

The Surgery - Foden Street

Quality Report

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Date of inspection visit: 23/11/2015

Date of publication: 28/01/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to The Surgery - Foden Street	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Surgery – Foden Street on 23 November 2015. Overall the practice is rated as requires improvement

Our key findings were as follows:

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
 - Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
 - The practice did not undertake all of the necessary checks required when recruiting staff.
 - Staff assessed the risks of infection control, although had not always acted on the risks identified.

- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure recruitment checks for staff meet legislative requirements.
- Implement a consistent and effective system to receive and act on medicines alerts.
- Mitigate the risks identified in infection prevention and control audits.
- Implement a system to detail and record the checks undertaken on emergency equipment.
- Ensure that accurate records are kept of staff members' suitability for employment and have oversight of the training they have undertaken.
- Provide all staff with appraisals.
- Review the policies and procedures in use, to ensure they are up to date and reflect the environment in which they operate.

In addition the provider should:

Summary of findings

- Follow a consistent method of recording the stages of reporting, investigating and learning from significant events.
- Provide all staff with training in safeguarding vulnerable adults
- Review the computerised records of children identified at increased risk of harm to ensure they contain relevant and up to date information about safeguarding concerns.
- Consider the implementation of guidance issued by Public Health England on the storage of vaccines. In particular consideration of ensuring power to the vaccine fridge is not accidentally interrupted.
- Improve storage and handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Ensure that patients, visitors and staff are protected from the risk of water borne infection by means of completing a legionella risk assessment.
- Improve the availability of emergency medicine to include medicines to treat prolonged convulsions (fitting).
- Promote the availability of national cancer screening programmes.
- Improve the availability of appointments with a practice nurse.
- Consider the introduction of online booking of appointments.

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 safe services as there are areas where it must make improvements.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Although the practice investigated and learnt from incidents and near misses they did not always use a consistent method of recording the outcomes.
- The practice had not met legislative requirements by undertaking all of the necessary background checks when recruiting staff.
- The practice had a number of policies to govern activities and minimise risk. We saw examples of policies that had not been adapted to meet the needs of the practice. There were also examples of when policies had not been followed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Governance at the practice was mixed, we saw positive examples in clinical areas of the practice although the governance for processes designed to keep patients, staff and visitors safe was not robust. For example:

- The practice had improved performance in the Quality and Outcomes Framework from below average in 2013/14 to above average in 2014/15.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- Policies in place to promote safety had not been followed.
- Regular clinical and staff meetings were held to discuss care and treatment for patients, actions were tasked and the results recorded.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safety and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.

Requires improvement



People with long term conditions

The practice was rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safety and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the diabetes related indicators was better than the CCG and national averages. For example, 79% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines 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.

Requires improvement



Summary of findings

Families, children and young people

The practice was rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safety and for well-led services. The concerns which led to these ratings apply to everyone using the practice, 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76.1% which was lower than the CCG average of 79.9% and the national average of 81.8%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safety and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive a full range of health promotion and screening that reflects the needs for this age group.
- Patients could order repeat prescriptions online, although they could not book appointments online.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safety and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- The practice kept a register of patients with a learning disability and had performed a recent audit in providing reviews for these patients.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- Clinical 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 was rated as good for effective, caring and responsive services overall and this includes for this population group. The practice was rated as requires improvement for safety and for well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 83.3% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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

We spoke with six patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 19 completed cards which were all positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

The results from the GP national patient survey published in July 2015 showed patients were mainly satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 88.2% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 85% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 95.2% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.

Results in how patients felt about their interactions with the practice nurses were marginally below local and national averages. For example:

- 86.6% said that the nurse was good at giving them enough time compared to the CCG average of 93.3% and national average of 91.9%.

The survey results in relation to access to the practice were positive:

- 81.2% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 96.8% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 63% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.
- 80.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.

Patient feedback showed that most patients were happy with contacting the practice, availability and the timeliness of appointments. Two patients of working age told us they felt it could be difficult to book a planned appointment that fitted around their work life.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment checks for staff meet legislative requirements.
- Implement a consistent and effective system to receive and act on medicines alerts.
- Mitigate the risks identified in infection prevention and control audits.
- Implement a system to detail and record the checks undertaken on emergency equipment.
- Ensure that accurate records are kept of staff members' suitability for employment and have oversight of the training they have undertaken.
- Provide all staff with appraisals.

- Review the policies and procedures in use, to ensure they are up to date and reflect the environment in which they operate.

Action the service **SHOULD** take to improve

- Follow a consistent method of recording the stages of reporting, investigating and learning from significant events.
- Provide all staff with training in safeguarding vulnerable adults
- Review the computerised records of children identified at increased risk of harm to ensure they contain relevant and up to date information about safeguarding concerns.

Summary of findings

- Consider the implementation of guidance issued by Public Health England on the storage of vaccines. In particular consideration of ensuring power to the vaccine fridge is not accidentally interrupted.
- Improve storage and handling of blank prescription forms to reflect nationally accepted guidance as detailed in NHS Protect Security of prescription forms guidance.
- Ensure that patients, visitors and staff are protected from the risk of water borne infection by means of completing a legionella risk assessment.
- Improve the availability of emergency medicine to include medicines to treat prolonged convulsions (fitting).
- Promote the availability of national cancer screening programmes.
- Improve the availability of appointments with a practice nurse.
- Consider the introduction of online booking of appointments.

The Surgery - Foden Street

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to The Surgery - Foden Street

The Surgery – Foden Street is registered with the Care Quality Commission (CQC) as a partnership provider.

The locality has a higher level of deprivation when compared with the national average. The practice has a higher number of patients with a long-term health condition with 62.2% of patients in this category; the national average is 54%.

The practice is open from 8am to 6pm on Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times the reception desk and telephone lines were always staffed. Patients could book appointments in person and by telephone

The practice clinical team consists of two GPs (one male, one female) both work full time hours, two practice nurses (WTE 1.03) are employed, although one has been on long-term leave for a number of months. The practice administrative and reception team is overseen by the practice manager, assistant practice manager and contains

seven administrators or receptionists. A care co-ordinator is employed by the practice on a part time basis to proactively review the care provided to patients over 65 and those who have attended accident and emergency.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

Why we carried out this inspection

We carried out the inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

- Older people

Detailed findings

- 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey.

During the inspection we spoke with members of staff including GPs, the practice manager, assistant practice manager and administrative staff. The practice nurse was not available at the time of inspection and was contacted by a member of our team before the inspection.

Are services safe?

Our findings

Safe track record and learning

The practice had used a system since 2011, to record and investigate significant events.

- Staff we spoke with were aware of their individual responsibility to raise incidents with the practice manager or GPs.
- We saw that although the practice demonstrated they were raising, investigating and learning from significant events they were not always recording the events using the format as detailed in the practice significant event policy. All of the five significant events raised in the previous 12 months had been recorded on the clinical commissioning group's (CCG) patient safety and risk management computer system, although had not been recorded within the practice as detailed in their own policy.
- An example of learning from a significant event was shared with us. The practice investigated a complaint from patient about referral to hospital. Investigation showed the correct referral process had been followed by the clinician, although local criteria meant the referral could not be accepted. An apology was made to the patient and staff discussed the referral criteria as a team, this would help prevent the same event occurring again.
- Significant events were discussed within practice meetings and staff were able to give us examples of previous significant events raised.

Reliable safety systems and processes including safeguarding

The practice had policies in place for safeguarding children and vulnerable adults for staff to refer to. The policy for safeguarding children indicated a review date of February 2015. Contact details for local safeguarding referral teams were displayed at numerous points within the practice and staff knew their location. All staff had received appropriate safeguarding training in safeguarding children. For example, the GPs had received training to level three as suggested in guidance by the Royal College of Paediatrics and Child Health on safeguarding children and young people (March 2014). Staff demonstrated awareness of how to safeguard vulnerable adults, although the clinical staff had not had formal training.

Children at risk of increased risk of harm, including those subject to child protection plans had computerised alerts placed on their records. This was to make the treating clinician aware of the concerns. We reviewed one example and saw that an alert had been removed. The information on why the alert had been removed was not contained within the computerised record. We spoke with the practice team about this. A GP knew about the circumstances of this particular alert and was able to assure us that this action had been appropriate.

The practice nurse acted as a chaperone when required. Staff told us that either GP would provide chaperone duties in the absence of the practice nurse. The practice recognised that this system could mean that there would be times when a chaperone was unavailable. The practice had taken action by identifying staff to undergo chaperone training to ensure a chaperone was available at all times. The chaperone training was booked for the coming weeks and staff had already received the necessary character checks.

Medicines management

The practice identified patients who took medicines that may cause side effects and required regular follow up including blood tests. We reviewed the care records of some patients who took medicines to treat rheumatoid arthritis and minimise the risk of blood clots. Computer alerts had been set to prompt clinicians to arrange follow up blood tests.

Medicines kept on site were stored safely and in line with manufacturers and nationally recognised guidance. For example, vaccines were stored safely and securely, at the correct temperature and were in date. A system of daily checks took place to ensure that vaccines were fit for use. We did see the fridge may be mistakenly turned off as it was wired to mains power via a switchable extension lead and there was no sign to state that the power should not be switched off. The practice nurse administered vaccines using patient group directions that had been produced in line with legal requirements and national guidance

Blank computerised and individual prescription pads were stored securely, although there were 10 pads that would no longer be suitable for use as either the named GP had left or the printed information related to a legacy healthcare organisation (Primary Care Trust). Blank computerised prescription pads were tracked throughout the practice, individual prescription pads were not.

Are services safe?

The practice system for receiving alerts about medicines relied on individual GPs receiving emails and acting upon them. Practice staff told us that a member of the CCG medicines team visited the practice on a regular basis to carry out audits in prescribing patterns. The practice provided data to show their prescribing practice had changed in line with guidance, although did not have a formalised system to act upon medicines alerts.

Cleanliness and infection control

The practice was visibly clean and tidy. Comments from patients we received expressed they found the practice to be clean.

We reviewed the most recent infection prevention control audit completed in March 2015. The audit demonstrated compliance in areas of infection prevention control measures although there risks that had been identified, they had not been mitigated. For example:

- Soap dispensers were available, but they were not of the recommend type as they were not wall mounted or single action operation.
- Modesty curtains were washable, although it was not recorded if and when they had been laundered.
- The audit had not identified the immunisation needs or training required for staff. For example, this would include training all staff for handwashing and the immunisation status of staff who handled specimens.

There were a number of practice policies for infection prevention and control. We reviewed the IPC policy the document was dated April 2013, with a review date of 12 months. The document had not been recorded with a review date since April 2013. The policy had not been adapted to meet the environment in which it was to be operated:

- The words 'insert timescale' were in the section detailing who often the policy would be reviewed.
- There were five pages about sterilising equipment including washer disinfectors and low temperature steam. The practice did not have this equipment on site.

The practice had a policy for ensuring clinical staff had immunity to Hepatitis B (a blood borne virus). The policy stated that records would be kept of relevant staff members' immunity to Hepatitis B, records had not been kept. We spoke with the practice team about this, a GP was

able to access their immunity status and print it off immediately. The policy stated that practice would manage the immunisation programme and comprehensive records would be maintained. The information had not been recorded; it was unclear which members of staff had received vaccination and which had not.

The practice did not have a risk assessment in place to mitigate the risk of Legionella (a bacterium that can grow in contaminated water).

Equipment

Equipment was annually tested for electrical safety and where appropriate was calibrated to ensure its clinical effectiveness. For example, blood pressure monitoring devices and weighing scales had been checked to ensure they were accurate and fit for use. Staff told us there was enough equipment available for them to carry out their role safely and effectively.

Staffing and recruitment

The practice had not performed the necessary checks on the recruitment of staff. We reviewed six staff files, three of the staff members had been recruited within the last 18 months. The practice had performed some of the recruitment checks required:

- All staff had received a recorded check through the Disclosure and Barring Service (DBS). 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.
- All staff had received identity checks and had recorded photographic identification recorded.

We saw areas where checks on staff had not been undertaken:

- Two out of three staff members employed in the last 18 months had not had character references sought.
- Two out of three staff members did not have a recorded employment history.
- None of staff at the practice had received a satisfactory assessment of their physical or mental health status to ensure they were suitable for the role.

Are services safe?

- The practice did not have oversight of the professional registration status of clinical staff and were unsure on how this could be checked. We checked and all staff were registered with their relevant professional body.

We spoke with the practice manager about this; they told us that all of the staff recently recruited were known to the other members of the practice team, although they recognised the importance of undertaking the background checks.

Monitoring safety and responding to risk

The practice management team were responsible for managing risks associated with providing services. There was a health and safety policy, risk assessments had been carried out and training had been provided to prepare staff to deal with emergencies such as fire, sudden illness and accidents. Clinical staff were due for annual update training in basic life support in October 2015, further training had been booked to be completed in the near future.

Arrangements to deal with emergencies and major incidents

The practice had equipment and emergency medicines available for staff to use if required. Emergency equipment

included an automated external automated defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). The practice told us that weekly checks were undertaken on emergency equipment, but the checks were not recorded. We saw that the pads for the AED had passed their expiry date. We shared this information with the practice to enable them to source replacement pads. Emergency medicines were available within the practice to treat emergencies that may be faced in general practice. For example, allergic reactions and worsening asthma. There were no medicines available on site to treat prolonged convulsions (fitting).

A business continuity, and disaster recovery, plans detailed the practice response to emergencies such as loss of power, computers or premises. The documents contained information such as contact numbers for contractors and alternative premises arrangements for staff to refer to in the event of an unplanned occurrence that affected services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff told us they 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.

- GPs attended local meetings and updates to inform themselves of changes to NICE guidance and local health needs.
- Staff had access to up to date guidance on care and treatment via the practice computer system.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 96.1% of the total number of points available, this was better than the national average of 93.5% and clinical commissioning group (CCG) average of 95%.
- Clinical exception reporting was 5.8%. This was better than the national average of 9.2% and CCG average of 9%. Clinical exception rates allow practices not be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.
- Performance for the diabetes related indicators was better than the CCG and national averages. For example, 79% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national averages. For example, 87.4% of patients had a recent blood pressure measurement below the highest accepted level, compared with the CCG average of 85.1% and national average of 83.7%.

- Performance for mental health related indicators was better than the CCG and national averages. For example, 94.7% of patients with severe poor mental health had a comprehensive care plan in place, compared with the CCG average of 86.4% and national average of 88.3%.
- The annual face to face care review rate for patients diagnosed with dementia was comparable to the CCG and national average. For example, 83.3% of patients diagnosed with dementia had received a care review compared to the CCG average of 85.1% and national average of 84%.

The practice provided additional care and support to patient via Directed Enhanced Services (DES) and Local Improvement Schemes (LIS). These do not form part of the normal contracted obligations of a practice; both DES and LIS aim to provide patients with additional services within the practice. An example of a DES provided was Avoiding Unplanned Admissions. The practice had identified 3% of patients at the highest risk of unplanned admission to hospital. Patients had a received an assessment and had a written care plan in place. The care plan took action of patients' wishes and detailed physical assessment information that would be normal for them. This information provided clinicians, who may not be familiar with the patient, information on their normal physical health. If a patient was admitted to hospital, a review was undertaken to establish the reasons and the patient was contacted shortly after discharge to review their care needs. The practice had employed a care coordinator under the LIS to proactively review emergency admissions and take necessary action. We saw patients were discussed in both monthly practice clinical meetings and in Integrated Locality Care Team (ILCT) meetings, which included both health and social care professionals.

There had been three clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored. The completed audit was to benchmark that minor surgery had been undertaken in line with nationally recognised guidance on the accuracy, obtaining of patient consent and assurance of low post-operative complications such as bleeding and infection.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- Clinical staff had extended training and provided additional services on site including minor surgery and the provision of long-acting reversible contraceptive methods, such as an intrauterine device (IUD) to prevent unwanted pregnancy.
- The practice was a teaching practice to provide medical students who were training to become qualified doctors, the opportunity to develop their skills under the mentorship of experienced GPs. We saw feedback from one medical student that was highly positive of the support provided to them.
- The experienced practice nursing team had undertaken additional training to review patients with long-term conditions including chronic obstructive pulmonary disease (COPD), asthma and diabetes.

We saw most staff had received annual appraisals, or had one planned. The staff we spoke with told us they felt supported to develop following appraisals. We saw that a practice nurse did not have a recent recorded appraisal; the nurse told us that the most recent appraisal was undertaken about 18 months previously. The records were not available to review, although a GP and the nurse verbally confirmed it had taken place.

Although most staff had received training such as safeguarding children and basic life support, we did see examples of inconsistency in the training individual staff members had received. For example, a member of staff had commenced employment with the practice in February 2015 and had not undertaken basic life support training or training in safeguarding vulnerable adults.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

Staff worked with other professionals to coordinate patient care and share relevant information.

- The practice held a number of regular meetings including Integrated Locality Care Team (ILCT) and palliative care meetings to discuss care and treatment for patients approaching the end of their life. The meetings included practice staff and allied professionals such as community nurses, palliative care nurses, community matron and others as relevant.

When patients were referred to hospital in either an emergency or urgent situation, relevant information was relayed to the receiving department by the provision of printed copies of referral letters. In most circumstances patients had the option to choose the hospital they wanted to receive planned treatment at and were guided through the process.

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.
- 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

New patients were offered a health assessment with a clinical member of staff when joining the practice.

The practice's uptake for the cervical screening programme was 76.1% which was lower than the CCG average of 79.9% and the national average of 81.8%.

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was lower than local and national averages.

- 71.8% of eligible females aged 50-70 who attended screening to detect breast cancer. This was lower than the CCG average of 74.6% and national average of 72.2%.

Are services effective?

(for example, treatment is effective)

- 44.1% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 55.1% and national average of 58.3%.

The practice provided childhood immunisations and rates were comparable to CCG averages. For example, 97.1% of children aged two had received the measles, mumps and rubella (MMR) vaccine. This was similar to the CCG average of 98.1%.

Flu vaccination rates for the over 65s were 63.59% and at risk groups 42.47% These were also comparable to CCG and national averages.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 398 patients to submit their views on the practice, a total of 112 forms were returned. This gave a return rate of 28.1%.

The results from the GP national patient survey showed patients were mainly satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 88.2% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 85% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 95.2% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.

Results in how patients felt about their interactions with the practice nurses were marginally below local and national averages. For example:

- 86.6% said that the nurse was good at giving them enough time compared to the CCG average of 93.3% and national average of 91.9%.

We spoke with the practice nurse about this; they told us that they had found it difficult on occasion to manage the demand due to a high workload. The practice also employed another practice nurse on a part time basis, although they had been on maternity leave for a number of months.

We spoke with six patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 19 completed cards which were all positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a comparable patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed;

- 77.3% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81.2% and national average of 81.4%.
- 82.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.3% and national average of 86%.

The GP national patient survey results about patients involvement in planning and decisions about their care and treatment with the practice nurses were lower than local and national averages;

- 78.3% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.
- 82.8% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services.

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 employed a care coordinator to monitor emergency admissions to and from hospital and provide patients with complex need as a dedicated contact.
- Patients at risk of unplanned admission to hospital were offered 30 minute appointments to review their care needs, from which an individual care plan was developed.
- The practice offered minor surgery and the provision of long-acting reversible contraceptive methods, such as an intrauterine device (IUD) to prevent unwanted pregnancy.
- Midwife led ante-natal clinics were held on a weekly basis at the practice.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open from 8am to 6pm on Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times the reception desk and telephone lines were always staffed. Patients could book appointments in person and by telephone. Patients we spoke with told us they had been able to access an appointment on the same day, we saw that there were bookable appointments available with both GPs on the next working day. Appointments with the practice nurse were not available within the following two weeks.

We received feedback on appointments from 25 patients. Most were happy with contacting the practice, availability and the timeliness of appointments. Two patients of working age told us they felt it could be difficult to book a planned appointment that fitted around their work life.

Results from the national GP patient survey published in July 2015 showed higher or comparable satisfaction to local and national averages.

- 81.2% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 96.8% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 63% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.
- 80.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received six complaints in the last 12 months. We tracked two complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. There were no trends to the complaints received. Complaints were discussed individually with staff and when appropriate at practice meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice did not have a written vision and values statement, although the staff we spoke with told us their individual values which all related to the essence of providing a caring and professional service to patients.

The practice did not have an overarching business plan, although we saw the case business plan submitted to the clinical commissioning group (CCG) for the provision of the Elderly Care Facilitator. The practice had met the requirements of the business plan and had demonstrated a reduction in patient attendances at accident and emergency.

Governance arrangements

Governance at the practice was mixed, we saw areas where risks had been well managed:

- The practice had improved their performance in the Quality and Outcomes Framework (QOF). In 2013/14 the practice achieved 84% of the QOF points available this was 9.5% lower than the national average. In 2014/15 the performance had increased to 98.1% which was 2.6% above the national average.
- Clinical staff met regularly within the practice and with other professionals to discuss changes in care and treatment for patients. Records were kept and action points set.
- The outcomes of minor surgery were audited to ensure the procedures were safe and effective.

We found that the necessary management infrastructure and leadership governance processes and systems were not operated effectively or were applied inconsistently.

- The practice did not follow their own policy on undertaking checks when recruiting staff, and the recording of significant events.
- We saw examples of practice policies that had not been adapted to meet the needs of the services provided or updated. For example, the infection prevention control had not been fully adapted to the environment of a GP practice. We saw further examples of policies that were overdue a review, for example the safeguarding children procedure showed a review date of February 2015, but no review had taken place.

- Risks identified in an infection prevention control audit had not been mitigated.
- There were no formalised arrangements on how to act on medicines alerts. Although GPs received any alerts, staff relied on the medicines optimisation team within the clinical commissioning group (CCG) acting upon them.

Staff told us that the practice had been without a practice manager for a number of months until the appointment of the current practice manager six months before the date of our inspection. The practice felt this had impacted on their governance performance.

Leadership, openness and transparency

Staff told us that the GPs and practice manager were visible within the practice and were approachable. There was an open and honest culture which was evident through sharing of complaints and significant event reporting. Clinical staff met on a monthly basis to discuss clinical performance and to review care and treatment for patients with complex needs. Practice meetings were held on a monthly basis, minutes were taken and staff were encouraged to give suggestions on how services could be improved.

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

The practice had recently implemented a patient participation group (PPG). (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services). The PPG held their second meeting on the day of our inspection; we sat in on the meeting whilst members gave their views on services. The practice manager told us that they envisaged the group would in the future hold a wider patient survey and gain feedback to secure improvements in services for patients.

Staff meetings were held on a monthly basis, the staff we spoke with told us they felt able to make suggestions on how services could be improved.

Management lead through learning and improvement

The staff we spoke with told us they felt supported and most had received recent appraisals. We did see that a practice nurse had no recorded appraisal and when we asked they confirmed their last appraisal was over 18 months ago.

Are services well-led?

Requires improvement



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

The practice was a teaching practice to support medical students training to become qualified doctors. We reviewed feedback from a recent medical student, which was very complimentary about the support and encouragement provided within the practice.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The provider had not mitigated all of the risks identified in an infection prevention and control audit. We saw that the infection control risks from modesty curtains, handwashing soap dispensers and the training and immunisation needs of staff had not been mitigated.
Maternity and midwifery services	12 (2) (h)
Surgical procedures	The provider did not operate a recorded system of checking emergency equipment to ensure it was safe for use. We saw that the defibrillation pads contained in the Automated External Defibrillator unit were out of date.
Treatment of disease, disorder or injury	12 (2) (e)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider did not have a robust system for receiving medicines alerts. We saw the system in use relied on external agencies taking action, the role was not clearly defined and no records to detail past actions were held.
Maternity and midwifery services	17 (2) (a)
Surgical procedures	The provider did not always operate systems and processes to enable them to identify risks to the health and safety of people who use the service. We saw examples of policies that had passed their review date, had no review date or had not been adapted to meet the specific needs of the practice.
Treatment of disease, disorder or injury	17 (2) (b)
	The provider did not have oversight of training undertaken by staff to ensure their skills met the requirements of their role.

This section is primarily information for the provider

Requirement notices

17 (2) (d) (I)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
The provider did not provide a consistent method of providing appraisals to all staff employed at the practice.
18 (2) (a)

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The provider did not follow their own policy for the recruitment of staff with regard to Schedule 3 of Regulation 19 of the Health and Social Care Act 2008. Staff had been recruited without assurance of their character, employment history or an assessment of any physical or mental condition that may affect their role. The provider did not have oversight of the professional registration of those who required it for their role.
19 (2) (a) (4) (a) (b)