Bryant Street Medical Centre - Surgery C

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Bryant Street Medical Centre – Surgery C on 2 September 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, reviewed and addressed.
- Most risks to patients were assessed and well managed.
- Patient's needs were assessed and care was planned and delivered in line with current legislation. However, not all staff were up to date with mandatory training.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said they experienced some difficulties when making appointments but urgent appointments were available the same day.
- There was a leadership structure and staff felt supported by management. The practice took into account the views of patients and those close to them as well as engaging with staff when planning and delivering services.

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

Importantly the provider must;

- Review the monitoring of blank prescription forms and medicines management.
- Review infection control risk assessment and management to ensure the practice complies with national infection control guidance.
- Ensure the practice is able to respond to medical emergencies in line with national guidance.
- Revise the process of staff recruitment to ensure all relevant checks are carried out prior to employment.

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- Ensure that all staff are up to date with relevant mandatory training and have up to date job descriptions outlining their roles and responsibilities.

The provider should also;

- Raise staff awareness of the practice statement of purpose.
- Revise governance processes and ensure that all documents used to govern activity are up to date and contain relevant contact details.
- Display health and safety information so that it is visible to all staff.
- Revise the availability of opening hours information for patients when the practice is closed.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. The practice was unable to demonstrate it was fully compliant with national guidance on infection control. Bryant Street Medical Centre - Surgery C had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to some identified risks.

There were systems for medicines management. However, the practice did not monitor blank prescription forms in line with national guidance. Inventories of medicines and vaccines held were not maintained and stock levels and expiry dates of medicines and vaccines held were not routinely audited. Not all medicines that we checked were within their expiry date and fit for use and some vaccines were not stored in line with current national guidance. Written guidance was not available for staff to follow on the management and storage of vaccines at the practice.

Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. However, not all staff were up to date with mandatory training such as safeguarding and basic life support. There was equipment to enable staff to care for patients and the practice had plans to deal with foreseeable emergencies. However, the practice was unable to demonstrate it was able to respond to a medical emergency in line with national guidance.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff at the Bryant Street Medical Centre - Surgery C referred to guidance from the National Institute for Health and Care Excellence (NICE) and had systems to monitor, maintain and improve patient care. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Patients with learning disabilities were offered annual physical health checks and medicine reviews. The practice carried out clinical audit cycles to improve the service. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice slightly lower than others in the locality and nationally for some aspects of care. Interviews with

Summary of findings

patients and comments cards we reviewed indicated that patients were satisfied with the care provided by Bryant Street Medical Centre - Surgery C and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice was responsive to patients' individual needs such as language requirements and mobility issues. Access to services for all patients was facilitated in a wide variety of ways, such as routine appointments with staff at Bryant Street Medical Centre - Surgery C and home visits. The practice provided an on-line booking service for appointments and repeat prescriptions. Patients could get information about how to complain in a format they could understand and the practice demonstrated that learning from complaints and action as a result of complaints had taken place.

Are services well-led?

Good

The practice is rated as good for providing well-led services. It had a statement of purpose, although most staff were not aware of this. There was a leadership structure and staff felt supported by management. The practice had written documents that governed activity. There were systems to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. There were plans to help avoid older patients being admitted to hospital unnecessarily. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multidisciplinary staff meetings that included staff who specialised in the care of older people.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice employed staff trained in the care of patients with long-term conditions. The practice supported patients to manage their own long-term conditions. Specific health promotion literature was available.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Services for mothers, babies, children and young people at Bryant Street Medical Centre - Surgery C included access to midwives and health visitor care. Specific health promotion literature was available. There were systems 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 accident and emergency attendances. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students). The practice provided a variety of ways this patient population group could access primary medical services. These included appointments outside of normal working hours. Appointments and repeat prescriptions could be accessed on-line. Specific health promotion literature was available.

Summary of findings

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people living in vulnerable circumstances. The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Patients with learning disabilities were offered annual physical health checks and medicine reviews. Specific health promotion literature was available. Specific screening services were also available.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services. Specific health promotion literature was available. The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 119 responses and a response rate of 28%. The data showed;

- 67% of respondents found it easy to get through to this practice by telephone compared with a clinical commissioning group (CCG) average of 64% and a national average of 74%.
- 83% of respondents found the receptionists at this practice helpful compared with a CCG average of 85% and a national average of 87%.
- 68% of respondents with a preferred GP were able to see or speak with that GP compared with a CCG average of 57% and a national average of 61%.
- 89% of respondents were able to obtain an appointment to see or speak with someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 88% of respondents said the last appointment they obtained was convenient compared with a CCG average of 90% and a national average of 92%.
- 69% of respondents described their experience of making an appointment as good compared with a CCG average of 64% and a national average of 74%.
- 63% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 50% of respondents felt they did not normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%.

We looked at 80 patient comment cards. Fifty-four comments were positive about the service patients experienced at Bryant Street Medical Centre - Surgery C and 15 were negative. Eleven comment cards contained both positive and negative comments. Patients indicated that they felt the practice offered an efficient service and staff were respectful and caring. There were common themes amongst the negative comments of difficulties in obtaining an appointment that suited patients' needs and some staff having a poor attitude or being rude to patients.

During our inspection we spoke with three patients who told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they experienced few difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

Areas for improvement

Action the service MUST take to improve

- Review the monitoring of blank prescription forms and medicines management.
- Review infection control risk assessment and management to ensure the practice complies with national infection control guidance.
- Ensure the practice is able to respond to medical emergencies in line with national guidance.
- Revise the process of staff recruitment to ensure all relevant checks are carried out prior to employment.
- Ensure that all staff are up to date with relevant mandatory training and have up to date job descriptions outlining their roles and responsibilities.

Action the service SHOULD take to improve

- Raise staff awareness of the practice statement of purpose.
- Revise governance processes and ensure that all documents used to govern activity are up to date and contain relevant contact details.
- Display health and safety information so that it is visible to all staff.

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- Revise the availability of opening hours information for patients when the practice is closed.

Bryant Street Medical Centre - Surgery C

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Bryant Street Medical Centre - Surgery C

Bryant Street Medical Centre - Surgery C is situated in Chatham, Kent and has a registered patient population of approximately 7,000.

The practice staff consists of three GP partners (all male), one practice manager, one practice nurse (female) as well as administration and reception staff. The practice also directly employs two locum GPs (both female). There is a reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices take medical students and training practices have GP trainees and Foundation Year Two junior doctors).

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Primary medical services are provided Monday to Friday between the hours of 8.30am to 6.30pm. Extended hours surgeries are offered Monday and Thursday 6.30pm to 8pm. Primary medical services are available to patients registered at Bryant Street Medical Centre - Surgery C via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of Bryant Street Medical Centre - Surgery C's working hours.

Services are provided from Bryant Street Medical Centre, 29 Bryant Street, Chatham, Kent, ME4 5QS, only.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem

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 2 September 2015. During our visit we spoke with a range of staff (three GPs, the practice manager, one practice nurse and one receptionist) and spoke with three patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

The practice had documents that guided staff, such as the significant / critical event toolkit, and a system for reporting, recording and monitoring incidents, accidents and significant events. We reviewed safety records and incident reports for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term. All reported incidents, accidents and significant events were managed by designated staff. Staff told us that feedback from investigations was discussed at partner meetings and records confirmed this.

National patient safety alerts were processed by the practice manager and disseminated electronically to practice staff at Bryant Street Medical Centre - Surgery C as necessary.

Overview of safety systems and processes

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a vulnerable adults policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults or children. The practice had designated GPs appointed as leads in safeguarding vulnerable adults and safeguarding children. Records showed they were trained to level three in safeguarding. All staff we spoke with were aware of the appointed lead in safeguarding as well as the practice's safeguarding policies and other documents. Records showed that one member of clinical staff was not up to date with training in safeguarding. However, when we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise and report concerns.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. The documents contained the names and contact details of external bodies that staff could approach with concerns, such as the General Medical Council. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. We looked at the practice records of four members of staff which confirmed they were up to date with their professional registration.

The practice had a chaperone policy and information about it was displayed in public areas informing patients that a chaperone would be provided if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Patients we spoke with told us they were aware this service was available at the practice. Records showed that staff who acted as chaperones had received training to do so.

Medicines management

Bryant Street Medical Centre - Surgery C had documents that guided staff on the management of medicines such as a medicine reconciliation and discharge policy. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society of Great Britain. The practice received input from the local clinical commissioning group's pharmacy advisor.

Requires improvement

Are services safe?

Patients were able to obtain repeat prescriptions either in person or by completing paper repeat prescription requests as well as on-line. Patients' medicines reviews were carried out during GP appointments and during dedicated clinic appointments such as asthma clinics.

The practice did not have a system to monitor all blank prescription forms. However, blank prescription forms were stored securely in a locked cupboard in line with national guidance.

Medicines and vaccines were stored securely in areas accessible only by practice staff. The practice did not hold any controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The practice kept records of the ordering and receipt of medicines. However, inventories of medicines and vaccines held were not maintained (with the exception of emergency medicines). Staff told us that stock levels and expiry dates of medicines and vaccines held were not routinely audited, although they said that the expiry date of all medicines were checked before staff administered them to patients. Not all medicines that we checked were within their expiry date and fit for use.

Appropriate temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. Some vaccines were stored touching the inside wall of the refrigerator which is not in line with current national guidance. Written guidance was not available for staff to follow on the management and storage of vaccines at the practice.

The practice nurse administered vaccines using patient group directions (PGDs) that had been produced in line with legal requirements and national guidance. Records showed that nursing staff had received appropriate training to administer vaccines.

Cleanliness and infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at Bryant Street Medical Centre - Surgery C. Cleaning schedules were used and there was a supply of approved cleaning products. Records were kept of domestic cleaning carried out in the practice. However, audits of domestic cleaning were not undertaken. Two chairs in one of the consulting rooms were cloth covered and visibly stained. Cleaning of these chairs would not always be effective as the material was porous. Cleaning schedules did not include specialist cleaning of these chairs. There was, therefore, a risk of cross contamination when patients used them.

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at most clinical wash-hand basins in the practice. Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

The practice had an identified infection control lead. Records showed that not all relevant members of staff were up to date with infection control training. The practice was unable to demonstrate that an infection control risk assessment had been carried out. An infection control audit had been carried out in April 2015. However, this audit failed to identify the stained, cloth covered chairs in use in one of the consulting rooms or that audits of domestic cleaning were not being carried out. The practice was unable to demonstrate an action plan had been developed to address infection control issues identified by this audit.

There was a waste management protocol and a system for safely handling, storing and disposing of clinical waste. This was carried out in a way that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

The practice had a system that monitored and recorded the hepatitis B status of GPs and nurses at Bryant Street Medical Centre - Surgery C.

The practice had a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice was able to demonstrate that testing was carried out to help reduce the risk of infection to patients and staff from legionella at Bryant Street Medical Centre – Surgery C.

Requires improvement

Are services safe?

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and records confirmed this.

Staffing and recruitment

The practice had policies and other documents that governed staff recruitment. For example, a recruitment policy. Personnel records contained evidence that appropriate checks had not always been undertaken prior to employment. For example, references and interview records.

Records demonstrated that not all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff covered each other's leave to help ensure the practice had sufficient staff at all times. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had a health and safety policy statement to help keep patients, staff and visitors safe. However, health and safety information displayed was obscured by a refrigerator. This information was not therefore visible for staff to see. Two staff were designated health and safety representatives at the practice.

There was a record of identified risks and action plans to manage or reduce some risks. A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. Staff received fire safety training on induction.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. They told us they had the ability to summon help from colleagues via the telephone intercom in an emergency or security situation.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the designated book in reception. Non-public areas of the practice were secured with coded key pad locks to help ensure only authorised staff were able to gain access.

Arrangements to deal with emergencies and major incidents

There were documents that guided staff in dealing with medical emergency situations. For example, the emergency incident procedure document. Records showed that not all staff were up to date with basic life support training.

Emergency equipment was available in the practice, including access to emergency medicines and medical oxygen. However, medical oxygen was had expired in November 2007. The practice did not have an automated external defibrillator's (AED) (used to attempt to restart a person's heart in an emergency) or a risk assessment demonstrating why they did not have an AED. The practice was therefore unable to demonstrate they were able to respond to a medical emergency, in line with national guidelines, before the arrival of an ambulance. There was an inventory of the emergency equipment and emergency medicines held. Staff told us these were checked regularly and records confirmed this. Emergency equipment and emergency medicines (with the exception of the medical oxygen) that we checked were within their expiry date.

There was a continuity and recovery plan document that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Clinical Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at regular intervals to help ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GPs told us they led in specialist clinical areas such as diabetes, heart disease as well as asthma and the practice nurse and healthcare assistant supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss best practice guidelines, such as the management of respiratory disorders.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to help ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to help ensure that all their needs were continuing to be met.

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

Management, monitoring and improving outcomes for people

Information about patients' care and treatment, and their outcomes, was routinely collected, monitored and used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

Staff told us the practice had a system for completing clinical audit cycles. For example, a medicines audit. Records demonstrated analysis of its results and an action plan to address its findings. There were plans to repeat this to complete cycles of clinical audit.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

The practice's prescribing rates were similar to national figures. Staff followed national guidance for repeat prescribing. They regularly checked patients receiving repeat prescriptions had been reviewed by the GP. Records showed that 88% of patients on the mental health register had received an annual medicine review so far in the current 12 month period.

The practice checked that all routine health checks were completed for long-term conditions such as chronic obstructive pulmonary disease (a breathing problem) and that the latest prescribing guidance was being used. Records showed 53% of patients with a learning disability had received an annual health check so far in the current 12 month period.

The practice kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups such as patients with learning disabilities, dementia and those on the mental health register.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

Practice staffing included medical, nursing, managerial and administration staff. We reviewed staff training records and saw that not all staff were up to date with attending mandatory courses such as annual basic life support. Staff underwent induction training on commencement of employment with the practice. The GPs were up to date with their yearly continuing professional development requirements and either had plans to be revalidated or had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

The practice had a staff appraisal system that identified learning needs from which action plans were documented. The practice had processes to identify and respond to poor or variable practice including policies such as the bullying and harassment policy.

Not all staff had job descriptions outlining their roles and responsibilities. Staff with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, asthma), were able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with community nursing teams and other service providers to deliver care to patients.

The practice also worked with district nurses and palliative care services to deliver end of life care to patients.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

The practice had a system to refer patients to other services such as hospital services or specialists.

Staff told us that there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by GPs at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

Information sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services to discuss patients' needs.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider to help enable patient data to be shared in a secure and timely manner. There was a system for sharing appropriate information for patients with complex needs with the ambulance and out of hours services.

Consent to care and treatment

The practice had a consent protocol that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Some staff had received formal training on the Mental Capacity Act 2005. Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health promotion and prevention

Most new patients registering with the practice were offered a health check carried out by the practice nurse. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.

Specific health promotion literature was available for all patient population groups such as shingles vaccination information for older patients, information on specific tests for patients with long-term breathing problems, smoking cessation service information, details about how to

Good

Are services effective?

(for example, treatment is effective)

recognise signs and symptoms of childhood viruses, sexual health information for patients aged 15 to 24, alcohol and drugs recovery services details, details about how to recognise signs and symptoms of lung cancer as well as contact details of a dementia charity for patients who were worried about their memory.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at the practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle. For example, referral to a smoking cessation service.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Child immunisation rates were higher than the national average at Bryant Street Medical Centre - Surgery C. Influenza vaccination rates were lower than the national average for patients aged 65 years and over, and similar to expected for patients aged 6 months to 65 years in the defined influenza clinical risk groups. Records showed that the practice had improved take up of the influenza vaccine in patients aged 65 years and over from 58% in 2013/2014 to 61% in 2014/2015. There was an action plan to improve this further in the current period.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was around the average for its satisfaction scores on consultations with doctors and nurses. For example;

- 96% or respondents said the last nurse they saw or spoke with was good at giving them enough time compared with the clinical commissioning group (CCG) average of 92% and the national average of 92%.
- 79% of respondents said the last GP they saw or spoke with was good at giving them enough time compared with the CCG average of 80% and the national average of 87%.
- 96% of respondents said the last nurse they saw or spoke with was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 73% of respondents said the last GP they saw or spoke with was good at listening to them compared with the CCG average of 81% and the national average of 87%.
- 98% of respondents had confidence and trust in the last nurse they saw or spoke with compared with the CCG average of 98& and the national average of 97%.
- 87% of respondents said they had confidence and trust in the last GP they saw or spoke with compared with the CCG average of 92% and the national average of 95%.
- 64% of respondents said the last GP they saw or spoke with was good at treating them with care and concern compared with the CCG average of 76% and the national average of 85%.
- 89% of respondents said the last nurse they saw or spoke with was good at treating them with care and concern compared with the CCG average of 90% and the national average of 90%.
- 83% of respondents said the receptionists at this practice were helpful compared to the CCG average of 85% and the national average of 87%.

We looked at 80 patient comment cards. Fifty-four comments were positive about the service patients experienced at Bryant Street Medical Centre - Surgery C and 15 were negative. Eleven comment cards contained both positive and negative comments. Patients indicated that they felt the practice offered an efficient service and staff were respectful and caring. There were common themes amongst the negative comments of difficulties in obtaining an appointment that suited patients' needs and some staff having a poor attitude or being rude to patients.

We spoke with three patients, all of whom told us they were satisfied with the care provided by the practice and that their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains or screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had documents that guided staff in order to keep patients' private information confidential. For example, the confidentiality – patient data document.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, respondents to the GP patient

Good

Are services caring?

survey who stated that the last time the saw or spoke with a nurse, the nurse was good or very good at involving them in decisions about their care was above local CCG and national averages.

Patients told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as information about a support group for carers.

The patients we spoke with on the day of our inspection and the comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Extended hours surgeries were offered Monday and Thursday 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The premises and services had been designed to meet the needs of patients with disabilities.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services.
- Staff told us that they did not have any patients who were homeless but would see someone if they came to the practice asking to be seen and would register the patient so they could access services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had plans that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Primary medical services were provided Monday to Friday between the hours of 8.30am to 6.30pm. Primary medical services were available to patients registered at Bryant Street Medical Centre - Surgery C via an appointments system. Staff told us that patients could book appointments on-line, by telephoning the practice or by attending the reception desk in the practice.

The practice opening hours as well as details of how patients could access services outside of these times were not readily available for patients to take away from the practice in written form. For example, in a practice leaflet or displayed on the front of the building.

Patients we spoke with told us they were able to obtain appointments when they needed them. Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. For example;

- 65% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 65% and the national average of 76%.
- 67% of respondents said they found it easy to get through to this practice by telephone compared with the CCG average of 64% and the national average of 74%.
- 69% of respondents described their experience of making an appointment as good compared with the CCG average of 64% and the national average of 74%.
- 63% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and the national average of 65%.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Timescales for dealing with complaints were stated and details of the staff responsible for investigating complaints were given. Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names of relevant complaints bodies that patients could contact if they were unhappy with the

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice's response. However, this did not contain contact details for these organisations. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

The practice had received seven complaints in the last 12 months. Records demonstrated that the complaint was investigated, the complainant had received a response, the practice had learned from the complaint and had implemented appropriate changes.

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

Bryant Street Medical Centre - Surgery C had a statement of purpose that set out its strategy to meet patients' healthcare needs. Most staff we spoke with were not aware of the practice's statement of purpose.

Governance arrangements

There were documents that set out Bryant Street Medical Centre - Surgery C's governance strategy and guided staff. For example, the information governance statement. There was a GP clinical governance lead and clinical governance issues were discussed at staff meetings. For example, prescribing issues. There was a variety of policy, procedural and other documents that the practice used to govern activity. For example, the chaperone policy, the complaints procedure as well as the continuity and recovery plan document. We looked at 23 such documents and saw that seven were not dated so it was not clear when they were written or when they came into use. None of the 23 documents contained a planned review date.

There was a leadership structure with named members of staff in lead roles. For example, one GP had lead responsibilities for safeguarding vulnerable adults. All staff we spoke with were clear about their own roles and responsibilities. Staff we spoke with said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice operated a clinical audit system that improved the service and followed up to date best practice guidance. There were plans to repeat audits to complete cycles of clinical audit. Clinical audit results were shared with relevant practice staff.

The practice identified, recorded and managed some risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment. However, the practice had failed to identify risks associated with some infection control issues in line with national guidance. They had also failed to identify risks of employing staff without carrying out all appropriate checks prior to commencement.

The practice demonstrated human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that included revalidation with their professional body at required intervals and records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Leadership, openness and transparency

The lead GP and practice manager were visible in the practice and staff told us that they were always approachable and always took time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

Practice seeks and acts on feedback from its patients, the public and staff

The practice took into account the views of patients and those close to them via feedback from patient surveys as well as comments and complaints received when planning and delivering services.

The practice did not have an active patient participation group (PPG). Staff told us the practice was in the process of setting up a PPG.

Records demonstrated that the practice had plans to address any required changes identified by the last patient survey. For example, improvements to telephone access.

The practice informally monitored comments and complaints left in reviews on the NHS Choices website. Six reviews had been left on this website in the last 12 months. Three were positive and three were negative. There were no common themes to these. The practice had not responded to any of these reviews.

There were a variety of meetings held in order to engage staff and involve them in the running of the practice. For example, staff meetings and partner meetings. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care. Staff told us that staff suggestions were supported.

Management lead through learning and improvement

Are services well-led?

Good

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

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were supported to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had a system to investigate and reflect on incidents, accidents and significant events. All reported incidents, accidents and significant events were managed by designated staff. Staff told us that feedback from investigations was discussed at meetings and records confirmed this.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always provided in a safe way for service users. The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs; managing medicines safely and properly; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. Regulation 12(1)(2)(a)(b)(c)(f)(g)(h).