaken, however these varied in quality with only a small amount being meaningful audits demonstrating improved outcomes. There was no evidence of an audit programme based on local and national priorities and relevant to the needs of the practice.
- The practice lacked systems and processes for identifying, recording and managing risks relating to the health and safety of patients, public and staff.

Leadership and culture

There was a leadership structure in place and staff felt supported by the partners and management. Staff told us the partners and management were visible, 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). This included support training for all staff on communicating with patients, complaints and significant events. 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 reasonable support, truthful information and a written apology
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at appraisals and meetings.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had an active patient participation group (PPG) and worked with them exchanging information and sharing lessons when things went wrong.
- The practice had gathered feedback from patients through comments and suggestions, Friends and Family test results with extended internal questions added and through complaints. The practice also took into account feedback from the national patient survey and acted upon results for example in trying to improve access to the practice by telephone and access to appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was limited evidence of a focus on continuous learning and improvement at all levels within the practice.

Are services well-led?

Requires improvement 

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

The practice did not regularly review and seek to improve their governance and audit processes and systems.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not assess, monitor, manage and mitigate risks to the health and safety of patients, public and staff.</p> <p>They had failed to identify the associated risks by the lack of health and safety policies procedures, systems and processes.</p> <p>The registered person did not ensure the safety of premises by ensuring electrical and fire safety systems were operated in accordance with statutory regulations and national guidance.</p> <p>They did not ensure risks were minimised by having processes in place and being able to respond to and manage major unforeseen incidents.</p> <p>Blank prescription pads were not stored securely</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (d) (e) (g) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor, manage and mitigate the risks relating to the health, safety and welfare of patients and others.</p> <p>The provider did not have effective systems in place to ensure their audit and governance systems remained effective.</p> <p>This was in breach of regulation 17 (1), (2), (b), (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>