

# Primary Care Today Limited

## Quality Report

Muglet Lane  
Rotherham  
S66 7NA  
Tel: 01709 817902  
Website:

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Requires improvement	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Primary Today Care Ltd on 13 April 2016. Overall the practice was rated as requires improvement and breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12, safe care and treatment, Regulation 18, Staffing and Regulation 19, fit and proper persons employed.

We undertook this comprehensive inspection on 8 November 2016 to check that they had followed their plan and to confirm that they now met the legal requirements. This report covers our findings in relation to those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primary care today Ltd, on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Overall the practice is rated Good.

The provider had implemented a number of improvements recommended at the last inspection for example they had;

- Reviewed and improved procedures to ensure action was taken in response to medical alerts.
- Where audits had been completed action had been taken to address shortfalls identified in a timely manner commensurate with risk. They had put processes in place to monitor and ensure staff were aware of the procedures to take in the event of a fire.
- Taken action to minimise the risk of serious injury due to entanglement in blind cords.
- Reviewed and improved arrangements for the storage of vaccines to ensure these were in line with the Public Health England (PHE): Protocol for ordering, storing and handling vaccines, March 2014.
- Reviewed the control measures and procedures in place to ensure these were adequate to minimise the risk of legionella.
- Put procedures in place to ensure Patient Group Directions were authorised by the GP.

# Summary of findings

- Put procedures in place to monitor completion of mandatory and role-specific training. They had ensured staff training for those undertaking vaccines and immunisations was up to date.
- Taken action to obtain written information relating to a person's character and previous conduct, such as references.

The provider had also taken action in the following areas where we had advised them they should make improvement:

- Records now identified the level of safeguarding children training staff had received.
- Staff had an understanding of the electronic patient records where this related to identifying vulnerable patients.
- They had put procedures in place to ensure staff who undertake chaperone duties were trained for this role. However, the training was not recorded in staff training records.
- They had ensured clinical staff were aware of relevant guidance for assessing competence to make a decision when providing care and treatment for children and young people.
- They had provided additional equipment for the defibrillator to enable this to be used for children.
- They had provided patients with information on how to escalate their complaint if they are not happy with the response from the practice.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The risks to patients were assessed but processes relating to cleanliness and maintenance of the environment required improvement.
- Staff had received training to provide them with the skills, knowledge and experience to deliver effective care and treatment. ELearning was provided for mandatory training. Systems were in place to monitor training and training was scheduled.

- 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.
- Improvements were made to the quality of care as a result of audits, surveys, complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour although procedures to support this were not included in the incident reporting procedures.

The areas where the provider must make improvement are:

- Ensure all areas of the practice are maintained in a clean and well maintained condition. Monitor cleaning to ensure all tasks are undertaken as per the cleaning schedule.

The areas where the provider should make improvement are:

- Review the chaperone policy and procedure and further develop to include arrangements and expectations relating to recruitment checks, staff training and patient records.
- Review storage of blank prescriptions in printers overnight in line with the NHS Protect guidance
- Review the process for recording issues discussed and action points at all practice meetings .
- Maintain records to confirm that all staff have completed regular training in resuscitation of both adults and children to the level appropriate to their role.

**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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The risks to patients were assessed although cleaning and maintenance of the building required improvement.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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. Systems were in place to monitor training provision.
- There was evidence of appraisals and personal development plans for 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.

- Data from the national GP patient survey showed 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.

**Good**



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice provided service to a local care home as part of an enhanced service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. They had provided patients with information on how to escalate their complaint if they were not happy with the response from the practice.

## Are services well-led?

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

Good



- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, records of meetings were not always made and some were not sufficiently detailed to evidence agreed actions.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk although processes relating to cleanliness and maintenance of the building required improvement.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The provider 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels and we saw action had been taken to improve following the last inspection.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100%, 16% better than the CCG average and 10% better than the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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.
- The GP, practice manager and practice nurse had been involved in closely monitoring their performance since the last inspection and had made improvements in the provision of care and treatment of patients with long term conditions.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with 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.

Good



## People experiencing poor mental health (including people with dementia)

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

Good





# Summary of findings

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- Performance for mental health related indicators was 100%, 8% better than the CCG average and 7% better 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 had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with or above national averages and results were slightly improved on the January 2016 survey. 328 survey forms were distributed and 91 were returned. This represented 6% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients told us staff were polite and friendly and the care received was excellent. They said they could get an appointment when they needed one. They said the staff listened to them and they received the treatment they needed.

We spoke with two patients during the inspection. These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said they could always get an appointment. They said the staff listened to them and treated them with respect.

# Primary Care Today Limited

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Primary Care Today Limited

The practice is privately owned by Primary Care Today Limited and operated by Dr Z A Khan. The practice is also known as The Queens Medical Centre.

The Queens Medical Centre is based in a detached building that was purpose built in 1989. There is on-site parking for up to eight vehicles including disabled parking.

The practice provides Personal Medical Services (PMS) for 1,513 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. They have a slightly higher than average patient numbers in the 5 to 30 year old age group and 45 to 60 year old age group and are located in one of the second most deprived areas nationally.

There is one full time male GP and one female locum GP. There is a practice nurse and a small administration team led by a practice manager who is also the phlebotomist.

The practice opens as follows:

The reception is open Monday to Friday 8am to 6.30pm and on Mondays is open until 7.30pm

Surgeries are held 9 am to 11am, Monday to Friday, and Monday 4pm to 7.30pm, Tuesday 1pm to 3pm, Wednesday 3pm to 5.30pm and Thursday and Friday 4pm to 6pm.

Out of hours care is provided by NHS 111.

### Why we carried out this inspection

We undertook an announced comprehensive inspection of Primary Care Today Ltd on 8 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 April 2016 had been made. We inspected the practice against all of the questions we ask about services: is the service safe, effective, caring, responsive and well-led and against all of the population groups. This is because during our comprehensive inspection in April 2016 the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 12, Safe care and treatment Regulation 18, Staffing and Regulation 19, Fit and proper persons employed.

During the April 2016 comprehensive inspection we found patients were not protected from the risk of harm and the practice was not effective or well led because;

- There was no evidence of the action taken by clinicians in response to medical alerts.
- Where health and safety audits had been completed they had not ensured action was taken to address shortfalls identified in a timely manner commensurate with risk.
- They had not put processes, such as fire drills, in place to monitor and ensure staff are aware of the procedures to take in the event of a fire despite this being identified in audits.

# Detailed findings

- The Department of Health guidance dated February 2015 relating to blinds and blind cords had not been implemented to minimise the risk of serious injury due to entanglement.
- The registered person did not do all that was reasonably practicable to ensure the proper and safe management of medicines because Patient Group Directions were not authorised by the GP.
- Procedures were not in place to monitor and ensure mandatory and role-specific training and updating for staff was undertaken.
- One clinician was unsure about legislation relating to deprivation of liberty safeguards (DoLS) and relevant guidance such as Gillick Competences and Fraser guidelines. They were also not up to date with guidance relating to the care and treatment for some long term conditions.
- There were no procedures to ensure staff undertaking vaccines and immunisations were kept up to date.
- The practice recruitment policy had not been implemented consistently. Written information relating to a person's character and conduct in previous employment, such as references, had not been obtained prior to employment.

This comprehensive inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 13 April 2016 had been made.

## How we carried out this inspection

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

During our visit we:

- Spoke with a range of staff (GP, practice manager, practice nurse and receptionist) and spoke with patients who used the service.
- We observed the interaction between staff and patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living 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 a system in place for reporting and recording significant events.

- We saw three significant events had been recorded in the last 12 months and these had occurred prior to the last inspection. The records were detailed and recorded actions taken in response to the events, such as changes to practice procedures. Staff told us they would inform the practice manager of any incidents and the practice manager would record and investigate these and discuss any learning points with them. We discussed the low numbers of incidents recorded with the GP and staff and the GP told us they recognised this but said there were very few errors or incidents and this was confirmed by staff. The GP was advised to consider widening the scope of incident reporting to maximise learning. Staff told us incident reporting had been discussed with them and they displayed awareness of the incident reporting process. We observed they had access to the policy and procedure on the practice intranet.
- The policy and procedure supported incident reporting processes. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, 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, following a significant event where information was incorrectly recorded on a patient file staff training was provided.

There was evidence the system for recording the action taken in response to patient safety alerts had been improved. The alerts were distributed to the clinical team by the practice manager. Action taken in response to the alerts was now recorded and staff had signed to confirm they had seen the alerts. We were told alerts relating to medicines were actioned by the pharmacist who visited the practice fortnightly.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and adults and they told us this was relevant to their role. Evidence showed staff had attended a Clinical Commissioning Group (CCG) training event in July 2016 and this was to level two and three and they had also completed eLearning. The practice had a register for vulnerable patients on the electronic patient records and a system to highlight these patients, the staff we spoke with were aware of this.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones told us they were trained for the role. Staff 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). There was a basic chaperone procedure in place but this did not include requirements for training, DBS or record keeping. The practice had made a copy of the general medical council (GMC) guidelines, which explained these areas, available to staff and staff had signed to confirm they had read these guidelines.
- The practice manager was the infection control clinical lead and there was an infection control protocol in place. Regular infection prevention and control (IPC) audits had been completed. We observed standards of cleaning were monitored but had not been maintained in some areas. For example, the sink in the treatment room was dirty and there was lime scale around the taps and plug hole and blinds were dirty. Sticky paper labels were used on cupboard doors some of which had been removed leaving a sticky residue. The seats in the waiting room were made of a fabric material and the

## Are services safe?

manager had included steam cleaning of these on the monthly cleaning schedule but this task had not been signed as completed in records dating back to May 2016. We observed cleaning equipment was not stored correctly in order to minimise cross infection. We also observed that general maintenance of the treatment room was poor and did not support the effectiveness of cleaning programmes. Paint work on the walls was chipped, there were holes in the walls and boxes were stored on the floor. IPC training via eLearning had been provided since the last inspection. Records showed two staff had completed this training. The manager told us they would ensure this was completed as soon as possible by all staff.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads, where they were held in printers, were not securely stored in line with NHS Protect guidance. Systems were in place to monitor the use of blank prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were signed by the nurse and had been authorised by the lead GP since the last inspection. At the last inspection we observed the fridge used for storage of vaccines was not wired into a switchless socket as recommended in Public Health England (PHE) guidance. This created a risk the fridge could be switched off accidentally. Since the last inspection the practice had taken precautions to minimise the risk by clearly labelling the vaccine refrigerator plug. The practice had also provided two thermometers for the vaccine fridge.
- At the last inspection we reviewed three personnel files and found the practice policy and procedure had not been followed in all cases. For example references had not always been obtained prior to employment and some references were not dated. The practice manager

had audited the staff files and put procedures in place to bring the files up to date and to obtain all the missing documents. There had been no new staff recruited since the last inspection.

### Monitoring risks to patients

Risks to patients were assessed and well managed and improvements had been made since the last inspection.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster near the reception office which identified local health and safety representatives. The practice manager had completed a health and safety risk assessment in August 2016 and had addressed most of the shortfalls identified. A fire risk assessment was in place and since the last inspection weekly fire alarm tests and regular fire drills had been carried out. Staff had received fire safety training and fire safety equipment had been serviced annually.
- Since the last inspection blinds cords in the practice had been secured to reduce the risk of serious injury due to entanglement.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- Procedures were in place to test water systems for legionella and certificates to evidence this were in place. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Further control measures had also been put in place since the last inspection such as checking water temperatures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager completed daily audits of appointments including the uptake and numbers of patients who did not arrive to assist in planning services.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training although there was no evidence the locum GP had received this training. There were emergency medicines available.
- The practice had a defibrillator available on the premises and equipment to enable this to be used for children had been provided since the last inspection. Oxygen with adult and children's masks was also available.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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. At this inspection clinical staff were able to evidence how they accessed and used NICE and CCG guidance relating to assessment and care and treatment of patients with long term conditions such as diabetes.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 100% of the total number of points available with a 15% exception reporting rate. (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 was a slight increase in exception reporting on the 2014/15 results but reflected the period prior to last inspection where we had discussed the exception rate reporting. The practice manager told us since the last inspection, in April 2016, they had been very aware of exception reporting and had been proactive in following up patients for review and had closely monitored their performance. They said as a result they had not had to exception report anyone since April and were expecting the 2016/17 figures to show a marked improvement. The practice does however have very low numbers of patients in most of the areas assessed and any exception reporting can have a significant impact on the percentage rates.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 100%, 16% better than the CCG average and 10% better than the national average.
- Performance for mental health related indicators was 100%, 8% better than the CCG average and 7% better than the national average.

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, action taken as a result included improved assessment of patients to provide more detailed information on referrals to the memory and fertility clinics.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We also saw where a member of staff had undertaken a new role they had received induction for this.
- 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. The practice nurse had undertaken training in monitoring patients on warfarin therapy and in aural care and spirometry.
- 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 meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months.

- 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, external training events and in-house training. The practice manager monitored training via a training matrix. Staff told us the matrix showed training was scheduled for the end of November 2016 for mandatory training. IPC training via eLearning had been provided since the last inspection. Records showed two staff had completed this training. The manager told us they would ensure this was completed as soon as possible by all staff.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 and staff had received training in this area.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. There was improvement seen in staff knowledge of relevant guidelines and there was evidence guidelines had been discussed in meetings.
- 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 hosted fortnightly clinics provided by a visiting health professional for patients who required psychological support.
- The practice also hosted weekly clinics with shared care specialist worker to provide drug and alcohol misuse services.
- The practice provide a machine for patients to take their own blood pressure, results were then reviewed by the nurse.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 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.

## 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 ranged from 44% to 100% and five year olds from 62% to 100% comparable to the CCG average of 47% to 96% and 71% to 96%.

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 very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff 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 13 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, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% 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%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

### 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 in line with local and national averages. For example:

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

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

- Staff told us that interpreter 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.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice worked closely with the

carers resilience service and referred to this service as required. A representative from the service attended multi-disciplinary meetings. Carers were offered flu vaccines.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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 an evening surgery on a Monday until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The GP, practice nurse and a receptionist had completed training in learning disabilities.
- There were also longer appointments for patients with long-term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and interpreter services available.

### Access to the service

The reception was open Monday to Friday 8am to 6.30pm and on Mondays until 7.30pm.

Surgeries were held 9 am to 11am, Monday to Friday, and Monday, 4pm to 7.30pm, Tuesday 1pm to 3pm, Wednesday 3pm to 5.30pm and Thursday and Friday 4pm to 6pm.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations had been implemented since the last inspection on the suggestion of the patient participation group. Appointments were also available to book on line. We observed appointments were still available on the day of the inspection and in the days following the inspection. Appointments used and missed appointments were monitored daily to inform the rota.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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.

The GPs were informed of any home visit requests and the GP would contact the patient to prioritise need. 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 complaints poster and patient information leaflet was displayed in the reception area.

We looked at the six complaints received by the practice in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. All patients were offered a meeting with the GP to discuss their concerns and a letter was sent to them. We observed patients were now advised in complaint letters on how to escalate their complaint if they were not happy with the response from the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The staffing structure was displayed in the reception area for patients.
- Practice specific policies were implemented and were available to all staff. These had been reviewed by the practice manager although the chaperone policy required further development.
- An understanding of the performance of the practice was maintained and areas such as exception rate reporting had been closely monitored since the last inspection.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although the cleanliness and maintenance of some areas in the building required improvement.

### Leadership and culture

On the day of inspection the registered provider demonstrated they had the experience, capacity and capability to run the practice and ensure good quality care.

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

The provider was aware of and had systems in place to aid compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider 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 verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. However, the meeting notes lacked detail of discussions and actions agreed and there were no notes made for some meetings, for example, clinical and pharmacist meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG told

# Are services well-led?

Good 

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

us the practice worked well with them and listened to and acted on their suggestions. For example, the practice had implemented telephone consultations on the suggestion of the PPG.

- 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. Staff told us they felt involved and engaged to improve how the practice was run.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and the practice manager and practice nurse had put a number of systems in place to monitor and improve the service since their employment. The GP, practice manager and practice nurse had been involved in closely monitoring their performance since the last inspection and had made improvements in the provision of care and treatment of patients with long term conditions.

## Continuous improvement

## 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 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p><b>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to make sure the premises were clean and maintained.</p> <p><b>This was because:</b></p> <ul style="list-style-type: none"><li>Standards of cleaning had not been maintained in some areas. For example, the sink in the treatment room was dirty and there was lime scale around the taps and plug hole the blinds were dirty and sticky paper labels were used on cupboard doors some of which had been removed leaving a sticky residue. The seats in the waiting room were made of a fabric material and were included in the cleaning schedule to be steam cleaned monthly, however, the cleaning schedule had not been completed since May 2016. Cleaning equipment was not stored correctly in order to minimise cross infection.</li><li>The treatment room was not well maintained. Paint work on the walls was chipped and there were holes in the walls and cupboards where items had been moved.</li></ul> <p><b>This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b></p>