

Patterdale Lodge Medical Centre

Quality Report

Lekh St,
Newton le Willows,
Merseyside,
WA12 9NA

Tel: 01925 227111

Website: www.patterdalelodge.nhs.uk

Date of inspection visit: 10 March 2016

Date of publication: 07/06/2016

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

Ratings

Overall rating for this service

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

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	11
Background to Patterdale Lodge Medical Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	23

Overall summary

We carried out an announced comprehensive inspection at Patterdale Lodge Medical Centre on 10th March 2016. Overall the practice is rated as good.

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

- The practice had a system in place to report significant events. Staff understood and fulfilled their responsibilities to raise concerns. However there was no formal system to analyse, discuss and share findings with the team which limited learning from all events.
- Some aspects of managing safety needed further review. The systems in place for monitoring prescription pads needed to be reviewed to show a clear audit trail of how they were stored and issued. Protocols were lacking in regard to managing prescriptions that had not been picked up by patients.
- Staff files lacked evidence of necessary medical questionnaires and induction checks were not in place for some staff including none in place for locum staff.
- The practice was clean and tidy. The last infection control audit identified further actions to help improve its overall score from 84%.
- The practice staff did not have access to a lone working policy.
- There were no protocols to identify appropriate clinical GP support for the triage service operated by the nursing staff.
- Some staff needed updated training such as: fire safety, CPR, safeguarding and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS.) Training needs had various gaps to help show appropriate management of updated training for all staff. Staff retention at the practice was good offering stability and continuity of care to patients.

Summary of findings

- Patients were positive about the practice and the staff team. They said they were treated with dignity and respect and felt involved in decisions about their treatment.
- Information about services and how to complain was available but patients had to ask for this information from reception.
- Patients were positive about accessing appointments with a named GP and continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The management of health and safety within the building was well managed by the practice.
- The Patient Participation Group (PPG) group felt they were instrumental in suggestion changes to help improve services such as the introduction of telephone consultations.

There are areas where the provider must make improvement. The provider must:

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- Ensure all necessary updated training and induction is provided for all staff, including: fire safety, CPR, safeguarding, the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS.)

- The areas where the provider should make improvement are:
- Ensure all significant events are shared with staff to promote learning.
- Ensure induction records are maintained and induction provided for all staff.
- Review access and availability of the complaints procedure and review ways of sharing reviews of complaints with the staff team.
- Review the auditing system for storage of blank prescription pads and protocols for staff when patients do not pick up their prescriptions.
- To review all policies and procedures to ensure they are up to date and accessible for all staff. Include access to a lone working policy and updates to the chaperone policy.
- To review the triage service operated by the nursing staff and develop protocols to ensure appropriate clinical GP support is identified.

Letter from the Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. However, not all events had been shared with staff.
- The practice had defined systems in place to keep patients safe and safeguarded from abuse. However some staff needed updated training for safeguarding.
- Some aspects of managing safety needed further review including; the monitoring of prescription pads, actions to replace carpet flooring in treatment areas and training in place for staff covering risks to fire safety, MCA, DoLs and CPR.
- Staff files needed further review as they did not all have the required checks in place.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- A sample of audits seen for clinical audits demonstrated quality improvement.
- Staff had the skills to deliver effective care and treatment which met patients' needs and included training for staff to carry out foot examinations for diabetic patients. However training records lacked evidence to show effective monitoring of staff training for all staff at the practice.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand. Staff had displayed information to help sign post patients to various services and support organisations. They had 320 patients registered as carers and had designated staff acting as 'Carers champions.'

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with other organisations and with the local community in planning how services were provided to ensure they met patients' needs.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were able to make an appointment with a named GP and there was continuity of care. The practice had commenced telephone appointments that patients were positive about. The triage service had no protocols in place to show what GP cover was in place to support this service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available to patients on request, as it was not freely available in patient waiting areas. Some staff were unaware of the complaints made and actions taken following a complaint.

Good



Are services well-led?

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

- The practice had a vision to deliver good quality care and promote good outcomes for patients. Staff were clear about their responsibilities in putting their patients first.
- There was a transition in leadership due to ill health however the practice had a tier of managers who were responsible for the day to day management of the practice.
- There was a governance framework which supported the delivery of good quality care although it needed reviewing with staff to clarify staff roles in regard to training, complaints, safeguarding and significant events.
- The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff, 'Friends and Family' tests and the patient participation group (PPG.)
- There was a focus on learning and improvement at all levels.

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 offered Comprehensive Geriatric Assessments (CGA) to patients over 75 years.
- Health checks were provided for patients over 75 years and referrals made to any necessary services. All patients over 75 years had a named GP. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Staff had lead roles in chronic disease management. The practice kept up to date registers of patients' health conditions and arranged regular reviews around each patient's birth date and medication reviews twice a year.
- Longer appointments and home visits were available when needed.
- The practice had lead roles within the clinical team who provided specialist expertise in conditions such as: diabetes, respiratory conditions and mental health.

Good



Families, children and young people

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

- The GPs provided prompt involvement with safeguarding case reviews and with requests for information.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was above average compared with national data.
- The practice provide in house contraception procedures such as: coil fitting, implant removal and depot injections.
- Children were given same day appointments if needed.
- The practice provided breast feeding facilities accessible to patients.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 had adjusted the services it offered to ensure these were accessible and offered continuity of care. The practice had introduced access to telephone consultations each day and extended appointment times until 7pm, four days a week.
- The practice was proactive in offering online services such as booking appointments and ordering prescriptions.
- Health checks and health education were offered to patients between 40-74 years of age to promote patient well-being and address any health concerns.

People whose circumstances may make them vulnerable

Good



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

- Annual health checks were provided for patients with learning disabilities.
- The practice holds weekly drug clinics and monthly joint drug clinics with a community specialist.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and how to contact relevant agencies in normal working hours and out of hours.
- Staff had access to translation services to assist patients who did not have English as their first language.

People experiencing poor mental health (including people with dementia)

Good



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

- The practice participates in the national dementia screening programme. 91.49% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average.
- The practice had supported patients experiencing poor mental health with one GP having a specialist interest in mental health who carried out regular reviews. They also offered weekly appointments with the mental health nurse.
- The practice had close links with the local 'Improving Access to Psychological Therapies' (IAPT) service.

Summary of findings

- They had identified 60 patients with depression that they were supporting.
- Staff demonstrated a good understanding of issues around patient consent. However some staff had not received updated training in the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The GP national patient survey results published on 2 July 2015 showed the practice performance was comparable with, and sometimes higher, when compared with local and national averages. 346 survey forms were distributed and 115 were returned. This represented a 33.2 % response rate. The views expressed by patients represented those of 1% of the practice's patient list. Patients were positive about the convenience of their appointments. For example:

- 91.2% say the last appointment they got was convenient compared to a CCG average of 92.4% and a national average of 91.8%.
- However in some other areas listed below the practice scored lower than the national averages.
- 60.4% found it easy to get through to this surgery by phone compared to a CCG average of 68.2% and a national average of 73.3%.
- 79.9% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.4%, national average 85.2%).
- 66.2% described the overall experience of their GP surgery as fairly good or very good (CCG average 84.2%, national average 84.8%).
- 55.4% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75.9%, national average 77.5%).
- The practice had took various actions to help improve patient access and worked closely with their PPG group. The PPG members felt they had been instrumental in listening to patients' views and in supporting the practice with offering telephone appointments. Patients were positive about the introduction and access to this type of appointment and of the triage service provided.
- As part of our inspection process, we asked patients to complete comment cards prior to our inspection, to share their views on the service. We received 62 comment cards. We spoke with ten patients and four members of the Patient Participation Group (PPG.) The practice have a very large PPG, with 65 members in total. The majority of the patients indicated that they found the GPs, nursing and reception staff helpful and caring. They gave a lot of praise and positive comment about the staff and the standard of care they had received.

Areas for improvement

Action the service MUST take to improve

- There are areas where the provider must make improvement. The provider must:
- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- Ensure all necessary updated training and induction is provided for all staff, including: fire safety, CPR, safeguarding, the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS.)

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure all significant events are shared with staff to promote learning.
- Ensure induction records are maintained and induction provide for all staff.
- Review access and availability of the complaints procedure and review ways of sharing reviews of complaints with the staff team.
- Review the auditing system for storage of blank prescription pads and protocols for staff when patients do not pick up their prescriptions.

Summary of findings

- To review all policies and procedures to ensure they are up to date and accessible for all staff. Include access to a lone working policy and updates to the chaperone policy.
- To review the triage service operated by the nursing staff and develop protocols to ensure appropriate clinical GP support is identified.

Patterdale Lodge 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 and a practice manager specialist adviser and an expert by experience.

Background to Patterdale Lodge Medical Centre

Patterdale Lodge Medical Centre is based in a purpose built facility in a residential area of Newton Le Willows close to local amenities. Patterdale Lodge Group practice has three surgeries, the largest of which is Patterdale Lodge Medical Centre followed by two smaller surgeries called, The High Street Surgery and Burtonwood Surgery. We inspected Patterdale Lodge only during this inspection. The practice covers Newton Le Willows, Burtonwood, Winwick, Collins Green and Haydock. The male life expectancy for the area is 78 years compared with the national average of 79 years. The female life expectancy for the area is 82 years compared with the national average of 83 years. There were 12300 patients on the practice list at the time of inspection.

The practice has four partners and five salaried GPs. Four GPs are male and five are female. The practice has three advanced nurse practitioners, four practice nurses, four health care assistants, a business manager, office manager, data manager, reception and administration staff.

The practice is open Monday, Tuesday, Wednesday, from 8.30am-7.30pm. On Thursday and Friday the practice is

open from 8.30am-6pm. Extended appointments are available Monday to Wednesday from 6pm-7.30pm. Appointments are available from 8.30am-7.30pm Monday, Tuesday and Wednesday. Appointments available on Thursday and Friday 8.30-6pm. Patients requiring GP services outside of normal working hours are referred on to the St Helens Rota who are the local out of hour's provider.

The practice has a Primary Medical Services (PMS) contract. In addition the practice carried out minor surgery and enhanced services such as health assessments for patients with learning disabilities.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 March 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a recording system in place for reporting and recording significant events.

- Staff told us they would report all incidents. A sample of significant events documented in previous years had detailed analysis of events, however we noted a variety of standards to current documentation. Some events had more detail and analysis than others and would benefit from further review. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Clinical staff acknowledged they needed to share the findings of their significant events with the wider team. Some of the staff team that we spoke with were not aware of some recent significant events. Practice staff were able to demonstrate that actions had been taken after previous incidents. One incident had resulted in the practice taking actions in reviewing medications for patients with the same surname to help reduce risks. They had also reviewed all patients needing palliative care with checks to codes in their computer system to ensure they were appropriately identified and reviewed on a regular basis.

Overview of safety systems and processes

The practice had systems in place to keep patients safe although some aspects of safety needed further review to improve the management of risks.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff discussed various examples where they had followed this policy to ensure the safety of their patients. Most staff had received updated safeguarding training relevant to their role although a small number of staff still needed updated training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A named GP was the infection control clinical lead for the practice. There was an infection control protocol in place and staff had received up to date training. External infection control audits were undertaken and the practice had achieved 84% in its latest audit. Further action was needed to replace some of the treatment rooms that still had carpets and one clinic rooms flooring was coming up around its edges and in need of repair. The practice had carried out regular hand washing audits that showed good standards throughout the team.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe. Staff carried out regular checks and audits with their stock to ensure they were in date and safely stored. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with appropriate legislation. The systems in place for monitoring prescription pads needed to be reviewed.
- Blank prescription pads were safely locked away but records lacked evidence of clear audit trails to record how they were issued to staff. Protocols were lacking in regard to managing prescriptions that had not been picked up by patients. Some staff were unsure as to what happened with prescriptions that had not been picked up by patients.
- We reviewed a sample of personnel files and found that some of the files did not have appropriate recruitment checks undertaken prior to employment. For example, some of the files lacked evidence of medical questionnaires.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results.

Are services safe?

• **Monitoring risks to patients**

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There were gaps in necessary training for staff for example, fire safety.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. However during holidays staff identified potential gaps for clinical support for their triage service and felt that staffing rotas needed further review during holiday periods.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers which alerted staff to any emergency.
- Most of the staff had received annual basic life support training. Some were in need of updates and training records needed updating to show more accurate records of staff training needs.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97.4% of the total number of points available. This practice was an outlier for foot examinations and risk classification for patients with diabetes within the preceding 12 months (April 2013 to March 2014). However they took various actions in regard to this including training provided to their clinical staff to enable them to provide this service on site.

Data from 2014-2015 showed that outcomes were comparable and sometimes above other practices nationally:

- The percentage of patients with diabetes, on the register with a last blood pressure reading 140/80 mmHg or less within the preceding 12 months (was better than the national average. The practice rate was 82.92% compared with the national rate of 78.53%.
- The percentage of patients with atrial fibrillation, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy, was better than the national average. The practice rate was 98.18% compared with the national rate of 98.32%.
- Performance for mental health related indicators was comparable with national averages. For example; the percentage of patients with physical and/or mental health conditions whose notes recorded their smoking status in the preceding 12 months was 96.66% compared with the national average of 95.28%.

- Clinical audits demonstrated quality improvement. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been a number of clinical audits completed in the last two years; these were two cycle completed audits where the improvements made were implemented and monitored. For example:
- The advanced nurse practitioner had carried out a completed audit for asthma. The practice produced a protocol on supporting patients with asthma, including children and young adults. They had developed and implemented action plans for their patients to help support and manage their patient's condition. Their re-audit and results were discussed in practice meetings and they identified a more consistent approach in their management of patients with asthma.
- The CCG medicines management teams had worked with the practice to produce a number of clinical audits. Findings were used by the practice to improve services.
- **Effective staffing**
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. It covered various topics such as: safeguarding and infection prevention. We noted induction records had not been completed for locum staff and needed further review.
- The GPs and nurses had key roles in monitoring and improving outcomes for patients. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they kept abreast of changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Trainees at the practice had provided very positive feedback over the last 12 months in regard to their placement and support at the practice. Staff were happy with the training available and topics included, for example: customer care and equality and diversity. However we noted some gaps in training records and the lack of monitoring highlighted areas in need of review.

• **Coordinating patient care and information sharing**

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals for patients with complex needs. We reviewed minutes of these meetings and saw that good communication between the practice and community health professionals supported quality care for patients.

• **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However some staff had not received training in the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) and were in need of this training.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was monitored through patient records.

• **Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice monitored how it performed in relation to health promotion. It used the information from QOF and other sources to identify where improvements were needed and to take action. QOF information for the period between 2014 to 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally.

The practice's uptake for the cervical screening programme was 85.67% which was comparable to the national average of 81.88%. Staff sent out reminders for patients who did not attend for their cervical screening test. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for example, for bowel and breast cancer. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.7% to 96.6%.

The practice offered all new patients registering with the practice a health check with the practice nurse. The GP was informed of any health concerns detected and these were followed-up in a timely manner. The practice

Are services effective?

(for example, treatment is effective)

had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this. Patients had access to appropriate health assessments

and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups and checks were made, where abnormalities or risk factors were identified.

The practice offered various services including: blood pressure 24 hour monitoring, holiday vaccinations, joint injections and anticoagulation support.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and staff protected patient's privacy.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Most of the 62 Care Quality Commission comment cards completed by patients were positive about the service they received. We spoke with 10 patients during our visit and four members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Three patients told us they found problems with the attitude of one staff member. We discussed this with senior staff who were aware of patient opinions. They told us they had addressed patient's comments and concerns. Some staff had worked at the practice for many years and knew their patients well. Patients told us that they and their families had been with the practice for many years and felt the standard of service was very good.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or slightly lower than average for its satisfaction scores on consultations with GPs. For example:

- 83.9% said their GP was good at listening to them compared to the CCG average of 89.3% and national average of 88.6%.
- 85.4% said their GP gave them enough time (CCG average 89.2%, national average 86.6%).
- 92.3% said they had confidence and trust in the last GP they saw (CCG average 95.9%, national average 95.2%)

The practice were below average for its satisfaction scores for nurses treating patients with care and concern and with the helpfulness of reception staff.

- 78.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.5%, national average 90.4%).
- 80.4% said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%).
- The practice had not developed an action plan in response to the scores however they were aware of the results and had taken various actions in response to patient's feedback. They had recruited various staff over the past 12 months, introduced telephone consultation and triage services for their patients.

Care planning and involvement in decisions about care and treatment

Results from the GP national patient survey showed patients satisfaction were below local and national averages. For example:

- 76.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.5% and national average of 86.0%.
- 75.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 83.1%, national average 81.4%).
- 85.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.5% and national average of 89.6%.
- The practice had taken various actions over the last 12 months which they felt had impacted in a positive way resulting in positive comments and increased satisfaction from patients.
- On the day of the inspection patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

- Notices in the patient waiting room told patients how to access a number of support groups and organisations including carers groups. The practice had identified 320 patients at the practice who were carers and the computer system alerted staff to this. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example;

- There were longer appointments available for patients with a learning disability and long term conditions.
- Home visits were available for older patients and housebound patients who would benefit from these.
- The practice offered regular follow ups to identify long term conditions early and improve patient care.
- Same day appointments were available for those with serious medical conditions.
- The building was purpose built, had disabled facilities and translation services available.
- The practice had various notice boards which included: PPG information, Friends and Family test results, carers' information, health promotion material and the contact details for various support organisations.

Access to the service

The practice is open Monday, Tuesday, Wednesday, from 8.30am-7.30pm. On Friday and Thursday the practice is open from 8.30am-6pm. Extended appointments were available Monday to Wednesday from 6pm-7.30pm. Appointments were available from 8.30am-7.30pm Monday, Tuesday and Wednesday. Appointments were available on Thursday and Friday at 8.30-6pm.

Results from the national GP patient survey published in July 2015 showed that patient satisfaction rates with waiting times and convenience of appointments was comparable with local and national averages:

70.5% usually wait 15 minutes or less after their appointment time to be seen compared with the (CCG average 63.4%, national average 64.8%.)

91.2% say the last appointment they got was convenient compared with the (CCG average 92.4%, national average 91.8%.)

However patient satisfaction for opening hours and getting through to the surgery were slightly below local and national averages:

65.9% of patients were satisfied with the practice's opening hours compared to the (CCG average of 74.3% and national average of 74.9%.)

79.9% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.4%, national average 85.2%.)

60.4% patients said they could get through easily to the surgery by phone (CCG average 68.2% national average 73.3%.)

People told us on the day of the inspection that they were able to get appointments when they needed them. Patients acknowledged improvements in the last 12 months and great satisfaction in the introduction of recent telephone consultations. The business manager had carried out very detailed audits of telephone calls and consultations. This piece of work carried a lot of detail and scope to enable the practice to use it for further development and discussion with their patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information on how to complain was not available in the reception area, but was provided on request. Reception staff had access to patient leaflets with advice on how to make a complaint.

We looked at a sample of four complaints received in the last 12 months and found they had been satisfactorily dealt with in a responsive way. However one response from the practice did not advise the patient of where they could take their complaint to if they were still unhappy with the outcome. Some staff told us they had not been given any information or updates regarding complaints made over the last 12 months.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- Staff we spoke with were clear about their commitment to provide patients with excellent quality care and that their patients came first.

Governance arrangements

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

There was a staffing structure and staff was aware of their own roles and responsibilities. However some areas of management needed review to improve some aspects of managing staff training records and sharing significant events.

- Practice specific policies were implemented and were available to all staff although some policies were in need of updating to show they had been regularly reviewed.
- The management team had a good understanding of the performance of the practice and met to review practice performance and patient outcomes. However not all staff were aware of the developments within the practice. The practice was going through a transition of leadership which meant that the team were aware of the need to review each person's role and how this needed to be reflected within the day to day management of the service.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements, although some staff acknowledged they hadn't always been aware of all of the audits.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure good quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and took the time to listen to members of staff.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty and had learned lessons when things had gone wrong. The practice had systems in place to ensure they gave affected people a verbal and written apology.

There was a leadership structure in place and staff felt supported by the tier of management staff within the practice.

- The practice was going through a transition of leadership which meant that the team were going through some changes in appointing a registered manager for the practice.
- Staff told us the practice held team meetings. However some staff felt a bit excluded as the practice did not always hold whole team meetings where everyone got together. Some staff were not always aware of the developments within the practice although they felt happy with their direct managers and in how they personally were being managed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at their group team meetings and felt confident and supported in doing so. Staff said they felt respected and supported, particularly by the partners in the practice.
- **Seeking and acting on feedback from patients, the public and staff**

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example they felt they had been instrumental in listening to what patients wanted and helped the practice develop and introduce telephone consultations. They felt that patients were very positive to this initiative and that its implementation was going very well.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December. The practice had published their results in reception which was easy to see and understand. Their results were very positive.
- **Continuous improvement**
- There was a focus on learning and improvement at all levels within the practice. Staff told us they felt well supported and we could see the staff engaged with training within the CCG and events managed for practice nurses via their primary care forums. Training records needed to be reviewed to provide evidence of updated training necessary for each staff member's role.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Regulation 19(1)(a)(b)(2)(3)(a) Fit and proper person employed</p> <p>How the regulation was not being met:</p> <p>Some staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files had no evidence of medical questionnaires and some files had no evidence of induction.</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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18 (1)(2) Staffing</p> <p>How the regulation was not being met:</p> <p>There were gaps in the overall training supplied to staff, including topics such as: safeguarding, fire safety, CPR, safeguarding and the Mental Capacity Act 2015 and Deprivation of Liberty Safeguards (DoLS.)</p>