

Castleton Health 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



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 Castleton Health Centre on 3 February 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing well-led, effective, caring and responsive services. It required improvement for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff stated they had received training appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an emergency appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had a dedicated telephone number for residential and nursing homes to use to help prevent emergency admissions to hospital.
- The practice had worked with the patient participation group (PPG) and held a carers' open day. This was to identify carers, engage with them and offer support.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure there are systems in place to safeguard patients from abuse. This includes having policies and procedures in place for staff to follow and providing training for all staff in safeguarding children and vulnerable adults.

Summary of findings

- Ensure they operate an effective recruitment system by obtaining the information required under Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 and ensuring staff are of good character.
- Provide health and safety training for staff, update health and safety risk assessments and ensure all appropriate safety checks are carried out at appropriate intervals.

Also the provider should:

- Formalise meetings held between clinicians and other staff and keep a record of these meetings.
- Ensure that electrical testing of portable appliances is up to date.
- Keep a record of the training staff have completed to ensure it is updated at the correct intervals.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and to report incidents. When things went wrong reviews and investigations were carried out. There was a GP lead for safeguarding children and vulnerable adults and they had received appropriate training. Another staff member had responsibility for child protection issues. Other staff had not received safeguarding training for adults or children. There was no safeguarding policy in place. The practice had not obtained all the relevant information required when staff had been recruited. This included evidence of identity, a full employment history and disclosure and barring service (DBS) checks where required.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of staff being supported in their work and appraisals being carried out. Staff worked with multidisciplinary teams.

Good



Are services caring?

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an emergency appointment with a GP with urgent appointments available the same day.

Good



Summary of findings

However, routine appointments were not as easy to access. The practice had good facilities and was well equipped to treat patients and meet their needs. Complaints were investigated and learning needs shared with appropriate staff.

Are services well-led?

The practice is rated as good for being well-led. Staff were clear about their roles and responsibilities. There was a clear leadership structure and staff felt supported by management. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received an appraisal and felt supported at work. Regular meetings took place although these were informal and no minutes were kept.

Good



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 had a much higher than average number of patients in residential or nursing homes. GPs had a good relationship with the homes and regularly visited them. Staff at the homes could contact the practice on a dedicated telephone number if they had a concern about a resident. The practice had care plans in place for patients with a high risk of an unplanned hospital admission and these were reviewed by a GP and practice nurse. However, staff had not received training in safeguarding adults, and there was no GP lead for safeguarding adults.

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. GPs also had lead roles for some long term conditions. Home visits were available when needed. Patients had a structured annual review of their condition to check their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There was a lead GP for safeguarding children and they managed safeguarding issues. Other staff however had not received training. Children and young people were treated in an age appropriate way and recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives and health visitors. There was a lead GP for the care of women and children.

Good



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. The practice offered extended opening until 9pm

Good



Summary of findings

one day each week. Services offered were accessible, flexible and offered continuity of care. Appointments could be booked on line. There was a full range of health promotion and screening that reflected the needs for this age group.

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 with a learning disability. It had carried out annual health checks for people with a learning disability and staff were aware of the procedure to follow if a patient did not have the capacity to consent to treatment.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff had not received training in vulnerable adults and there was no lead GP for safeguarding vulnerable adults.

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). Patients experiencing poor mental health had received an annual physical health check. The GP took this opportunity to offer healthy living advice, carry out medicine reviews and offer appropriate vaccinations. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

We received six completed CQC patient comment cards and spoke with four patients, including a representative of the patient participation group (PPG) at the time of our inspection visit.

The patients we spoke with told us it was easy to get through to the practice on the telephone and emergency appointments were usually available on the day they were requested. They said routine appointments were more difficult to make with them sometimes having to be made two weeks in advance. Patients told us they were treated respectfully by polite staff, and they were involved in decisions about their care.

One of the comments cards we reviewed contained information relating to another health service. Of the others two mentioned the good quality care they received from helpful staff. Others commented about the poor availability of routine appointments and the prescription ordering system being difficult to use for people who worked during the day.

We also looked at the results of the latest national GP survey. The survey results included:

85% of respondents said it was easy to get through on the telephone (Clinical commissioning group (CCG) average 63%).

75% of respondents rated the experience of making an appointment as good (CCG average 74%).

85% of respondents would recommend the practice to someone new (CCG average 67%).

60% of respondents were satisfied with the waiting times (CCG average 64%).

68% of respondents were satisfied with the opening hours (CCG average 72%).

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure there are systems in place to safeguard patients from abuse. This includes having policies and procedures in place for staff to follow and providing training for all staff in safeguarding children and vulnerable adults.
- The provider must ensure they operate an effective recruitment system by obtaining the information required under Schedule 3 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2010 and ensuring staff are of good character.

- The provider must provide health and safety training for staff, update health and safety risk assessments and ensure all appropriate safety checks are carried out at appropriate intervals.

Action the service **SHOULD** take to improve

- The provider should formalise meetings held between clinicians and other staff and keep a record of these meetings.
- The provider should ensure that electrical testing of portable appliances is up to date.
- The provider should keep a record of the training staff have completed to ensure it is updated at the correct intervals.

Castleton Health 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 advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is someone who uses Health and Social Care Services.

Background to Castleton Health Centre

Castleton Health Centre is a purpose built two storeys building in the Castleton area of Rochdale.

There are six partners at the practice and a part time salaried GP. There are also three practice nurses, a locum nurse, a primary care technician, a practice and office manager and administrative and administrative staff.

The practice is open Monday to Friday from 8.30am until 6pm. One night a week extended hours are available until 9pm. The night for extended opening hours was variable.

The practice delivers commissioned services under a General Medical Services (GMS) contract. At the time of our inspection 9614 patients were registered with the practice. The practice had a higher than average number of older patients.

Castleton Health Centre had opted out of providing out-of-hours services to their patients. This service was provided by a registered out of hours provider.

Why we carried out this inspection

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

How we carried out this inspection

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

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

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

Older people

People with long-term conditions

Families, children and young people

The working-age population and those recently retired (including students)

Detailed findings

People in vulnerable circumstances who may have poor access to primary care

People experiencing poor mental health

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 the 3 February 2015. We reviewed all areas that the practice

operated, including the administrative areas. We received six completed patient comment cards and spoke with four patients during our inspection visit. We spoke with people from various age groups and with people who had different health care needs. We spoke with two GPs, a practice nurse, two receptionists, a member of the administration team and the practice manager.

Are services safe?

Our findings

Safe track record

There were clear lines of leadership and accountability in respect of how significant incidents, including mistakes were investigated and managed. Before visiting the practice we reviewed a range of information we hold about the practice and asked other organisations such as NHS England and Heywood, Middleton and Rochdale Clinical Commissioning Group (CCG) to share what they knew. No concerns were raised about the safe track record of the practice.

Discussion with senior staff at the practice and written records of significant events revealed that they were escalated to the appropriate external authorities such as NHS England or the CCG. A range of information sources were used to identify potential safety issues and incidents. These included complaints, health and safety incidents, findings from clinical audits and feedback from patients and others.

The staff we spoke with told us that although they had not seen the incident reporting policy they knew how to escalate significant events so they could be correctly reported. We saw examples of significant events being discussed in detail at the practice's monthly meetings. Where changes to policies needed to be considered this was discussed with the GPs and managers. Incidents were also discussed during the weekly meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of the six significant events that had occurred since December 2013. We saw evidence that where changes to policy needed to be considered following a significant event this was discussed at the regular meetings. We saw examples of changes being implemented and information disseminated to staff. These included changes to prescribing practice. There was evidence that the practice had learned from these. We saw that national patient safety alerts and significant events were a regular agenda item at practice meetings. We found that where errors were identified the practice was open with patients about what had happened and informed them of what changes would be made to minimise the risk of them reoccurring.

We saw that where new guidance was received this was available to all staff on the computer system. This included recent guidance on suspected cases of Ebola, and the non availability of certain medicines.

Reliable safety systems and processes including safeguarding

The practice did not have policies in place for the safeguarding of children and vulnerable adults. The practice manager told us they were working on these policies and aimed to have them in place by April 2015. The GPs told us they knew they needed to have a system for safeguarding in place. There was a GP lead for child protection and vulnerable adults. GPs told us they were aware of the protocol for Heywood, Middleton and Rochdale CCG. The practice manager told us they held the protocol but this had not been shared with staff. GPs had safeguarding meetings with the CCG every three months. GPs also reviewed instances of children who did not attend planned appointments at the practice, and reviewed the circumstances of children under the age of 10 attending the Accident and Emergency (A&E) department.

GPs told us they had received safeguarding training to level three, the appropriate level for GPs. However there was no record of this kept at the practice and it was not known when the training had taken place. The CCG had provided training for nurses at the CCG nurse forum. Although there was no record of this a practice nurse told us the training had been very useful and had included information about safeguards around the grooming of children. Other staff had not been trained in safeguarding children or vulnerable adults. The practice manager told us safeguarding had not been discussed at any of their internal staff training sessions.

Staff told us one of the administration team dealt with child protection and if they had any concerns they would either speak to them or the GP child protection lead. Staff, including those who had worked at the practice several years, told us they had not been trained and did not know how to deal with safeguarding concerns other than to tell the administration team member. They did not know how concerns were escalated and had not been told how to recognise abuse. A GP told us staff would approach them if they had concerns.

The GPs and practice manager were not aware of any safeguarding referrals being made in the previous 12 months. We saw a significant event audit (SEA) from July

Are services safe?

2014 regarding child neglect. Although an action plan had been put in place the plan did not include having a safeguarding policy for children and vulnerable adults or training staff in safeguarding.

We saw the chaperone policy dated September 2014. This gave guidance on the procedure to follow when chaperoning and stated non clinical staff would be trained prior to carrying out chaperone duties. The non-clinical staff we spoke with told us that although they had not received formal training the procedure was discussed during a practice meeting. They were all aware of their role while chaperoning and where they should stand during the examination. They also told us they annotated patients' notes if they had been present during an examination. The practice manager told us Disclosure and Barring Service (DBS) checks had not been carried out for staff who performed chaperone duties and the need for DBS checks had not been considered.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. This policy had been developed recently and had been shared with relevant staff.

The practice nurses managed the stock rotation of medicines. They told us there had been no recent medicines issues. We saw that travel vaccinations were stored in fridges with their expiry date clearly visible.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We checked the medicines kept by GPs in their bags. These were all appropriate and within their expiry dates.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

We observed the premises to be clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Cleaners attended every evening Monday to Friday, and there were spillage kits in place if required during the day. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

There was an infection control protocol in place dated January 2014. This gave instructions to staff about how to deal with different aspects of infection prevention and control. The practice manager told us this protocol was not available to all staff.

One of the practice nurses was the lead for infection control. We saw that all staff, except those very recently recruited, had received training in infection prevention and control during 2014. Some training was on-line and the practice nurse carried out some face to face training. The staff we spoke with confirmed they had received training.

We saw the results of the infection prevention and control audit carried out by the CCG infection control lead in March 2014. The practice had attained a compliance rate of 42% with action being required in several areas. These included all areas including air vents being free from dust, cloth privacy curtains being washed or changed, hand rub being within its expiry date and rusty radiators being repaired. We saw evidence that the practice nurse started to make the necessary improvements immediately following the inspection and the majority of actions had been completed. They were monitoring the plan to ensure improvements continued. They told us a re-audit was due to take place in March 2015.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw a certificate to confirm that medical equipment such as blood pressure monitors and weighing scales were calibrated in July 2014. However, the practice manager told us that the testing of portable electric appliances had not been carried out for a few years. We saw that a radio that was plugged into a wall on the first floor corridor and placed on the floor had been last tested in March 2005.

Are services safe?

Staffing and recruitment

The practice had a recruitment policy dated June 2013. This set out the procedure that should be followed when recruiting new staff. It did not include the need to check professional registration or qualifications, and did not mention the possible requirement for a DBS check to be carried out.

We looked at the personnel files of 11 staff including GPs, practice nurses, the primary care technician, reception and administrative staff. The records we looked at did not provide evidence of appropriate recruitment checks taking place prior to recruitment. Some staff had worked at the practice for several years but others, including a GP, were more recently recruited. Evidence of identity was only held in five files and references were available for three staff members. The practice manager told us references were usually obtained but this was sometimes by email, with confirmation not being kept in the staff member's personnel file. We saw that six of the files contained an employment history for the staff member but reasons for leaving previous jobs were not always given. There was no evidence of DBS checks being carried out for most relevant staff, including nurses and the primary care technician. Very little information was held in the personnel files other than recent training certificates. We asked the practice manager if information was located elsewhere and they told us all the information they could find had been included in the personnel files.

GPs told us they tried not to use locum GPs and did not use a locum agency. If they needed a locum GP they used GPs who they knew had been students at the practice. They said they had already been through the required checks. We did not see any of this information during the inspection.

One of the GPs had recently retired and the GPs told us they had been struggling to meet the demands of patients. They were in the process of advertising for a new GP and were considering using a locum GP in the meantime to meet this demand. Two administrative and reception staff had also recently left. GPs told us that staffing levels were agreed at quarterly planning meetings. They said there was very good communication within the team and a lot of the team were flexible in the way they worked. There was an annual leave protocol in place, managed by the practice manager, to ensure there were enough staff available at all times.

Monitoring safety and responding to risk

The practice had a health and safety policy in place but there was no designated staff member who was responsible for health and safety. Health and safety training had not been given to staff. There were no health and safety risk assessments within the practice. Fire training had been provided for most staff. However some staff, including a nurse and a GP, had not been trained. Training had also not been provided to a recently recruited staff member when they started work.

We saw the fire safety file. This showed that a check of fire extinguishers had last been carried out in September 2013. The practice manager told us annual checks were in place but they could not locate the certificate. The fire extinguishers had a label on confirming checks had been completed in October 2014. We saw that fire alarm checks were being carried out, usually once a month. There was a record of a fire drill taking place in March 2014.

We saw no evidence of the emergency lighting being tested, or fire doors and the means of escape being checked. The practice manager told us they did not carry out these checks and an external company had done them. However they were unable to provide evidence of this and the relevant parts of their fire safety file were not completed.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support within the previous 12 months.

The practice had an automatic external defibrillator (AED). This was checked regularly to ensure it was ready for use. The electrode pads for the AED were due to expire during the month of our inspection and new pads had not been ordered. There was a set of electrode pads in the AED case that had expired in March 2011. The practice told us these were used for training only but they were sealed and not annotated as training pads. There was oxygen available in the practice for use in an emergency and this was checked. We saw it was ready for use and there were masks available.

Are services safe?

Appropriate emergency medicines were available. These were kept securely and at the correct temperature. All the medicines we saw were within their expiry date. We saw that regular checks were carried out to ensure the emergency medicines were available and in-date.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This had been reviewed in December 2014. It

was very detailed and included identified risk such as power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

We saw that computers had a panic button on them to summon help in an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, chronic obstructive pulmonary disease (COPD) and mental health. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. They told us that it was standard practice for clinicians to give feedback to other clinicians if they had attended a training course.

Discussion with GPs and looking at how information was recorded and reviewed, demonstrated that patients were being effectively assessed, diagnosed, treated and supported. GPs and other clinical staff conducted consultations, examinations, treatments and reviews in individual consulting rooms to preserve patients' privacy and dignity and to maintain confidentiality.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about the outcomes of patients care and treatment was collected and recorded electronically in individual patient records. This included information about their assessment, diagnosis, treatment and referral to other services. GPs took responsibility for patients with long term conditions. We saw that patients with long term conditions

were invited for a review of their condition at least once a year. Their attendance was monitored and patients that did not attend were contacted so a convenient appointment could be made.

The practice had a system in place for completing clinical audit cycles. There were quality improvement processes in place to improve patient care and outcomes through the systematic review of patient care and the implementation of change. We saw evidence of the clinical audits cycles that had been carried out. These included an audit on palliative care where improvements in care over a period of time had been made. This audit cycle showed there had been a positive outcome for patients, including increased liaison with the out of hours service and more patients having a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place in appropriate circumstances. We also saw evidence of audits carried out where the cycle was yet to be completed. This included an audit on patients with chronic obstructive pulmonary disease (COPD).

We saw that the practice had a higher than average number of patients who were admitted to hospital as an emergency. The practice was aware of these figures and monitored them. They explained that their practice had three times the clinical commissioning group (CCG) average of patients living in residential and nursing homes and some of these patients had very complex needs. They worked closely with the residential and nursing homes, visiting them regularly, to try to reduce hospital admissions. They also had a priority telephone line for residential and nursing homes to use to ensure they could reach the practice in an emergency. A new scheme had recently started where nurses from within the CCG were able to visit these patients and ask for input from the GP where this was necessary.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. GPs told us they tried to carry out medicine reviews when patients were attending for other reasons or for a review of their long term condition. Their computer system alerted them if a patient was due a review of their medicines or repeat prescriptions.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Some staff had worked at the practice for several years. All GPs were up to date with their yearly

Are services effective?

(for example, treatment is effective)

continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council). We saw evidence that GPs attended courses and seminars and provided feedback from these to clinicians at the practice.

Staff told us they attended training courses, and that some training was completed via e-learning. They told us they felt able to request additional training if they felt this would be beneficial. The practice manager confirmed this. However, there was no overall record kept of the training completed by each staff member. We saw that some training certificates were kept in personnel files but the records were not complete. Some training, such as for basic life support, was recorded and up to date for all staff.

All staff, including the practice nurse, healthcare assistant and practice manager, had had an appraisal during the previous 12 months. However, prior to this appraisals had not been carried out since 2010. We saw evidence of the appraisals taking place and learning needs being identified within the previous 12 months. This was with the exception of the practice nurses. These had been carried out by GPs, and they were not available on the day of our inspection. GPs and practice nurses told us they had been completed. Staff told us they felt supported at work.

New staff had a period of induction when they joined the practice, this involved working with a more experienced staff member for a time. There was no formal induction programme in place. Staff told us their manager was approachable and there was always someone who could give them help or advice if needed.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries and the out-of-hours GP services. The GPs told us they took any appropriate action and ensured their patient records were up to date.

The practice had a good relationship with community nurses. Until December 2014 a community nurse had been based in the practice's building. At the time of our inspection a community nurse ran a clinic in one of the treatment rooms so usually had daily contact with staff.

Patients receiving palliative care were reviewed by GPs, practice nurses and community nurses every three months. During these meetings a short up to date note was completed for each patient so all relevant clinicians were able to access the latest information.

The practice worked closely with the out of hours service. During each afternoon patients asking for an urgent visit were triaged by a GP. Under a new initiative if an urgent home visit was required during an afternoon there was the provision for the out of hours service to carry out the visit, after liaising with the GP. The meant patients may be seen in a more timely manner, depending on the capacity of GPs at the practice.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals.

All the electronic information needed to plan and deliver care and treatment was stored securely but was accessible to the relevant staff. This included care and risk assessments, care plans, case notes and test results. The system enabled staff to access up to date information quickly and enabled them to communicate this information when making an urgent referral to relevant services outside the practice.

There was a practice website with information for patients including signposting, services available and latest news. Information leaflets were available within the practice waiting room.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Are services effective?

(for example, treatment is effective)

The GPs and practice nurse told us how when necessary they would assess the capacity of a patient. Patients with a learning disability were encouraged to bring a carer or family member with them to their appointments. Clinicians were aware of the action they should take if they felt a patient did not understand their consultation or choices about care and treatment. We saw that forms to obtain written consent were available and staff knew when to document verbal consent.

The GPs and practice nurse saw patients under the age of 16 if they attended without a parent. They understood the Gillick competencies and assessed the understanding of young people on an individual basis. The practice nurse said it was not unusual for young people under the age of 16 to book a consultation and although they would encourage younger patients to involve their parents they knew there was not a legal requirement to do so.

Health promotion and prevention

The practice supported patients to manage their health and wellbeing. New patients were offered a new patient consultation and their medicines were reviewed at this time. Patients between the age of 40 and 70 were also offered an NHS health check. A blood pressure monitor was available for patients to use in the reception area, and the

practice ran a smoking cessation service. An anti-coagulation service, commissioned by the CCG, was run from the practice. In addition, the practice had an ultra-sound scanner available that negated the need for some patients to attend hospital.

All patients with a long term condition were invited for a review of their condition at least every year. Checks were in place to ensure patients were invited for their review appointment.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. The practice manager acted as the lead for vaccination programmes and ensured all eligible patients were invited to attend. They did this by making sure notices were available in reception and including reminders on the bottom of prescriptions. They ran a drop in clinic for flu vaccinations and also offered vaccinations to eligible patients if they attended the practice for any other reason.

The practice had information about a range of medical conditions and local support services displayed in the waiting areas.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey. The patient survey showed that 87% of patients thought their GP was good treating them with care and concern (Clinical Commissioning Group (CCG) average 83%) and 95% thought their GP was good at listening to them (CCG average 88%). The figures when asked the same about the nurse were 91% (CCG average 79%) and 92% (CCG average 79%). The survey showed that 87% of patients found the receptionists helpful (CCG average 84%), 95% thought the GP gave them enough time (CCG average 88%), and 93% thought the same of the nurse (CCG average 80%). These results were all above the CCG average.

The patients we spoke with all gave us positive comments about all the staff at the practice. Patients told us they were treated respectfully by polite staff, and they were involved in decisions about their care. The CQC comments cards that mentioned staff stated that staff were helpful.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations. On the first floor it was possible to overhear loud conversations taking place in consultation rooms. To minimise this music was played.

Patients were able to request an appointment with a GP of a specific gender.

Care planning and involvement in decisions about care and treatment

The latest GP patient survey information showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, with results above the CCG average. 91% of patients said the GP was good at explaining tests and treatments to them (CCG average 83%) with 83% saying the same of the nurse (CCG average 78%). Also, 86% of patients said the GP was good at involving them in decisions about their care (CCG average 76%) and 91% said the same of the nurse (CCG average 69%). The patients we spoke with told us they felt involved in decisions about their care.

We saw that a wide range of information about various medical conditions was available in the reception area. Information about services that were available in the area was also displayed.

Patient/carers support to cope emotionally with care and treatment

The practice had recognised that they had a number of unidentified carers. Working with the patient participation group (PPG) they had recently held a carers' open day on a Saturday. This was to engage with carers and offer support. Feedback from the event had been positive. The practice had a carers' advocate who was responsible for recording carers on the computer system so they could be identified and send out carers' packs detailing support that could be accessed.

Although GPs could only offer limited counselling to patients they were able to refer patients to a local NHS trust. The trust screened all referrals to make sure patients were seen by the most appropriate service. Bereavement counselling was also available via this service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The GPs took the lead for specific conditions such as diabetes, asthma and women's health. Practice nurses led on coronary heart disease, chronic obstructive pulmonary disease (COPD), cervical smears and vaccinations. There was a system in place to ensure patients with long term conditions had regular appointments to review and monitor their condition. Also medicine reviews were arranged at appropriate intervals for patients who required regular medicines. The majority of patients over the age of 75 had a named GP.

One of the GPs was the mental health lead. They invited patients with mental health needs for a review at least once a year. They also used these opportunities to carry out medicine reviews, administer flu vaccinations and discuss healthy lifestyles.

The practice kept a register of patients with a learning disability. Patients with a learning disability had a named GP and a senior nurse ensured these patients had regular reviews of their healthcare needs.

GPs attended Clinical Commissioning Group (CCG) meetings where unplanned hospital admissions were discussed. Care plans were put in place for these patients and we saw evidence that the practice had completed more than the 2% national target for having care plans in place. A GP took the lead on these and was supported by a practice nurse. Meetings with district nurses and Macmillan nurses were held every three months and the needs of patients requiring palliative care were discussed and care plans put in place.

Tackling inequality and promoting equality

The practice had recognised the needs of different groups in the planning of its services. They told us there were very few patients who did not speak English as a first language but translation services were available. The practice had identified certain groups of patients, such as those with a learning disability or with caring responsibilities, and additional help was provided in an appropriate manner. A

much higher than average number of patients lived in residential or nursing homes. The GPs and practice nurses had good relationships with the homes, and they had a dedicated telephone number to ring if they needed to speak with a clinician. The practice did not keep a register of patients who were housebound but home visits were available for patients who demonstrated a need for one.

The premises and services had been adapted to meet the needs of people with disabilities. The practice was fully accessible for patients using a wheelchair, or with a pushchair. There were consultation rooms on the ground and first floor, and a passenger lift was available. There was an accessible toilet.

Access to the service

We spoke with four patients during our inspection. Those that had requested an urgent appointment had been given one for the day they requested it. We reviewed CQC comments cards and most patients told us they were able to access appointments urgently when required. However patients said that routine appointments were difficult to access.

The results of the latest national GP survey showed that 75% of respondents found the experience of making an appointment 'good'. This was slightly above the CCG average of 74%. The practice told us that children, patients with COPD and the very unwell were always seen on the day they requested an appointment. During our inspection we saw that 'on the day' appointments were still available. However the next routine appointment was not for 10 working days. GPs told us they felt they were unable to meet the demands of patients, and this was in part due to a GP recently retiring. They were in the process of advertising for a new GP and were considering having a locum GP to help meet the demand. They told us that the list size had not significantly increased but the needs of patients had.

The practice was usually open from 8.30am until 6pm. Extended hours were offered until 9pm on one evening a week. The latest national GP survey showed that 68% of patients were satisfied with the opening hours, against a CCG average of 72%. The survey showed that 85% of patients found it easy to get through on the telephone, and this was higher than the CCG average of 63%.

Are services responsive to people's needs?

(for example, to feedback?)

The practice was working with the out of hours service to provide home visits during afternoons. If a home visit was required the out of hours service was able to carry out the visit so GPs could see patients in the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for managing complaints and the process was overseen by a GP. Staff were aware of the procedure to follow if a patient made a complaint, either verbally or in writing. There was information in the waiting area about how to make a complaint and patients were aware of how to find this information.

We looked at the complaints that had been made in the 12 months prior to our inspection. We saw evidence that learning points and actions required had been identified. There was not always a record of the action required being addressed. The practice manager and GPs told us complaints and learning points were discussed in their meetings. If a complaint related to an individual staff member their manager would raise it with them and arrange additional training if required.

We saw evidence of complaints being thoroughly investigated. We saw an example of a complaint being made with a trainee doctor and saw that the practice had liaised with the appropriate body when deciding what action should be taken to ensure the incident was not repeated.

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

There was a well-established leadership structure with clear allocation of responsibilities amongst the GPs and the practice team. One of the partners had recently retired and the practice were in the process of recruiting a new GP.

GPs and the practice manager met regularly with the Clinical Commissioning Group (CCG) to discuss current performance issues and how to adapt the service to meet the demands of local people. The GPs were committed to providing a high quality service to patients in a fair and open manner. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. GPs told us they thought staff needed to be informed of this vision. However, the staff we spoke with were able to describe the ethos and told us teamwork was strong in the practice.

Governance arrangements

There were defined lines of responsibility and accountability for the clinical and non-clinical staff. Weekly practice meetings were held for clinicians and managers and we saw the minutes that were kept. These provided evidence that performance, quality and risks had been discussed and any required actions were monitored.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary scheme that financially rewards practices for the provision of quality care to drive further improvements in the delivery of clinical care. The QOF data for this practice showed it was performing above national standards. We saw that QOF data was regularly discussed at practice meetings and action plans were produced to maintain or improve outcomes.

The practice had a system in place for completing clinical audit cycles. These were quality improvement processes that seek to improve patient care and outcomes through the systematic review of patient care and the implementation of change. The clinical audits we saw showed that they had had a positive impact on patient outcomes.

The governance and quality assurance arrangements at the practice combined with the open and fair culture enabled risks to be assessed and effectively managed in a timely way. By effectively monitoring and responding to risk patients and staff were being kept safe from harm.

Leadership, openness and transparency

The service was transparent, collaborative and open about performance. There was a clear leadership structure which had named members of staff in lead roles. We spoke with staff members and they were all clear about their own roles and responsibilities. They all told us that they felt valued, well supported and knew who to go to in the practice with any concerns. Some staff had worked at the practice for several years.

Staff at the practice met regularly. They told us there was an open culture within the practice and they had the opportunity to raise issues at formal staff meetings or informal get-togethers. They said the practice manager was very approachable. It was rare for staff to go directly to GPs with any issues they wished to raise. They usually asked the practice manager to raise issues on their behalf.

Seeking and acting on feedback from patients, public and staff

The practice carried out patient satisfaction surveys. The most recent survey had been carried out in February 2014 and it asked patients what they liked and disliked about the practice, how easy it was to access urgent appointments, if they had been able to access a routine appointment within a reasonable time as well as their opinion of other services. An action plan had been put in place and the plan was being worked through during meetings with the patient participation group (PPG).

A further survey had been carried out during March 2014 about a specific service offered by the practice. Although feedback from patients had been extremely positive the practice had been unable to secure funding for the service to continue.

The PPG met every three months and it consisted of a mixture of staff and patients. We spoke with a member of the PPG who told us the practice was responsive to their ideas and they felt listened to. There were 12 members of the PPG and the practice were trying to increase membership so they were more reflective of the patient

Are services well-led?

Good 

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

population. We saw the minutes of the PPG meetings and these provided evidence of members being actively involved in making suggestions with a view to improving the practice.

The website told patients how they were able to give feedback to the practice. They were unable to submit their feedback on-line but were asked to contact the practice manager. There was a suggestions box in the waiting area. This was emptied daily and a GP reviewed suggestions made.

Management lead through learning and improvement

Staff told us they received the training necessary for them to carry out their duties and they were able to access additional training to enhance their roles. The practice manager confirmed this but told us they did not keep a definitive list of the training staff had completed. Personnel files contained some training information but this was not complete.

We saw evidence that the continuing professional development (CPD) of the practice nurse was monitored and recorded. They were able to obtain clinical advice from any of the GPs at the practice. The GPs had carried out

appraisals for the practice nurses and the practice manager. Documentation to confirm this was not available during the practice but practice nurses confirmed that an appraisal had taken place and they felt supported in their role. The practice manager carried out appraisals for non-clinical staff and these had been completed in the last 12 months. We were told that although staff had received support they had not been having regular formal appraisals. However a new system had been put in place and was being managed to ensure appraisals and development took place at appropriate intervals.

GPs were supported to obtain the evidence and information required for their professional revalidation. This was where doctors demonstrated to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice. The GPs and practice nurses regularly attended meetings with the CCG so that support and good practice could be shared.

The practice had completed reviews of significant events and other incidents and shared the outcomes of these with staff during meetings to ensure outcomes for patients improved.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person did not assess the risks to people's health and safety and did not have the qualifications, competence, skills and experience to keep people safe. This was in breach of regulation 12(2)(a)(b)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 101(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>The provider did not carry out health and safety risk assessments at their premises. Training in health and safety was not provided for staff and not all staff had been trained in fire safety. There was no evidence of safety checks such as of emergency lighting or fire doors being carried out. There were no checks to ensure some electrical equipment was safe.</p> <p>Regulation 12(2)(a)(b)(d)(e)</p> |

| Regulated activity | Regulation |
|--|--|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered person had not protected people against the risk of abuse. This was in breach of regulation 13 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met</p> <p>No policies were in place for the safeguarding of children or vulnerable adults. There was no record of</p> |

Requirement notices

safeguarding training for any staff although clinical staff stated they had been trained in safeguarding children. Non-clinical staff had not been told how to escalate safeguarding concerns.

Regulation 13 (1)(2)

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person did not operate robust recruitment procedures to ensure they only employed fit and proper staff. This was in breach of regulation 19 (1)(a)(b)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 21(a)(i)(ii)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met

The provider's recruitment policy did not include a requirement for the check of professional registration or qualification, and it did not include consideration of a Disclosure and Barring Service (DBS) check. Checks of staff to ensure they were of good character were not always kept and other evidence, such as a check of a staff member's identity, was not routinely held.

Regulation 19(1)(a)(b)(2)(3)

This section is primarily information for the provider

Enforcement actions

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.