

Boroughbury Medical Centre

Quality Report

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

Ratings

Overall rating for this service

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



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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall. (Previous inspection May 2016 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Boroughbury Medical Centre

on the 23 November 2017 as part of our regulatory functions.

At this inspection we found:

- The practice had developed and embedded a clear and comprehensive system to ensure that meetings were held and were inclusive of all practice staff, detailed minutes were shared to ensure actions were taken, risks mitigated and learning was shared.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice had systems and processes to manage and mitigate risks to patients and staff such as fire safety. However, the practice system and process to ensure that refrigerators used to store medicines were at the correct temperatures and suitable for use needed to be improved. Immediately following our inspection, the practice took actions to ensure temperature records were kept and cleaning schedules were implemented.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was always delivered according to evidence-based guidelines.
- The leadership, governance, and culture were used to drive and improve the delivery of high-quality person-centred care. Staff felt involved in the development of the practice and was proud of the practice.

Summary of findings

- The practice recognised a higher rate of children not attending their appointments for the immunisation clinics and had adjusted the clinic times to encourage uptake.
- Staff involved and treated patients with compassion, kindness, dignity, and respect.
- The National GP survey data showed that the practice was significantly below the local and national averages in some areas. They had responded to poor survey and patient feedback in relation to delays in making appointments. They had invested and implemented a 24 hour, seven day a week automated appointment system and increased the skill mix available and had employed additional staff such as a nurse practitioner and primary care practitioners.
- The practice had been proactive and had increased the uptake for flu immunisation significantly from the previous year.
- We saw several areas of innovation and service development and improvement which were a priority amongst staff and leaders.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice engaged with the PPG and local communities. They support local national and international charities by raising money and awareness.

We saw one area of outstanding practice:

- The practice had engaged and promoted a community approach to their care of patients. A GP partner worked alongside the citizen advice bureau and developed a direct referral system so that the

vulnerable patients from the practice had easy access to volunteer and support groups including housing, financial advice, drug, and alcohol issues. The practice had employed a staff member to undertake the role of a community liaison champion. This champion ran weekly groups, held in the practice which included a new parent group, carers group, over 65 coffee mornings and a healthy minds group. Feedback from patients we spoke with told us that they found the coffee morning very valuable and enjoyable and a good place to gain information and support. The practice had received recognition for the high number of referrals to the carer's support group and was active in supporting local, national, and international charities. Monies raised by staff were matched by the partnership. Charities that had been supported included the local women's refuge, children in need, and the shoe box appeal that sends aid to other countries.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Care and treatment must be provided in a safe way for service users.

The areas where the provider **should** make improvements are:

- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

Boroughbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a second CQC Inspector.

Background to Boroughbury Medical Centre

Boroughbury Medical Centre is situated in Peterborough, Cambridgeshire in Craig Street. The practice has a general medical services (GMS) contract with the NHS. There is a branch site approximately 3 miles away called Werrington Surgery, located in Church Street and there are approximately 25,359 patients registered at the practice. Patients can choose to be seen at either location. We did not visit the branch site as part of this inspection.

The practice has 11 Partner GPs (four female and seven male) one of whom is the registered manager, four salaried GPs (two male and two female), it is also a teaching practice for GP registrars and medical students.

Two male primary care practitioners are qualified paramedics. The clinical nurse manager (male) is supported by a nurse team lead and deputy and eight practice nurses (female), four health care assistants (female) and a phlebotomist (female). The managing director is supported by a business support manager, and operations support manager. There is a team of 36 staff members providing reception, administration, and secretarial services including managers and assistant

managers and a supervisor. A team of twelve staff support a head of medicines management (a non-clinical staff member). The practice employs three locum pharmacists on a regular basis. There are members of staff employed who are fluent in different languages including Spanish, Urdu, Hindi, Dutch, Italian, Polish, and Arabic.

The surgery is open Monday to Friday between 8am to 6.30pm. Extended hours appointments are offered on three evenings per week and most Saturday mornings. Patients are required to book these appointments in advance. Urgent appointments are also available for people that need them, as well as telephone appointments. The practice is able to offer and book appointments for patients to be seen in the Greater Peterborough Network extended hours service which operates from the practice premises. When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Herts Urgent Care. Patients can also access advice via the NHS 111 service.

The practice patient age profile is slightly below national average with the life expectancy of patients below the national average. The male life expectancy was 77 years compared to the national average of 79 years. The female life expectancy was 82 years compared to the national average of 83 years. The deprivation score is above the England average indicating that the practice serves a deprived area.

We reviewed the most recent data available to us from Public Health England which showed the practice has a slightly larger number of patients aged 65 to 75 compared with the national average. It has got a larger number of patients aged 75 to 85 compared to the national average.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because: the practice systems and processes to ensure that refrigerators that stored medicines were maintained and monitored safely needed to be improved.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice used an electronic system which staff could access easily.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination, and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment, and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. GP and nurses were trained to Safeguarding level three and non clinical staff to safeguarding level one.
- There was a system to manage infection prevention and control. A member of the nursing team was the lead and

undertook monthly reviews to ensure areas of improvement needed were identified and rectified in a timely manner. However, the practice did not evidence that there were effective systems and processes in place to ensure that all the refrigerators used to store medicines were cleaned regularly. The practice took immediate action and implemented cleaning schedules for all refrigerators across both sites.

- The practice ensured that most facilities and equipment were safe and that most equipment was maintained according to manufacturers' instructions. The practice did not have evidence to show that the refrigerators used to store medicines had been serviced regularly although the thermometers used had been calibrated. The practice agreed a contract with a qualified provider immediately following the inspection. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor, and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice were proactive and planned the rotas up to 12 months in advance and told us that by inputting and agreeing key staff holiday, such as GPs, they ensured enough staff were on duty without relying on locum staff and as a result practice staff managed a good work life balance.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information. The practice regularly held peer review meetings to discuss and share learning from referral reviews.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines but some of the systems for managing medicines, including vaccines, and equipment needed to be improved to minimise risks to patients. We found that the practice had safe systems for managing medical gases and emergency medicines.

- The practice had embedded systems and processes to ensure that patients taking medicines were monitored appropriately and in a timely manner. We looked at a sample of records of patients taking medicines such as methotrexate, lithium, and warfarin and found that they were well managed.
- We found that the practice did not have an effective system in place to ensure that medicines that required refrigeration were always stored safely. We found the practice had not always recorded the temperature of the refrigerators and when higher or lower temperatures were recorded, the practice did not always identify the reason for the temperature variation or that the reason for why the temperature had not been recorded. (Medicines that require refrigeration should be store between +2 degrees Celsius and +8 degrees Celsius). The practice took immediate action and implemented systems and process to address this issue, including named staff who were responsible for the appropriate actions. We did not find any evidence that patients had been at risk of harm as a result of this issue.
- In one refrigerator we found medicines that were patient specific which had expired in April 2017. The practice destroyed these immediately, reviewed their policy for holding patient's own medicines, and implemented changes.
- We found that some equipment which had expired was obsolete and no longer used in the practice but had not been disposed of. The practice took immediate action and removed these items.
- The practice kept prescription stationery securely and monitored its use.

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. There was a comprehensive register stored on line and the practice monitored and reviewed activity relating to this. For example the system alerted to staff if a review of an assessment or action was required. This helped it to understand risks and gave a clear, accurate, and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. We reviewed minutes of a meeting held in October 2017 which reviewed the action log from events that had been recorded since November 2016.
- There were clear systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. For example we reviewed minutes of the medicines management team meeting held in August 2017 and saw that the team discussed a breach of confidentiality and a reminder was to given about the importance of maintaining confidentiality at all times.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The alerts were received and logged by the practice. The alerts was cascaded to the appropriate staff members and actions recorded.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards, and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice was in line with local and national average prescribing of hypnotics and is not an outlier.
- We saw no evidence of discrimination when making care and treatment decisions in the records we viewed.
- To enable patients to be engaged and monitor their own health, the practice had invested in a health pod. This pod enabled patients to take measurements such as their blood pressure, weight, and height, with the results recorded directly into the patient's records. Practice staff we spoke with told us that this made their consultation time more effective.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines. These included patients in their own homes and those living in care homes.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Practice staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice achieved 100% for all Quality Outcomes Framework indicators for long term conditions including; diabetes, asthma, COPD, hypertension and atrial fibrillation. Exception reporting for some of these indicators was higher than the CCG and national averages. We reviewed these results with the practice and found that there was clinical oversight to excepting of patients and patients had received appropriate care.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given for children aged 2 years old were in line with the target percentage of 90% or above. The practice had reached 86% for children aged 5 years in 2016/2017. The practice had recognised that they had a high number of children who did not attend the appointment allocated to them for their vaccinations. We saw that the practice had changed the clinics times and offered more appointments after school hours. The changes were due to start in January 2018.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- One of the topics in the newly founded practice Baby Group was to support new parents to communicate with their babies through baby sign language awareness.

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

- The practice's uptake for cervical screening was 84%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients had direct access to nurse led smoking cessation clinics.

People whose circumstances make them vulnerable:

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those 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. In 2016/2017 the practice had completed annual reviews on 34% of patients with a learning disability but since April 2017 to November 2017 the practice had improved on this and had already completed annual reviews for 36% of their patients with learning disabilities.

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

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average of 84%.
- 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption which is comparable to the CCG average of 92% and the national average of 91%.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice held a monthly performance review meeting which was attended by staff members including the nurse manager. We saw detailed minutes and actions logs showing that the practice reviewed and monitored their performance with clear management oversight. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had been successful in obtaining funding from a local charity to purchase the equipment and train staff to undertake micro suction for ear irrigation. Micro suction is a safer and better patient experience for those who require aural wax removal.

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 96%. The overall exception reporting rate was 14% compared with the CCG average of 11% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Performance for diabetes related indicators was 95%, this was 4% above the CCG average and the national average. The exception reporting rate was higher than the CCG and National average for six out of the nine indicators and lower than the CCG and national average for the other three. The prevalence of diabetes was 8% which was 3% above the CCG and 2% above national average.
- Performance for mental health related indicators was 99%. This was 4% above the CCG average and 5% above the national average. The exception reporting rate was higher than the CCG and National average for four out of the six indicators and lower than the CCG and national average for the other two. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was comparable to the CCG and national averages.
- Performance for dementia related indicators was 100%, which was 2% higher than the CCG average and 3% above the national average. The exception reporting rate was higher than the CCG and National average for one out of the two indicators and lower than the CCG and national average for the other one. The prevalence of dementia was 1% which was comparable to the CCG and national averages.
- The performance for depression was 100%. This was 7% above the CCG average and national average. The exception reporting rate was in line with the CCG and the national average of 23%. The prevalence of patients recorded as having depression was 9%, which was comparable to the CCG prevalence and the national prevalence.

Are services effective?

(for example, treatment is effective)

We discussed the areas of higher exception reporting with the practice and reviewed a sample of records. We found that there was clear clinical oversight into the management of monitoring patients and were assured patients received appropriate follow up.

The practice was actively involved in quality improvement activity and regularly completed both clinical and non-clinical audits. In the past year, 12 audits had been completed, we reviewed two which were two cycle audits, and changes had been implemented as a result. For example, an audit was completed in February 2016 and looked at the prescribing of a medicine called levothyroxine and appropriate blood monitoring. The audit showed 88% of patients had reviewed appropriate monitoring in a specific time frame. The audit was re run in May 2017, the practice performance had improved to 94%. Other audits included reviews of filing pathology and radiology results, care of veterans and antibiotic use within primary care.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications, and training were maintained electronically and the management team and staff member had clear oversight of any training refreshers that were required.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical oversight and support for revalidation. The induction process for healthcare assistants (HCA) included the requirements of the Care Certificate. We noted that one HCA had been supported to further their skills; for example, the HCA was able to undertake simple wound care. The practice ensured the competence of staff employed in advanced roles by having duty doctor support at all times and easy access to other GPs but were not able to evidence formal reviews. Following our inspection the practice shared evidence of formal reviews they had undertaken and the systems and processes implemented to ensure this is embedded.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. The practice had invested in a health pod, this machine was accessible to staff in the waiting area and the data was automatically recorded in the patient's records.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion.

- The practice was active in supporting local, national, and international charities. Monies raised by staff were matched by the partnership. Charities that had been supported included the local women's refuge, children in need, and the shoe box appeal that sends aid to other countries.
- Staff understood patients' personal, cultural, social, and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Of the patient 19 Care Quality Commission comment cards we received, 14 were wholly positive about the service experienced, four were negative and one had mixed comments. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity, and respect. 246 surveys were sent out and 114 were returned. This represented about 46% of the completion rate. The practice was generally in line for its satisfaction scores on consultations with GPs and nurses when compared with the CCG and national average. For example:

- 89% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 89% of patients who responded said the GP gave them enough time compared with the CCG average of 87% and the national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.

- 76% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with CCG average of 86% and the national average of 86%.
- 92% of patients who responded said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 92%.
- 89% of patients who responded said the nurse gave them enough time compare with the CCG average of 91% and the national average of 90%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw compared with CCG average of 97% and the national average of 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 91%.
- 71% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The practice recognised that some of the results were lower and had made changes to address these. For example, the practice with the PPG support had changed how the practice managed patients at the front desk and on the telephone. Staff had been trained on how to use a new meet and greet/phone protocol. Members from the PPG told us they were very pleased with the improvements and comment cards reflected this. To ensure the practice reviewed and gained feedback in a timely way, the partners undertook a 'mystery shopper' review and telephoned into the practice to access the response given by staff to patients. Practice staff we spoke with told us they thought this was a good idea to ensure standards were maintained.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

Are services caring?

- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers and update their records at each opportunity such as when new patients registered or a patient's health deteriorated. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 248 patients as carers (approximately 1% of the practice list).

- The practice had raised awareness within the staff and was actively referring carers to the carers support groups. They had been recognised for the high number of referrals to the carers support group.
- The practice employed a staff member who acts as a community liaison champion. This staff member runs weekly groups which included a carers group.
- 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.

Results from the national GP patient survey showed that patients responses to questions about their involvement in planning and making decisions about their care and treatment was below the CCG and national average.

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.

- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 78% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 85% and the national average of 85%.

The practice was aware of these results and they discussed actions they had taken to improve these. The practice had employed additional clinical staff and implemented the health hub in the waiting room to meet the patient demand and to allow additional time with patients. The practice had reviewed the skill mix and the appointment system to meet the acute needs of patients versus the more complex, chronic needs. The practice shared their plan to increase routine planned appointments to 12 minutes from ten minutes giving GPs and nurses more time with patients. The PPG had been involved in these discussions and plans.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, the practice provided appointments on two evenings each week and most Saturday mornings. They offered access via online services and via a 24 hour automated telephone service. Patients could order their repeat prescription on line and telephone consultations were available for those that wished to access advice this way.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. Home visits were available for those that requested them.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice provided proactive and acute care to those patients who lived in local care homes.
- The practice worked with a local geriatrician to deliver intermediate care for older people.
- The practice was proactive in setting up community groups and held a weekly coffee morning for patients aged 65 years and over. Feedback from patients relating to this group was positive.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with other health professionals to discuss and manage the needs of patients with complex medical issues.
- The practice ran monthly educational sessions for patient newly diagnosed with diabetes.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice adjusted the clinic times for baby immunisations making it more convenient for parent to bring their children.
- The practice facilitated a baby and new parent group. Educational sessions including baby sign language had been held.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on two evening each week and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included

Are services responsive to people's needs?

(for example, to feedback?)

people with protected characteristics under the Equality Act, people who may be approaching the end of their life, and people who were in vulnerable circumstances or who have complex needs, such as housebound patients.

- The practice could recognise and knew those patients that were frail or whose health was deteriorating.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP. The practice had a close working relationship with the local prison and substance misuse services enhancing service delivery in this area.
- The practice provided facilities for the dementia resource centre to be based in the practice and provide monthly support and social meetings for patients living with dementia and their carers.
- One of the topics of group meetings that the practice provide is called Healthy Minds and allowed patients to meet and receive support from a Well Being Coach.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis, and treatment.
- Waiting times, delays and cancellations were generally kept to a minimum and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or significantly below the local and national averages. 246 surveys were sent out and 114 were returned. This represented about 46% of the completion rate.

The practice recognised the low scores from the survey and had taken actions to address the issues. The appointment system had recently been enhanced with the addition of the 24 hour automated telephone service. This service

allowed patients to book, cancel, and order their repeat prescription 24 hours a day, seven days a week. The practice provided evidence to show that a significant number of patients used this new system with the highest user group being the 46 to 75 year olds.

In addition to the telephone solution the practice had also increased the skill mix within the clinical teams, including an advance nurse practitioner and primary care practitioners to offer a new model of access for acute healthcare. This gave more time to GPs for more complex medical conditions and therefore increase the continuity of care offered. To ensure patients received timely access to medicines advice the practice regularly employed three locum clinical pharmacists. These staff members were made easily available to patients, as the practice had moved the telephone answering office upstairs and placed the medicines management team next to reception. Patients and staff we spoke with found this very useful and beneficial.

The practice were confident that the investment in staff and technology would improve the patient satisfaction and that would reflect in future National GP survey data; however they had not been able to conduct a practice survey to demonstrate the impact of their actions.

Following the inspection in December 2017, the practice undertook a patient survey and shared the results with us. The results from the survey showed improvements in several areas and no area had decreased.

- 77% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%.
- 32% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 75% and the national average of 71%. In the practice survey undertaken December 2017 this had increased to 48%.
- 76% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%. In the practice survey undertaken December 2017 this had increased to 97%.
- 68% of patients who responded said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.

Are services responsive to people's needs?

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- 54% of patients who responded described their experience of making an appointment as good compared with the CCG average of 76% and the national average of 73%. In the practice survey undertaken December 2017 this had increased to 68%.
- 47% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 58%. In the practice survey undertaken December 2017 this had increased to 67%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.

- The complaints policy and procedures were in line with recognised guidance. The practice electronic system enabled reports to be easily found, easily distinguished between clinical, and support services. 40 complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a patient had complained about care received, we saw evidence that this was discussed with the individuals concerned and with the wider team. Additional training had been provided and undertaken as a result.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity, and skills to deliver the practice strategy and address risks to it. The practice had invested in a high number of staff to address issues that had arisen during their merger and acquisition of new premises in 2015.
- They were knowledgeable about issues that had been raised and prioritised relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values, and strategy jointly with patients, staff, and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- There was a systematic and integrated approach to monitoring, reviewing, and providing evidence of progress against the strategy and plans. Plans were consistently implemented, and had a positive impact on quality and sustainability of services. The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and was active in enhancing these with community and group work. For example, the practice employed staff to run groups such as weekly coffee mornings and baby groups.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values of the practice.
- Openness, honesty, and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses and emergency care practitioners, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. The practice actively supported staff to undertake further qualifications. For example, the medicines management lead was undertaking a two year course to gain their technical certificate in pharmaceutical services.
- There was a strong emphasis on the safety and well-being of all staff. Rotas were planned to ensure staff had a positive work life balance.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The practice had implemented employee of the month awards and all staff enjoyed working for these and nominating colleagues. The practice had active inclusive committees who raised funds for charities and arranged social events.

Are services well-led?

Good 

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

Governance arrangements

There were clear responsibilities, roles, and systems of accountability to support good governance and management.

- Structures, processes, and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements, and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, some improvements were required in relation to the systems and processes with the management of the practice refrigerators where medicines could be stored.
- Practice leaders had established proper policies, procedures, and activities to ensure safety and assured themselves that they were operating as intended. These were available on an electronic system which was easily accessible to staff.
- There were regular team meetings to update staff on any governance changes. We saw evidence that the practice used electronic mail effectively to communicate with staff.
- A suite of risk assessments and accompanying action plans were monitored and acted upon by management to ensure the safety of staff and patients.

Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues, and performance.

- There was an effective, process to identify, understand, monitor, and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. However, performance of employed clinical staff could not be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information. Practice meetings were held regularly to keep staff updated. Minutes of these meetings were available for all staff, including staff that were unable to attend.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff, and external partners to support high-quality sustainable services.

- There were consistently high levels of constructive engagement with staff and people who use services, including all equality groups. Rigorous and constructive challenge from people who use services, the public, and stakeholders was welcomed and seen as a vital way of holding services to account.
- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard, and acted on to shape services and culture.

Are services well-led?

Good 

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

- There was an active patient participation group. The group met quarterly with the practice and assisted with flu clinics and weekly community group events. The practice implemented ideas from the group, including improving the reception area. This led to the reception telephone answering team being relocated in an upstairs room and the medicines management team moving next to the reception. This gave easier access for patients who had questions relating to their medicines.
- Management were transparent, collaborative and open with stakeholders about performance. Feedback from external stakeholders was positive about the practice performance and engagement. The management team took a leadership role to identify and proactively address challenges and meet the needs of the population.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice was proactive in training apprentices and equipping them with the skills for future employment.
- Safe innovation was celebrated and the practice ran a bright ideas scheme for staff to be recognised for their ideas that were submitted. There was a clear, systematic, and proactive approach to seeking out and embedding new and more sustainable models of care.
- Staff knew about improvement methods and had the skills to use them. Improvement methods and skills were available and used across the practice, and staff were empowered to lead and deliver change.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. The practice ensured meeting minutes were available for all staff.
- The management team encouraged staff to take time out to review individual and team objectives, processes, and performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met</p> <ul style="list-style-type: none">• The practice had failed to ensure that refrigerators where medicines could be stored were maintained and monitored safely.• We found that the temperatures of the fridges were not always recorded.• We found that actions taken when temperatures were out of the recommend temperature range were not always recorded.• We found that one refrigerator did not meet the required standard for cleanliness.• We found that the refrigerators had not been serviced regularly to ensure they were working properly.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	