

# The Avenue Medical Centre

## Quality Report

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

### Ratings

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

# 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 The Avenue Medical Centre on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had a clinical lead structure in place which supported their patients and staff in areas of: safeguarding, human resources (HR), finance and education.
- Patients said they found it very easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. However patients found the telephone system poor.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There were areas where the practice needed to review and risk assesses in relation to infection control and storage of medical equipment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had outgrown the current premises and had ensured it was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw a three of areas of outstanding practice:

# Summary of findings

- The practice initiated insulin in the community, something which was normally commenced in hospital. This enabled patients to receive care closer to home.
- The practice had developed a behaviour contract between the patient and practice. Rather than removing them from the practice list, they took the time to identify and communicate with the most challenging patients.
- The practice had recently awarded all staff an extra week holiday a year.

The areas where the provider must make improvement are:

- Ensure there is a written procedure for the cold chain in all situations.

- Ensure there is a designated lead with a clear procedure for the monitoring and checking of vaccinations and emergency medicines.
- Ensure a safe practice environment is maintained with the use of risk assessment associated with :
  - Removal of clinical waste and storage
  - Storage of used medical equipment awaiting decontamination
  - All vertical blinds

The areas where the provider should make improvements by :

- Install an emergency alert bell in the patients' disabled toilets.
- Risk assess the storage of liquid nitrogen

**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.

Requires improvement



- Premises were clean but risks of infection were not managed consistently, for example, clinical sharps bins awaiting collection to be emptied were stored in the treatment room.
- There was an effective system in place for reporting and recording significant events, with significant events being a rolling agenda item in meetings.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was no clear documented process on the monitoring and checking of vaccinations or the emergency medicines.
- There was a lack of risk assessments to ensure staff and patient safety, for example there was no risk assessment taken place for the vertical blinds in the practice.
- Lessons were shared to make sure action was taken to improve safety in the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice provided a number of services designed to promote patients' health and wellbeing, for example the practice had just been awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender patients within your local community.
- The practice was extremely proactive in palliative care; there was a clinical lead for the practice worked proactively with patients and outside organisations such as Macmillan Cancer Improvement Partnership (MCIP).
- The practice identified with the most challenging patients and had developed a behaviour contract between the patient and the practice rather than removing them from the list.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice supported a large learning disability community and offered tailored services to meet the needs of these patients.
- The practice offered in house ear syringing and phlebotomy service to patients to save the patients travelling to the nearest hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs, even with the daily challenges of limited space.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a defined leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a strong focus on continuous learning and improvement at all levels. The practice had an education lead for staff.
- Staff had received an extra weeks annual leave from the partners of the practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and working well.

# 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 cared for the residents of 13 care homes that had a range of multiple complex needs and had a high visiting rate to care homes and housebound elderly.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice took pride in its standard of palliative care given to patients, and held monthly palliative care meeting with the Macmillan.
- Each patient had a named accountable GP for all over the age of 75.

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.
- The practice initiated insulin in the community, something normally commenced in secondary care. The practice nurse had close links with a local diabetic consultant and ran a virtual clinic to discuss more challenging cases.
- All housebound patients with a chronic disease received face-to-face reviews.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 77.4% compared to the national average of 78.03%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- There were systems in place to follow up families of children who did not turn up for immunisation appointments.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions (01/04/2014 to 31/03/2015) was 73.5% compared to national average of 75.3%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice reserved appointments for workers that could be pre-booked and offered appointments from 8am.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had a lead GP who worked with a consultant and a local care home managers to support patients with a learning disability.

Good



# Summary of findings

- The practice was proactive and met monthly to discuss patients who were vulnerable, isolated and at risk of admission to hospital. These patients were then followed up until they were no longer in crisis and their ability to self-care had improved.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had an on-site alcohol worker who ran weekly clinics for patients.
- The practice carried out advance care planning for patients with dementia.
- Patients with challenging behaviour were offered a contract that set out boundaries of behaviour between the practice. Previously the patient may have had to be removed from the list due to severe behavioural issues.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 368 survey forms were distributed and 128 were returned. This represented 1.2% of the practice's patient list.

- 52.7% found it easy to get through to this surgery by phone compared to a CCG average of 73.4% and a national average of 73.3%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 58.5%, national average 60%).
- 78.6% described the overall experience of their GP surgery as fairly good or very good (CCG average 81.9%, national average 84.8%).

- 71.7% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71.9%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards and all were positive about the standard of care received. Over ten patients commented that it was extremely difficult to contact the surgery by the phone.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable and caring. However all five patients were not happy with the telephone system.

## Areas for improvement

### Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure there is a written procedure for the cold chain in all situations.
- Ensure there is a designated lead with a clear procedure for the monitoring and checking of vaccinations and emergency medicines.
- Ensure a safe practice environment is maintained with the use of risk assessment associated with :

1. Removal of clinical waste and storage

2. Storage of used medical equipment awaiting decontamination
3. All vertical blinds

### Action the service SHOULD take to improve

The areas where the provider should make improvements by :

- Install an emergency alert bell in the patients' disabled toilets.
- Risk assess the storage of liquid nitrogen

## Outstanding practice

We saw a three of areas of outstanding practice:

- The practice initiated insulin in the community, something which was normally commenced in hospital. This enabled patients to receive care closer to home.

- The practice had developed a behaviour contract between the patient and practice. Rather than removing them from the practice list, they took the time to identify and communicate with the most challenging patients.
- The practice had recently awarded all staff an extra week holiday a year.

# The Avenue 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.

## Background to The Avenue Medical Centre

The Avenue Medical Centre is located on the outskirts of Manchester and is overseen by North Manchester Clinical Commissioning Group (CCG). At the time of our inspection the majority of patients were of white British background with the area being mixed from working class families to professional retired older patients.

The practice is a small two storey building. The ground floor held a modest entrance /reception area and consulting rooms with a waiting area. The first floor is accessible by stairs only which held staff offices, consulting and treatment rooms with small waiting areas. There are disabled toilets on ground floor with baby changing facilities. All staffing areas are closed off to the public with a code door entry system.

The practice is in the process of a complete upgrade and expansion of the current building to cope with the growing list size. Currently the practice has completely outgrown the premises. The practice struggles to accommodate clinical rooms for the GPs and meetings are held in the waiting areas. There are also issues with storage of medical equipment. The practice has been the project lead, whilst self-funding the upgrade which is due to start June 2016 with an estimated completion date of February 2017.

The practice has seven GP partners (three males and four females) with one advanced nurse prescriber, two practice nurses and two healthcare assistants. The practice also has a part time pharmacist. Members of clinical staff are supported by one practice manager and administrative staff.

The practice is open from 8am until 6 pm Monday to Friday.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 10,157 patients were registered.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery is part of Prime Ministers GP Access scheme offering extended hours and weekend appointments to patients.

## Why we carried out this inspection

We inspected this service as part of our 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

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
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The inspector:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- Significant events were discussed as a rolling agenda item at each clinical team meeting.
- There was an electronic folder where all significant events were stored.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had a clear audit trail of every alert issued with all staff having access on the computer system.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had a lead GP to oversee the whole safeguarding for the practice. There was an internal safeguarding folder on the computer system where all staff demonstrated quick and easy access to gather further guidance and support. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice used an external cleaning company and we observed a daily cleaning check list in every room.
- The healthcare assistant was the newly appointed infection control clinical lead. There had been communications with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw evidence that annual infection control audit had been undertaken. We did observe:
  - In one of the treatment rooms there was a grey household waste paper bin. On further investigation we identified the bin was used to store dirty medical equipment awaiting decontamination. The bin had no lock or child safety lid and had not been identified on the annual audit as an area of concern.
  - All used clinical sharps bins awaiting collection to be emptied were stored in the treatment room. When we spoke to the practice, this was due to lack of space in the premises. However, there had been no formal risk assessment carried out and was not identified in the annual audit.
- Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, handling, and security). We did identify there was no clear documented process on the monitoring and checking of vaccinations or the emergency medicines.

- The practice recorded daily fridge temperatures; however there was no formal process on emergency situations such as what would happen if the cold chain was broken. On checking one of the fridges in the treatment room, we observed the fridge to be unplugged at the main socket, which resulted in the temperature range being above recommended guideline. This was actioned immediately by the clinical team and all affected vaccines were quarantined and the manufactures were contacted for further guidance. The practice booked immediately for the fridges to be hard wired.

The practice had an in-house pharmacist who was responsible for the medicine management of the practice who carried out regular medicines audits and liaised with the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing for the practice. The pharmacist also:

- Was responsible for all hospital administration medication changes
- Ran a minor ailment clinic for patients
- Performed regular six month and / or annual medication reviews
- Monitored high risk medicines such as Warfarin (a medicine used to stop blood from clotting) and Methotrexate (a medicine used in conditions such as rheumatoid arthritis)
- Helped resolve medication issues with local nursing homes and pharmacies
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe 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.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Monitored safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We identified areas of the practice where risk assessments were not in place for example:
  - The practice had a large container of liquid nitrogen in a small kitchen area, which had not been assessed for staff safety. However the practice did act immediately and contacted the manufactures for storage guidance.
  - All vertical blinds in the practice had not been assessed for patient safety.
- Arrangements were in place for planning and monitoring the number of staff 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.

### 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 in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.5% of the total number of points available, with 9.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 77.4%, below the CCG average of 84% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 78% lower than local CCG of 83% and below national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been multiple clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes had been used to make improvements with regards to the appointment system. The practice changed their telephone number from 0844 to 0161 number due to the change in price of using the 0844 number.

### 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 such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- The practice was proactive in encouraging and developing their staff. One example we saw, was a reception staff member being promoted and trained into the assistant practice manager.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

# Are services effective?

## (for example, treatment is effective)

- This included care and care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice held monthly Palliative care meeting with the Macmillan and District nurses and had recently achieved full points on the Macmillan Cancer Improvement Partnership (MCIP). A clinical lead for the practice worked proactively with patients.

### Consent to care and treatment

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

- The practice identified with the most challenging patients and had developed a behaviour contract between the patient a practice rather than removing them from the list. This contract involved steps such as the patient not waiting on arrival and being seen by the GP quicker, reducing stress and anxiety for the patient and helping staff and other patients be at ease.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- 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 smoking cessation Patients were then signposted to the relevant service.
- The practice initiated insulin in the community, something normally commenced in secondary care. This enabled patients care to be closer to home. The practice nurse had close links with a local diabetic consultant and ran a virtual clinic to discuss more challenging cases.
- The lead GP for palliative care was actively involved in The Macmillan Cancer Improvement Programme (MCIP) which is about working together to find new ways that will give everyone a better cancer care experience and ultimately increase survival rates.
- The practice provided a number of services designed to promote patients' health and wellbeing, for example the practice had been awarded the gold "Pride in Practice" award which is a quality assurance service that strengthens and develops relationship with lesbian, gay, bisexual and transgender within your local community.
- The practice offered a minor operation clinic providing joint injections and coil clinics.
- The practice offered a full chronic diseases management service to all house bound patients.
- The practice offered patients an alcohol counselling service on site.

The practice's uptake for the cervical screening programme was 77.4%, which was below the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94.4% and five year olds from 91.4% to 98.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

## Are services effective? (for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed. However the waiting/ reception area was very open and there were no extra rooms available for private discussion with patients.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients felt the phone waiting system was not good and booking an appointment was difficult in person.

We spoke with three members of the patient participation group. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. All members gave three different examples of changes and communication and explained how the practice had effectively helped and supported them. The group was looking forward to being able to meet in person rather than virtually, but sympathised and understood the difficult situation with regards to space the practice was currently facing.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96.3% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 91.1% said the GP gave them enough time (CCG average 84%, national average 87%).
- 98.2% said they had confidence and trust in the last GP (CCG average of 93%, national average of 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average of 83%, national average of 85%).
- 92.2% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 89%, national average of 90%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 91.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83.1% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The provided care to 13 nursing homes and an independent living facility. The practice provided a range of services from chronic disease management, insulin management and palliative care packages.
- The practice supported a large learning disability community and offered tailored services to meet the needs of these patients.
- The practice offered a contract and personalised management of challenging patients .
- The practice was part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.
- There were longer appointments available for patients with a learning disability.
- The practice offered in house ear syringing and phlebotomy service to patients.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and access for patients in a wheelchair; also there was a disabled toilet for patients on ground levels of the building. There was no lift but patients with mobility issues were given a ground floor room. We did observe no emergency cord in the toilet.
- Patients can access online their medical records and a range of other services such as ordering repeat prescriptions.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent

appointments were also available for people that needed them. The practice is part of a Neighbourhood Hub service in conjunction with other practices, to offer extended hours opening times for patients.

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

- 71.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 52.7% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 68.41% patients said they always or almost always see or speak to the GP they prefer (CCG average 58.5%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. However we did observe a large number of patients queuing outside the practice in before the practice had opened; these patients were waiting to book an on the day appointment.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system
- The practice had a system to ensure all complaints were discussed and actioned in the team meetings, we saw evidence of these in the practice minutes.

We looked complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 GPs and staff held a view of the priorities and strategy for the practice. A number of key areas were planned to improve the service to patients. In particular development work to expand and grow the practice, to deal with growing patient demand and healthcare needs in the area and ensure the practice was fit for future changes was due to commence.

### Governance arrangements

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

- The practice had strong clinical and non-clinical leads and systems in place to effectively manage, safeguarding, HR, education, quality, medicine management and learning disabilities for the entire practice. For example we saw evidence in multiple areas of the clinicians taking an active lead to ensure regular audits, training and communication were in place. We also saw there was a checking and processing system in place and all staff we spoke with knew of each system.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff via the shared drive on any computer within the practice. We looked at a sample of these policies and procedures and saw they had been reviewed regularly, were up-to-date and a true reflection of the practice.
- There was a strong focus on planning the practice's new building, which had been a project completely funded and managed by the clinical/business partners.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. We saw evidence of staff having easy access to all files and the in-house computer system being extremely user friendly for all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The clinical and senior management staff demonstrated an enthusiasm for their work and all shared the same purpose to provide the best care for their patients, this was seen with the enthusiasm of each clinical specialism and the staff who all felt part of the team and making the process work.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.
- They discussed and actioned in clinical meetings, where a clear documentation was recorded.

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

- Staff told us the practice held regular team meetings and we saw evidence of meetings where various subjects had been discussed and actioned.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- All staff had been allocated an extra week annual leave to all staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- It had gathered feedback from patients through surveys and complaints received. One example of listening to feedback from patients was the suggestion of closing the list size due to high volume of patients; this was explored with the patient participation group (PPG).
- Patients told us how the practice manager would opportunistic discuss if they were happy with the service received and if there was any way the practice could improve.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice ran a very successful virtual patient participation group (PPG). The practice was exploring different options in how to grow and develop in the future.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice offered access to the Community Alcohol team, where patients received assessments and counselling in the practice.
- The practice had strong links to the local community and outreach services, for example supporting patients with learning disabilities and palliative care.

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Systems or processes were not established and operated effectively.  Risks relating to the health, safety and welfare of service users and others were not appropriately assessed, monitored and mitigated.  Information pertaining to risks was not appropriately processed, evaluated and acted upon to improve working practice.  <b>This was in breach of regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</b>