RK Medical Practice

Quality Report

Brownley Green Health Centre, Wythenshawe,
Manchester,M22 9UH
Tel: 0161 493 9493
Website: There is no dedicated website.

Date of inspection visit: 20 October 2016
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

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

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 RK Medical Practice on 20 October 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Risks to patients were not well assessed nor well managed such as those relating to recruitment checks.
- There were not enough staff to keep patients safe. The practice was managed by one GP and utilised regular locum cover.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required
- The security and recording systems around prescription pads and paper was inadequate.
- Data showed patient outcomes were low compared to the national average.
- Audits had been carried out which showed some evidence of driving improvements to patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure safety incidents are investigated thoroughly and all incidents that should be are reported.
- Ensure the practice recruitment policy and procedure include all required employment checks for all staff for example Disclosure and Barring checks
- Ensure staff receive adequate training appropriate to their roles and appraisals.
- Ensure effective communication systems are in place for people who need to know within the service.

Summary of findings

- Ensure practice procedures and guidance is reviewed and updated.
- Ensure there are adequate health and safety policies and procedures that are practice specific and environmental risk assessments in place.
- Ensure the complaints procedure is in line with recognised guidance and contractual obligations for GPs in England.
- Ensure there are enough staff to provide consistent care and to increase capacity.

In addition the provider should:

- Improve the security and recording systems around prescription pads and paper.
- Provide staff with clarity of their roles and responsibilities.
- Improve and monitor patient outcomes and assign leads to specific clinical and practice management areas.
- Improve the way feedback is gained and monitored as there was no patient participation group (PPG) and there was very little response to the NHS Friends and family test (FFT). There were no recorded staff meetings and no evidence to show that the practice had gathered feedback from staff.
- Improve the opportunity for patient feedback and consider the formation of a Patient Participation Group (PPG)
- Make further efforts to identify patients registered who are also carers.
- Develop a dedicated practice website

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. Patients did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. Staff had not received adequate recruitments checks and risk assessments had not been undertaken.
- There were not enough staff to keep patients safe. The practice was managed by one GP and utilised regular locum cover. The practice was actively trying to recruit to the vacant posts for GPs but had so far been unsuccessful. Due to the reduced availability of a practice nurse, the practice did not have sufficient clinical staff to deliver consistent and effective care and treatment.
- The security and recording systems around prescription pads and paper was inadequate.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low compared to the national average.
- Although there was a lead GP responsible for monitoring patient outcomes, the role was not sufficiently resourced to improve practice performance and patient outcomes.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Are services caring?

Good

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.

Summary of findings

- 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.

Are services responsive to people's needs?

Requires improvement

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

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand but the policy was not comprehensive.

Are services well-led?

Inadequate

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

- The practice had a clear vision and strategy. However, staff were not clear about their responsibilities in relation to the vision or strategy.
- Staff had clear leadership from the GP and practice manager and felt supported by management, however, there was no clear definition of the roles for staff to follow.
- The practice had a number of policies and procedures to govern activity, but these were not reviewed and not fit for purpose.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

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

Inadequate

The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for the caring domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All elderly patients had been informed of their named GP.
- The practice offered same day appointments as well as telephone and face to face consultations.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for the caring domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- As this was a single-handed GP practice all patients had a named GP. Longer appointments and home visits were available if necessary.
- Performance for all five diabetes related indicators was below the national average.
- Longer appointments and home visits were available when needed.
- Patients had care plans and any concerns identified during these consultations would be escalated to the practice manager verbally and via the patients' electronic record. However due to capacity issues not all patients received a timely, structured annual review.
- The practice offered flu vaccinations to patients who had diabetes and other long term health conditions. National data showed the uptake of flu vaccinations was 64.2% which was lower than the CCG and national averages of 76.8% and 77.6% respectively.

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for the caring domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- 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.
- Childhood immunisation rates for the vaccinations given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 96% and five year olds from 75% to 94%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

There was a practice protocol for safeguarding young people including monthly checks of the notes of children on child protection registers.

Data provided by the practice showed immunisation rates were comparable to CCG and national rates for standard childhood immunisations. For example under two year olds ranged from 91.3% to 95.7% compared to the CCG averages which ranged from 90.3% to 93.5%. Immunisation rates for five year olds were between 82.6% and 100% compared to the CCG averages which ranged from 91% to 95.8%. The data provided showed 78.3% of children eligible for the pre-school booster received the vaccination, which was below the CCG average of 83.9%.

We were told that multi-disciplinary meetings were held with community nurses, health visitors and midwives, however, there were no detailed minutes kept of these meetings.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for the caring domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Telephone appointments were available if patients wished to discuss test results and urgent concerns and for those who may have difficulty attending surgery due to work commitments.

Summary of findings

- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (as of March 2015/2016) was 71%, which was significantly below the national average of 82%. The practice had recognised the low figures but there was no action in place to contact those patients who did not attend for their cervical screening test.
- The practice did not have a web site however; patients could book appointments or order repeat prescriptions using the EMIS system.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for the caring domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a list of priority patients. These were patients receiving palliative or end of life care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice 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 and had attended training in how to recognise domestic abuse.
- 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.
- The GP was the safeguarding lead at the practice and was aware of local safeguarding arrangements.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective and well-led, requires improvement for responsive and good for the caring domain. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 63% compared to the national average of 88% (2014/2015).

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing better than the local and national averages in many areas (321 survey forms were distributed and 109 (34%) were returned).

- 92% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 64% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager. One patient commented on the staff being responsive and helpful and giving sufficient time to listen to them whilst another patient commented that the staff were caring and considerate and interacted with the patients well.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure safety incidents are investigated thoroughly and all incidents that should be are reported.
- Ensure the practice recruitment policy and procedure include all required employment checks for all staff for example Disclosure and Barring checks
- Ensure staff receive adequate training appropriate to their roles and appraisals.
- Ensure effective communication systems are in place for people who need to know within the service.
- Ensure practice procedures and guidance is reviewed and updated.
- Ensure there are adequate health and safety policies and procedures that are practice specific and environmental risk assessments in place.
- Ensure the complaints procedure is in line
- Ensure there are enough staff to provide consistent care and to increase capacity.

Action the service SHOULD take to improve

- Improve the security and recording systems around prescription pads and paper.
- Provide staff with clarity of their roles and responsibilities.
- Improve and monitor patient outcomes and assign leads to specific clinical and practice management areas.
- Improve the way feedback is gained and monitored as there was no patient participation group (PPG) and there was very little response to the NHS Friends and family test (FFT). There were no recorded staff meetings and no evidence to show that the practice had gathered feedback from staff.
- Improve the opportunity for patient feedback and consider the formation of a Patient Participation Group (PPG)
- Make further efforts to identify patients registered who are also carers.
- Develop a dedicated practice website

RK Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist adviser.

Background to RK Medical Practice

R K Medical Practice (Brownley Green Health Centre, Manchester, M22 9UH) serves the local population in Wythenshawe. It is part of the NHS South Manchester Clinical Commissioning Group (CCG) and provides services to approximately 4310 patients under a General Medical Services contract, with NHS England.

Information published by Public Health England rates the level of deprivation within the practice population group as level one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 74 years for males and 77 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register was generally similar to the average GP practices in England.

The practice has a higher percentage (59%) of its population with a long-standing health condition when compared to the England average (54%). The practice percentage (51%) of its population with a working status of being in paid work or in full-time education is below the England average (62%). The practice percentage (17%) population with an unemployed status is above the England average of (5%).

The surgery is situated in a health centre along with another GP practice and community services (e.g. podiatry and district nursing team) which are located on the first floor. All entrances to this building are wheelchair friendly and there is a car park available for patients on-site with disabled parking facilities. In addition, signs for the visually impaired can be found throughout the building. Patients also have access to adequate toilet, hand hygiene and nappy changing facilities (including a disabled toilet with a call alarm system) as well as a waiting area. There are three consultation rooms and two treatment rooms designated to the surgery.

The service is led by a sole GP (male) with a long-term locum female GP who also assists. The service is supported by a practice manager who was also a healthcare assistant as well as an administration team who also cover other duties such as drafting prescriptions. This is a teaching practice.

The surgery is open from 8am until 6:30pm Monday to Friday and is also a part of a federation of GP practices who provide extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients are also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover is provided by the NHS 111 service and Go to Doc.

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.

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 20 October 2016.

During our visit we:

- Spoke with a range of staff including the GP, the practice manager as well as staff from the administration team.
- Observed how staff interacted with patients and spoke with patients, carers and 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

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. However, there was no policy to support

staff in recognising and reporting such events. We were not provided with sufficient evidence to show how learning from incidents was formally shared with staff (for example at minuted practice meetings) to ensure action was taken to improve safety in the practice.

We reviewed how the practice managed national patient safety alerts. The practice manager told us relevant alerts were printed and emailed to the staff, however, there was no evidence or audit trail to verify that information had been shared.

The practice provided us with significant events templates, documenting two events that had occurred in the last 12 months. The recording of these events was brief and there was limited evidence of discussions or action taken following the incidents. For example one incident had occurred when the pharmacy had given a patient with the same name as another patient, the incorrect medicine and had not checked the date of birth. Due to a lack of detail in the significant event analysis it was not clear what action had occurred or followed-up to ensure improvements had been maintained.

Significant event analysis documentation lacked detail and staff were unable to tell us examples improvements made as a result of any action taken.

- Practice meetings were not taking place regularly and were not effectively recorded so there was no forum to discuss issues such as complaints, significant events or specific patient's care and treatment.

The practice manager made us aware that the previous practice manager had left in June 2015 and had deleted files such as personnel records and not passed on the information to any of the staff. The practice manager had worked with the NHS IT department but they were unable to relocate the files. This had not been recorded as a significant event.

Overview of safety systems and processes

While the practice had appropriate procedures in place to keep patients safeguarded from abuse, systems and processes in the practice were ad hoc, resulting in poor oversight of the overarching safety systems and processes.

- 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. There was a lead GP for safeguarding adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff (GP and nurse) were both trained to child protection or child safeguarding level 3.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and annual infection control audits were undertaken.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (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 legislation.
- Prescription pads and prescription paper were stored in a lockable filing cabinet; however, it was kept open during the daytime. There were no systems in place to check the prescription numbers and to monitor their use.
- Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked in the practice were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- A notice in the waiting room and in the treatment rooms advised patients that chaperones were available if required. The nurse was the only staff member who was trained to carry out chaperone duties and was the only

staff member who acted as a chaperone. We spoke with the locum GPs who were not aware of who to contact when they required a chaperone. This meant that there was no chaperone when the nurse was not available.

- On the day of inspection, none of the clinical staff had evidence in their files to indicate they had received an appropriate Disclosure and Barring Service check (DBS check) as the previous practice manager who had left in June 2015 had deleted files such as personnel records and not passed on the information to any of the staff (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 had a one page recruitment policy that detailed the process followed by the practice. This policy and process was inadequate and did not include the appropriate checks to conduct during the recruitment process such as the qualifications and registration checks with the appropriate professional body. We reviewed four personnel files and three locum GP files and found that appropriate recruitment checks had not always been undertaken prior to employment. The personnel files only contained a contract, a CV and the latest appraisal. The locum files only contained the CV for the GPs and one file contained the latest basic life support training certificate. The practice manager made us aware that the previous practice manager had left in June 2015 and had deleted files and not passed on the information to any of the staff.

Monitoring risks to patients

The practice was based in a property that was managed by NHS Property Services and as such they looked after the building. There was an up to date fire risk assessment with yearly 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.

The building had an assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Systems were in place to ensure the Control of Substances Hazardous to Health (COSHH) regulations were being adhered to. However, the practice had no health and safety policies or procedures that were practice specific and there were no practice specific environmental risk assessments in place.

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. We saw the practice used regular locum cover. The practice was actively trying to recruit to two vacant posts for GPs but had so far been unsuccessful.

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.
- All staff received annual basic life support training.
- The practice had a defibrillator and an oxygen cylinder with adult and children's masks in the reception area of the centre.
- A first aid kit and accident book was 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. The plan included emergency contact numbers for staff.

Inadequate

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 risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 67.2% of the total number of points available, with 7.1% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from (2014/15) showed the practice achieved 76.9% of the total number of points available, with 7.8% clinical exception reporting. The GP was the lead for managing QOF with assistance from the practice manager.

- Performance for diabetes related indicators (2015/2016) was below the national averages. For example:
  - 71% of patients with diabetes had received an influenza immunisation compared to the national average of 94%.
  - A record of foot examination was present for 60% of patients compared to the national average of 88%.
  - Patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was within recommended levels was 40% compared to the national average of 78%.
  - Patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was within recommended levels was 52% compared to the national average of 81%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 60%, compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 63% compared to the national average of 88%.

There was evidence of some quality improvement activity.

- There had been a number of clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. In addition, the practice carried out medication audits aided by the CCG pharmacist and we saw evidence of improvements in practice prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included better identification and management of patients with Asthma.

Effective staffing

- The practice manager informed us there was an induction programme in place for staff; however, the practice was unable to provide us with any evidence of this on the day of inspection.
- The practice did not have an on-going programme of staff training and training undertaken was not routinely documented.
- The practice could not fully demonstrate how they ensured role-specific training and updates for relevant staff for example, for those reviewing patients with long-term conditions.
- The appraisal system was not effectively used to identify or discuss learning needs. Appraisals consisted of mainly staff self-evaluation with no evidence of performance management, personal or professional development.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice told us they held regular education meetings. However, these meetings were not sufficiently recorded to demonstrate that they met learning needs.
- Staff told us they received on-going training that included: safeguarding, fire procedures and basic life support. However, this was not sufficiently recorded to be able to ascertain that all relevant staff had completed the training provided.

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 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 on-going care and treatment. This included when patients moved between services, 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.

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.
- 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, 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 percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (as of March 2015/2016) was 71%, which was significantly below the national average of 82%. The practice had recognised the low figures but there was no strategy in place to contact those patients who did not attend for their cervical screening test or anything proactive by the practice to encourage any increased uptake.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 96% and five year olds from 53% to 84%. The practice had recently sent out letters to increase the flu uptake. Clinics had been scheduled for Saturdays and patients were entered into a raffle to win a prize as an incentive if they attended. The flu vaccination was available proactively to all patients when they attended for other appointments.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 told us they knew when patients wanted to discuss sensitive issues or appeared distressed and could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Comments included praise for the understanding and the professionalism of the GPs and nursing staff as well as a helpful and polite service from the receptionists and the practice manager. One patient commented on the staff being responsive and helpful and giving sufficient time to listen to them whilst another patient commented that the staff were caring and considerate and interacted with the patients well.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey (July 2016) showed the practice performed above the local and national averages in two of the six areas for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 86% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 89%, national average 87%).
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

The CQC comment cards had positive comments in relation to how the patients were treated. All the patients we spoke with felt the doctors listened to them and empowered them to make positive decisions about their healthcare. Patients on the day confirmed they were satisfied with the service.

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 they were slightly below the local and national averages in two of the three areas. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 14 patients as carers (less than 0.03% of the practice list). None of the patients identified as carers had received an annual review of their health needs for the current year.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This 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.

Requires improvement

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 their 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, the practice worked with the other practices in the area to provide urgent appointments via the local federation. Members of the local federation had use of a common clinical system that ensured all GPs had access to the medical records.

- There were longer appointments available for patients with a learning disability.
- There was no practice website, however, patients could log into online services for prescriptions and appointments via the NHS choices website.
- 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.
- The practice had access to interpreters and telephone translation services were available.
- Access for disabled persons was provided by automated doors at the front entrance.
- Patients were able to receive travel vaccinations that were available on the NHS.
- Patients could order repeat prescriptions and book appointments on-line.
- A hearing loop and translation services available.
- The GP attended local nursing homes and undertook blood pressure readings , flu immunisations and also updated the care plans.
- The practice did not offer extended opening hours for working patients who could not attend during normal opening hours.
- The practice was working with the local food bank and had a process whereby they would provide homeless patients with tickets for a food parcel that would last three days.

Access to the service

The surgery was open from 8am until 6:30pm Monday to Friday. It was also a part of a federation of GP practices who provided extended hours cover for a number of practices in the area between 6pm and 8pm, Monday to Friday, as well as on Saturday and Sunday mornings. Patients were also able to attend appointments at a small number of local health centres as part of this arrangement. Out of hours cover was provided by the NHS 111 service and Go to Doc.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was above the local and national averages for two of the following three areas:

- 93% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 70% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).
- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.

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

Listening and learning from concerns and complaints

The practice complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. The policy did not contain the information of where patients could complain to for example the ombudsman. 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 but it did not contain the relevant information such as who patients could complain to.

We spoke with the practice manager who told us verbal complaints were not always recorded as they were dealt with informally. The practice had received one complaint in the last 12 months. We reviewed this and found lessons were learnt and action was taken to as a result to improve the quality of care. However, we noted complaint records were not consistent with the templates detailed within the practice complaints policy.

The practice manager had not considered other avenues where complaints could arise from such as the NHS choices website.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice vision statement was: "to give general medical services to all patients". This was underrpinned by the objectives which included: "To always be aware the safety of our patients and staff and to maintain this at all times, to ensure patients receive the best treatment and are fully involved in any decision making and to ensure that all staff are courteous, respectful and aware of patients anxieties and concerns". However, not all staff we spoke with were aware of the vision and objectives.

Governance arrangements

The practice lacked a clear overarching governance framework to support the delivery of the strategy and ensure consistent good quality care:

- Policy guidance for staff was not consistently available and some guidance was out of date.
- Some policies required review and others had no indication of when a review was required
- There was a very small staffing establishment; however staff was not always clear of their roles and responsibilities. There was some confusion about what the managerial responsibilities were for the practice manager, who had not received additional support for the role
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in place.
- Staff training in the practice was not being effectively monitored or managed.
- While some audit and data collection was carried out, a system to manage audits was not evident, to ensure that audit cycles were repeated when necessary to maximise learning and improve patient outcomes.

Leadership and culture

On the day of inspection the GP told us they prioritised safe, high quality and compassionate care at the practice. Staff told us the GP and the practice manager were approachable and always took the time to listen to all members of staff.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GP or practice manager. However, there was no evidence to demonstrate that all staff were involved in discussions about how to run and improve the service delivered by the practice. The practice did not hold regular practice or governance meetings and issues discussed at ad hoc meetings were not recorded.

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

- There was no practice website, however, patients could log into online services for prescriptions and appointments via the NHS choices website. We viewed the NHS Choices website and found the information had not been updated in relation to the practice staff and patients had left negative feedback in relation to staff attitude, lack of appointments and lack of care received which had not been responded to.
- The practice was not proactive in seeking patients' feedback or engaging patients in the delivery of the service.
- The practice did not have a patient participation group (PPG) and there was very little response to the NHS Friends and family test (FFT). The FFT is a method of asking patients if they would recommend the service to friends and family.
- There were no recorded staff meetings and no evidence to show that the practice had gathered feedback from staff.
- Staff appraisals had taken place but these were based on a self-assessment with very limited comments added by the practice manager.

Continuous improvement

There was little focus of continuous improvement within the practice. The GP participated in some professional development and we viewed his personal development folder, which was maintained for his appraisal and revalidation.

The practice had received positive feedback and was highly rated for providing undergraduate placements to students in their fourth year for medicine at university.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found the registered provider was failing to meet the legal requirements and We found that the registered person did not operate an effective recruitment system. The information required in Schedule 3 was not held for all staff and Disclosure and Barring Service (DBS) checks had not been carried out for all appropriate staff. This was in breach of regulation 19(1)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found the registered provider was failing to meet the legal requirements and did not assess the risks to the health and safety of service users of receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks. This was in breach of Regulation 12(1)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found the registered provider was failing to meet the legal requirements and the governance arrangements were not sufficiently effective Staff were not always clear of their roles and responsibilities Clinical guidance was out of date, along with policy guidance which was inconsistently reviewed. Some policy guidance was not in place. There were no records of staff training or evidence of training certificates in staff files. The appraisal system was not effectively used to identify, discuss learning needs. The practice was not proactive in seeking patients' feedback or engaging patients in the delivery of the service. The practice complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England. The policy did not contain the information of where patients could complain to for example the ombudsman. This was in breach of regulation 17(1)