

Drs Chen, Davis, Chavdarov, Ratcliffe, Chew-Graham, Edmondson and Siebert (also known as Chorlton Family Practice)

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 4 February 2016 at Chorlton Family Practice. Overall the practice is rated as requires improvement. 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.
- Risks to patients were not always assessed appropriately. For example, risks in relation to lone working, carrying blood samples and health and safety risks.
- Clinical audits did not always demonstrate quality improvement.
- 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.

- 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 was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

Areas of outstanding practice:

- The practice was working with other local practices and the community nursing team to actively support and manage people living in care and nursing homes to avoid unplanned admissions into hospital.

The areas where the provider must make improvements are:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice as well as locum staff. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate.
- Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure there is a system to monitor and audit the traceability of the prescription paper used in the practice.
- Ensure audits and re-audits are implemented to improve patient outcomes.
- Undertake a thorough review of risks with appropriate mitigating actions. For example, risks in relation to lone working, carrying blood samples and health and safety risks.
- Review and update policies to ensure the practice has access to all the required policies, such as handling samples in the reception area, and ensure all staff are aware of the relevant policies for their roles.
- More routine staff meetings should be available and any learning should be shared with all staff groups.
- Ensure the practice business strategy is up to date and fit for purpose.

The areas where the provider should make improvements are:

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were not always assessed appropriately. For example, risks in relation to lone working, carrying blood samples and health and safety risks.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.
- The recruitment arrangements did not include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Baring Service (DBS) check when appropriate.

Requires improvement



Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not always demonstrate quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Records did not always evidence that staff had the relevant induction and training to carry out their role and responsibilities. All staff had not received supervision and appraisal within appropriate timescales.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- 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



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it difficult to make some appointments, especially for on the day urgent appointments. However, the practice had put actions in place to rectify this issue.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- 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 practice 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
- There was a strong focus on continuous learning and improvement at all levels.
- Practice specific policies were implemented and were available to all staff, however, staff were not always aware of these.
- Staff meetings were not routine and minutes were not always available.
- Responses to feedback from sources including the national GP patient survey and information from the NHS Choices website was not conducted.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the safe and effective domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- 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.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the safe and effective domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the safe and effective domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- 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.

Requires improvement



Summary of findings

- The practice's uptake for the cervical screening programme was 78.3% (March 2015), which was above the CCG average of 65.4% and the national average of 74.3%.
- 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 requires improvement for the safe and effective domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the safe and effective domains. The concerns which led to these ratings apply to everyone using the practice, including this population group.

However:

- 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 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the safe and effective domains. The concerns which led to these ratings apply to everyone using the practice, including this population group. However:

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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.

Requires improvement



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on 7 January 2016 showed the practice was performing mostly in line with the local and national averages (360 survey forms were distributed and 126 (35%) were returned). This represented 1.2% of the practice's patient list.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards of which seven were positive about the standard of care received and praised the efficiency of the reception staff as well as the dignity, support and care given by the clinical staff. Three comment cards contained negative areas such as patients not being able to see their named GP, missed referrals and long waiting times for urgent appointments. We also received a letter from a patient who was very appreciative of the care received and praised all the staff highly.

We spoke with three individuals during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, they stated they were not always able to get appointments when they needed them and sometimes getting an appointment with their named GP was very difficult.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice as well as locum staff. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate.
- Ensure all staff receive supervision and appraisal within appropriate timescales and all staff files are monitored regularly.
- Ensure there is a system to monitor and audit the traceability of the prescription paper used in the practice.
- Ensure audits and re-audits are implemented to improve patient outcomes.

Action the service **SHOULD** take to improve

- Undertake a thorough review of risks with appropriate mitigating actions. For example, risks in relation to lone working, carrying blood samples and health and safety risks.
- Review and update policies to ensure the practice has access to all the required policies, such as handling samples in the reception area, and ensure all staff are aware of the relevant policies for their roles.
- More routine staff meetings should be available and any learning should be shared with all staff groups.
- Ensure the practice business strategy is up to date and fit for purpose.

Summary of findings

Outstanding practice

- The practice was working with other local practices and the community nursing team to actively support and manage people living in care and nursing homes to avoid unplanned admissions into hospital.

Drs Chen, Davis, Chavdarov, Ratcliffe, Chew-Graham, Edmondson and Siebert (also known as Chorlton Family Practice)

Detailed findings

Our inspection team

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 Drs Chen, Davis, Chavdarov, Ratcliffe, Chew-Graham, Edmondson and Siebert (also known as Chorlton Family Practice)

Chorlton Family Practice is based in Chorlton, Manchester and is part of the NHS Central Manchester Clinical Commissioning Group (CCG) and has 10,128 patients. The practice provides services under a General Medical Services contract.

Information published by Public Health England rates the level of deprivation within the practice population group as five 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 76 years for males and 81 years for females, both of which are slightly 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 were generally similar to the average GP practice in England. There were a higher number of female patients from 30 to 50 years of age than the national average.

The practice had a lower percentage (4.56%) of its population claiming disability allowance than the England average (5.03%).

The service is a merger of three practices who all joined in October 2014 to stabilise the workforce and to provide a consistent service in the community. There are seven GP partners, one salaried GP, a practice business manager who is also an advanced nurse practitioner, a practice manager, an administrative manager, a finance manager, an

Detailed findings

advanced nurse practitioner, two nurses and a healthcare assistant as well as a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.

The practice is based in a purpose built building with access for people with mobility problems. There is plenty of parking including specific parking bays for people with disabilities. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors.

The practice is open Mondays to Fridays from 8am to 6:30pm with a Saturday drop in surgery from 8:30am to 11am. The surgery also provides late appointments on Monday evenings until 9pm. In addition to pre-bookable appointments that can be booked up to a month in advance, urgent appointments are also available for people that need them such as young children or the elderly. Online appointments, home visits and telephone consultation services are also available. Out of hours cover is provided by the “Go-to-Doc” service as well as the NHS 111 service.

Why we carried out this inspection

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

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

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 4 February 2016.

During our visit we:

- Spoke with a range of staff including GPs, the practice business manager who is also an advanced nurse practitioner, the practice manager, an advanced nurse practitioner, a nurse as well as a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.
- Observed how patients were being spoken with and dealt with by the practice staff and spoke to patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was 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.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were not always shared to make sure action was taken to improve safety in the practice.

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 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. There was a lead GP member for safeguarding. 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. All the GPs were trained to Safeguarding level 3 which is their required level of training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead who liaised 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. The last infection control audit was undertaken in December 2015 and included a plan to address any areas of improvements identified as a result.

- 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Vaccines were stored appropriately and in date, but, we found there was no system to record and check the expiry dates which meant there was a potential for the vaccines to become out of date.
- 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.
- Prescription paper and pads were stored in a secure area and accessible to all staff. There was a system to record the serial numbers of prescription pads or prescription paper; however, there was no audit to ensure the stock matched the amount noted on the stock sheet. All the rooms were accessed by practice staff as well as cleaning staff which meant the practice could not account for any that may be misplaced or may go missing.
- Systems were 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.
- A notice in the waiting room advised patients that chaperones were available if required. However, no formally recorded training had been received by the staff who acted as chaperones. Staff who acted as chaperones had not always received a Disclosure and Barring Service check (DBS check) upon commencing employment (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) or been risk assessed as not needing a DBS check.
- We reviewed seven personnel files and found appropriate recruitment checks had not always been

Are services safe?

conducted. The files had missing items such as references, qualifications, interview summaries, DBS checks, application forms and the personnel files for the GPs were not complete as the GPs kept some information, such as DBS checks, at home with no copies in the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was 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. The practice had a variety of other risk assessments in place to monitor 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 saw reception staff handle urine samples provided by patients without gloves. There was no policy in place for the handling of samples and staff had not received appropriate training.
- 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.

- Some staff, such as the GPs and the nurse, conducted off site visits to people's homes and other premises. No policies or procedures were in place to ensure the risks were mitigated in case of emergencies and there was no lone working policy in place.
- The nurse collected blood from the patients she visited at home. Once collected, the blood was not always stored in a safe manner and wasn't always labelled appropriately with the correct hazard labels and there was no access to a blood spillage kit.

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 (BLS) training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator, oxygen cylinders with adult and children's masks and a first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. 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 the NICE website and used this information to deliver care and treatment that met people's needs. The policies were not always reviewed and updated to ensure that practice was consistent with current guidance.

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). Chorlton Family Practice consisted of a merger of three smaller practices in October 2014 who all collected individual data under their own individual practice code before this date. In October 2014, Chorlton Family Practice was assigned the practice code for one of the previous practices which meant the data published for 2014 to 2015 was not solely attributed to this practice. The data below has been supplied by the practice and is for information purposes only as it is not verified.

The most recent results 1 April 2015 to 28 February 2016 were 97% of the total number of points available, with 3% clinical 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).

- Performance for diabetes related indicators (1 April 2015 to 28 February 2016):
 - The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less, was 79%.
 - The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 60%.

- The percentage of patients with diabetes, on the register, who had influenza immunisation was 98%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 76%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 95%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured was 150/90mmHg or less (1 April 2015 to 28 February 2016) was 81%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record (1 April 2015 to 28 February 2016) was 98%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded was 95% (1 April 2015 to 28 February 2016).
- 92% of patients diagnosed with dementia had had their care reviewed in a face to face meeting (1 April 2015 to 28 February 2016).
- The percentage of patients with asthma, on the register, who had had an asthma review that includes an assessment of asthma control using the three RCP questions (1 April 2015 to 28 February 2016) was 81%.

Clinical audits

- At the time of inspection, the practice had been registered for 20 months. We were shown a number of clinical audits completed in that timescale and saw the majority of these were single cycle audits where the improvements made were not implemented and not monitored. A number of the GPs did not have evidence of their audits on site and told us they had kept them at home with their revalidation files.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw examples of prescribing audits carried out by the Clinical Commissioning Group.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- 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 most relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However, not all staff had received an appraisal in the last 12 months. Some staff, such as the nurses, had not received an appraisal before but we saw appraisals had been scheduled for all staff.
- 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. However, the records did not always accurately reflect the training that staff had received.
- The records for locum GPs were not comprehensive and only included a CV and the GMC number. A locum induction pack contained information such as the referral process and in-house services for new starters.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was 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, including when they were referred, or after they were discharged from hospital.

We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The team met regularly for MDT discussions around palliative care.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice also offered services for people who needed travel vaccinations, sexual health advice and immunisation advice.

- The practice's uptake for the cervical screening programme was 78.3%% (March 2015), which was above the CCG average of 65.4% and the national average of 74.3%.
- 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.

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 they could offer them a private room to discuss their needs.

Seven of the ten comment cards were positive about the standard of care received and praised the efficiency of the reception staff as well as the dignity, support and care given by the clinical staff. We also received a letter from a patient who was very appreciative of the care received and praised all the staff highly. We spoke with three individuals during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice results were in line with the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 84%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).

- 83% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

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 (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 85% 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%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 76% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, 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. Staff were able to communicate in languages such as German, Russian, Urdu, Punjabi and Swahili.

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.

The practice's computer system alerted GPs if a patient was also a carer and we saw written information 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 at their convenience.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had sufficient space and flexibility for the current number of patients being treated. The practice was based on two floors with a lift for people with mobility issues.
- The surgery had access-enabled toilets and a hearing loop was available at the reception area for patients who required one.
- The consulting rooms were small and people in wheelchairs could not always access these easily. We spoke to one patient on a mobility scooter who told us the scooter did not always fit through the doors, but the GPs visited them at home to discuss personal information.
- The practice was working with the local care and nursing homes on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals.
- Longer appointments were available for people with a learning disability and for those with caring responsibilities. Home visits and telephone consultations were available for patients who would benefit from these. Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open Mondays to Fridays from 8am to 6:30pm with a Saturday drop in surgery from 8:30am to 11am. The surgery provided late appointments on Monday evenings until 9pm. In addition to pre-bookable appointments that could be booked up to a month in advance, urgent appointments were also available for people that need them such as young children or the elderly. Online appointments, home visits and telephone consultation services were also available. Patients could express a preference for a particular doctor, however, if that

doctor was not available, especially if booking an urgent appointment, an appointment with another doctor was offered. Out of hours cover was provided by the "Go-to-Doc" service as well as the NHS 111 service.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 65% of patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 57% of patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

On the day of the inspection patients told us they were not always able to get appointments when they needed them and getting an appointment with their named GP was often difficult. The practice staff were aware of the access issues and were planning to improve access by increasing the number of staff who answered the telephone lines in reception. They told us the telephone system needed improvement and they were in the process of monitoring peak calling times to adjust the staff rota to provide additional cover during these times.

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. One of the GP partners took the lead on all clinical based complaints.
- Information was available to help patients understand the complaints system in the form of patient leaflets.
- Staff confirmed they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had received 24 complaints between October 2014 and Jan 2016. We looked at three of these complaints and found they had been acknowledged, investigated and responded to appropriately.
- Lessons were learnt from the concerns and complaints and action was taken 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 practice had a clear vision to deliver high quality care and promote good outcomes for patients and to offer better services closer to the patient's home. This included delivering healthcare in a safe environment where all patients were treated with dignity and respect whilst fully involved in decisions about their care.

The practice had a mission statement which staff knew and understood. The aims and objectives were:

- "To promote health and wellbeing".
- "To be receptive and responsive to the requirements of our population".
- "To become locality vanguard of care of elderly and vulnerable patients".
- "To explore new ways of working to overcome contemporary challenges".
- "To establish links with the local community".

The practice was starting to put a business plan together but there was no formal strategy in place. The main challenge for the practice was the lack of space and ensuring the service was running as one practice after the merger had taken place.

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:

- 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, however, staff were not always aware of these.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Each GP and senior member of staff had defined clinical responsibilities in different areas such as safeguarding, elderly care and information governance.

- Staff told us the practice did not hold regular team meetings. Evidence showed clinical meetings were infrequent and without any structure.

Leadership and culture

The partners had the experience, capacity and capability to run the practice and ensure high quality care was delivered. 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 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.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice did not hold regular team meetings.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were 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.

Are services well-led?

Good 

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

- The GPs, the business manager and the practice manager all had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The national GP patient survey published in July 2015 and January 2016 contained some areas for improvement such as access to the surgery via the phone. The practice had reviewed the areas requiring improvement and put these into action.
- The staff monitored comments published on the NHS Choices page by their patients. Some common themes included access to appointments, telephone access and to the administration process. Staff responded to these and where negative comments were raised, appropriate actions were taken in relation to the specific issues raised.

- The practice had a patient comments book in reception for patients to inform the practice of negative or positive feedback. We were informed the book which had comments from October 2014 to December 2015 went missing, however, a new book has now been initiated.

Continuous improvement

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

- The practice was working with the local care and nursing homes on a routine basis. The GPs were signposted to any patients who required follow up to avoid unplanned admissions to hospitals.
- The practice was a designated training practice for medical students.
- The practice had developed chronic obstructive pulmonary disease (COPD) (includes the conditions emphysema and chronic bronchitis) rescue packs and care plans.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the registered person 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.</p> <p>This was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not have all the required practice specific policies and procedures. The audit process was not embedded. We found the registered person did not operate an effective system to provide support, training, professional development, supervision and appraisal as necessary to enable staff to carry out the duties they are employed to perform.</p> <p>This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>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.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19(1)(a)(b)(2)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.