

King Street Medical Centre

Quality Report

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

Ratings

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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King Street Medical Centre on 17 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect.

- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice had proactively sought feedback from patients and had an active patient participation group.

Outstanding practice

- The practice was family friendly and all staff including the GP's, practice nurse, practice manager and receptionists knew the patients well and most by first name as patients had been attending the practice for many years.
- The service being provided was caring and responsive despite the high level of deprivation, the higher percentage (74.7%) of its population claiming disability allowance than the England average of (50.3%) and having a relatively high patient population of approximately 30% ethnic minorities.

Summary of findings

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice and for locum / agency staff. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate.
- Ensure staff files are monitored regularly to make sure they contain the appropriate checks and paperwork.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, safeguarding training.
- Ensure all staff receive supervision and appraisal within appropriate timescales.
- Ensure clinical and non-clinical audits, such as infection control audits, and re-audits are implemented to improve patient outcomes.

- Ensure there is a system to monitor the traceability of the prescription paper used in the practice.

In addition the provider should:

- Review and update procedures and guidance.
- Assign roles, such as the infection prevention and control lead, appropriately with job descriptions and ensure staff are aware of the roles and responsibilities they have.
- Review and update the business continuity plan to take into account information technology based eventualities.
- Schedule regular and staff meetings with minutes available to be shared to all staff.
- Improve on the recording and reviews of significant event reviews to include more information.

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 as there are areas where improvements should be made.

- There were procedures in place for monitoring and managing risks to patient and staff safety such as a health and safety policy.
- There was an effective system in place for reporting and recording significant events.
- Patients were at risk of harm because systems and processes were not in place or not being followed. For example, staff performed chaperone duties without a Disclosure and Barring Service (DBS) check being in place, adequate recruitment procedures were not in place.
- There was no system to monitor the traceability of the prescription paper used in the practice.

Requires improvement



Are services effective?

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

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice identified patients who may be in need of extra support.
- There was little evidence that audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Appraisals were not monitored and not all staff had completed their yearly appraisal.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its 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 easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 that 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 requires improvement for being well-led, as there are areas where improvements should be made.

- Staff were aware of the vision and a strategy but it was informal and not well documented.
- There was a documented leadership structure and most staff felt supported by management.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

Requires improvement



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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It 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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The GP's had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed better than the national average in four out of the six diabetes indicators outlined in the Quality of Outcomes Framework (QOF) and was comparable to the national average for the remaining two indicators.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people 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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Requires improvement



Summary of findings

- Patient comments confirmed children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The take up rate for the cervical screening programme of women aged 25-64 was above the CCG and national average (2015).
- The childhood immunisation rate was comparable to the CCG and national average
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good 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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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 safety, effective and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 100% of people diagnosed with a mental health issue had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

We spoke with two members of the patient participation group, who were also patients at the practice, during our visit. Both spoke positively of the care and treatment they received.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 36 comment cards which were all positive about the standard of care received and several praised the staff on their willingness to listen and described how staff provided reassurance during difficult times.

The national GP patient survey results published in July 2015 showed the practice was scoring higher than the Clinical Commissioning Group (CCG) and national average in some aspects of the service. For example:

- 98% of respondents find it easy to get through to this surgery by phone

compared with a CCG average of 71% and a national average of 73%

- 91% of respondents with a preferred GP usually get to see or speak to that GP

compared with a CCG average of 59% and a national average of 60%

- 96% of respondents find the receptionists at this surgery helpful

compared with a CCG average of 85% and a national average of 87%

- 95% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%
- 97% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%
- 94% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 75%
- 91% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%
- 92% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%

Please note there were 111 responses out of the 391 questionnaires sent out for the GP patient survey. This is a response rate of 28% which represents approximately 6% the patient population registered at the practice.

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 and for locum / agency staff. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate.
- Ensure staff files are monitored regularly to make sure they contain the appropriate checks and paperwork.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, safeguarding training.
- Ensure all staff receive supervision and appraisal within appropriate timescales.

- Ensure clinical and non-clinical audits, such as infection control audits, and re-audits are implemented to improve patient outcomes.
- Ensure there is a system to monitor the traceability of the prescription paper used in the practice.

Action the service **SHOULD** take to improve

- Review and update procedures and guidance.
- Assign roles, such as the infection prevention and control lead, appropriately with job descriptions and ensure staff are aware of the roles and responsibilities they have.
- Review and update the business continuity plan to take into account information technology based eventualities.

Summary of findings

- Schedule regular and staff meetings with minutes available to be shared to all staff.
- Improve on the recording and reviews of significant event reviews to include more information.

Outstanding practice

- The practice was family friendly and all staff including the GP's, practice nurse, practice manager and receptionists knew the patients well and most by first name as patients had been attending the practice for many years.
- The service being provided was caring and responsive despite the high level of deprivation, the higher percentage (74.7%) of its population claiming disability allowance than the England average of (50.3%) and having a relatively high patient population of approximately 30% ethnic minorities.

King Street Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to King Street Medical Centre

King Street Medical Centre is based in Accrington and is part of the East Lancashire Clinical Commissioning Group (CCG). The practice has 2042 patients on their register on the day of the inspection.

Information published by Public Health England rates the level of deprivation within the practice population group as two 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 77 years for males and 82 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 are similar to the average GP practice in England.

The practice had a higher percentage (74.7%) of its population claiming disability allowance than the England average (50.3%).

The practice patient's population was made up of approximately 30% ethnic minorities with the largest group being Asian and a growing population of Eastern Europeans.

The service is provided by two GP partners (one male, one female). The practice also employs a practice manager, a practice nurse and two reception / administrative staff.

The practice is based in a refurbished building with ramp access situated at the rear of the surgery to assist people with mobility problems. Patients can telephone the surgery beforehand so arrangements can be made. The practice has two consulting rooms, one for each GP and two treatment rooms, one for the nurse and one for the visiting health visitor.

The practice's main opening times are 8am to 6pm on Mondays, Thursdays and Fridays, 8am to 7:30pm on Tuesdays and 8am to 12:30pm on Wednesdays. There are additional pre-bookable overflow appointments available at a nearby practice Monday to Friday. The practice participates in a local scheme with four other practices for Saturday appointments between 9am and 12pm.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015.

During our visit we:

- Spoke with a range of staff including doctors, the practice manager, the nurse, a health visitor, reception staff and members of the patient representative group.
- Observed how people were being cared for.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 also a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events but they weren't always thorough. These were reviewed and investigated by staff with the appropriate level of seniority to look for improvements to the service.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, people 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all, apart from the nurse, received training relevant to their role. Both GPs were trained to Safeguarding level 3. The practice nurse could explain the processes and procedures for safeguarding and explained how training had been received in the previous practice, however, there were no records of the practice nurse having received any training in relation to safeguarding children and vulnerable adults whilst being employed at the practice since August 2014.

- A notice in the waiting room advised patients that the reception staff would act as chaperones, if required. All staff who acted as chaperones were appropriately trained for the role. Neither had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. The policy stated a GP and the practice nurse were the infection control clinical leads, however, both were unaware of this role and there was no liaison with the local infection prevention teams to keep up to date with best practice. Annual infection control audits had not been undertaken until a week prior to our visit. There was no evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines 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. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Prescription pads were securely stored, although there were no systems in place to monitor their use.
- The practice had a recruitment policy but this was not appropriate as it did not include the process to follow or the appropriate checks to conduct during the recruitment process. We reviewed five personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification was only available in three files and only one proof as opposed to two checks as stated in the policy. References, qualifications, registration with the appropriate professional body were not always completed. None of the staff had undergone the appropriate checks through the DBS as part of their employment at King Street Medical Centre. The nurse had brought a DBS check from a previous employer.

Are services safe?

- The practice manager told us there was a low turnover of staff and the majority of staff had been employed for a number of years and through recommendations from other practices. The practice manager told us she felt the receptionist staff did not require a DBS but there was no clear rationale or risk assessment to verify this decision.
- The practice utilised a locum GP who covered any leave. This GP had been at the practice in March 2015 and during September 2015. No personnel file was available for this locum GP. There was no evidence of any liability insurance, qualifications, or a check with the General Medical Council (GMC) (Doctors must be registered with a license to practice with the General Medical Council (GMC) to practice medicine in the UK).

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. There was a health and safety policy available with a poster in the reception office. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 but did not include the backup content and frequency of electronic files and records. This had led to a recent significant event in relation to business continuity a week before our inspection. The practice manager told us a number of electronic files with documents such as meetings of minutes, audits and policies had been deleted during an upgrade to the network. There was no practice backed since April 2015 as the decision was taken to stop using a removable hard drive. The practice manager was working alongside the IT department to recover the files but there was no clear list of everything that had been deleted.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.9% of the total number of points available, with 6.9% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 87.2%. This was above the CCG average of 81.8% but below the national average of 89.2%.
- Performance for hypertension related indicators was 100%. This was above the CCG average of 96.7% and the national average of 97.8%.
- Performance for mental health related indicators was 100%. This was above the CCG average of 91.7% and the national average of 92.8%.
- Performance for dementia related indicators was 100%. This was above the CCG average of 90.4% and the national average of 94.5%.

Clinical audits were conducted to demonstrate quality improvement.

- There had been very few clinical audits completed in the last two years. We saw evidence of one audit one GP had conducted to determine if patients taking

Metformin (used to treat people with type 2 diabetes). However, there was no evidence that this, or other, audits were driving improvement in performance to improve patient outcomes.

- The practice participated in applicable national benchmarking, accreditation and peer reviews.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not always demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice nurse only worked four hours a week and many duties, such as giving vaccinations, were also duplicated by one of the GP's during other times. The practice nurse could describe how the procedures were carried out and described how training had been received prior to commencing employment at King Street Medical Centre, but, the practice nurse had no training record or certificates to show any training received at King Street Medical Centre.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- None of the staff had received an appraisal within the last 12 months.
- Staff received training that included: 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, this was not apparent in the nurses training file.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on an informal and ad hoc basis and that care plans were not always routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 64% to 96% and five year olds from 64% to 100%. Flu vaccination rates for the over 65s were 72.7%, and at risk groups 64.6%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

We received 36 completed CQC comment cards from patients who told us what they thought about the practice. The comments were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

We also spoke with the chair and secretary of the patient participation group (PPG) (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). They were also patients at the practice and told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 83% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 87%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).

The practice sent patient satisfaction questionnaires to 50 patients. The results showed the majority of patients rated the services as "excellent" or "very good" for the eight categories which included the quality of care delivered by the doctor or the nurse during consultation and the quality of services provided by the surgery. Results showed 38 of the 43 (88%) respondents would recommend the practice to their family and friends.

Care planning and involvement in decisions about care and treatment

Patients told us that 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.

The national patient GP survey results published in July 2015 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:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%

Staff confirmed translation services were available for patients who did not have English as a first language.

Patient/carers 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. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Are services caring?

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

The practice was family friendly and all staff including the GP's, practice nurse, practice manager and receptionists knew the patients well and most by first name as patients had been attending the practice for many years.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had sufficient space and flexibility for the current number of patients being treated.
- There was sufficient free parking to meet patients' needs.
- The practice offered late night appointments on Tuesday evenings until 7:30pm for patients who could not attend during normal opening hours. There were an additional two pre-bookable overflow appointments available at a nearby practice Monday to Friday. The practice participated in a local scheme with four other practices for Saturday appointments between 9am and 12pm.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.

Access to the service

The practice was open between 8am to 6pm on Mondays, Thursdays and Fridays, 8am to 7:30pm on Tuesdays and 8am to 12:30pm on Wednesdays. However, there were no appointments between 11am and 4:30pm (except Wednesdays) as this time was used for home visits and for administrative duties and tasks.

Patients could book appointments in advance and urgent on the day appointments were readily available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.

- 98% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 94% patients described their experience of making an appointment as good (CCG average 71%, national average 73%).
- 92% patients said they usually waited 15 minutes or less after their appointment time (CCG average 65%, national average 65%).

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities.

Staff were aware of when a patient may require an advocate to support them and there was information on advocacy services available for patients.

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties. The consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilets and baby changing facilities. There was a large waiting area with plenty of space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

There was one male and one female GP in the practice; therefore patients could choose to see a male or female doctor.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

Are services responsive to people's needs? (for example, to feedback?)

We looked at the only complaint received in the last 12 months. This had been satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice staff described clear vision to deliver high quality care and promote good outcomes for patients. The GP we spoke with described the practice as being small with a friendly face.

- The practice had an overall vision and ethos to deliver consistent, friendly and patient centred care and staff knew and understood the values. However, the vision and strategy or mission statement wasn't formally outlined.
- The practice did not have a robust strategy and supporting business plans which reflected the vision and values. This meant there was no system in place to monitor them regularly.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Although this outlined the structures and procedures in place, there were some areas that required updating.

- There was a clear staffing structure and staff were mostly aware of their own roles and responsibilities, however, staff did not have access to job descriptions which meant they could not carry out the full range of duties and staff could not plan training to meet their role.
- Practice specific policies were implemented and were available to all staff. However, policies were not always available nor adequate for all processes such as recruitment.
- Data was available that ensured staff had a comprehensive understanding of the performance of the practice.
- The programme of continuous clinical and internal audit was not fully embedded which meant the practice couldn't monitor quality and couldn't make all the required improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing the mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Each partner took leads in different areas to ensure responsibility was equally shared.

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 formal written records and written correspondence but the verbal interactions and informal complaints were not recorded which meant any learning was not always appropriately shared or acted upon.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and 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.
- We found the practice did not hold regular team meetings but staff were kept updated via ad hoc meetings.

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

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

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG, with

Are services well-led?

Requires improvement 

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

people from all six population groups, which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had worked to increase the number of patients who used the online systems and had increased this from 2% of the practice population to 11%.

- There was a PPG noticeboard in the waiting area for patients to interact. The board contained details of the meetings and how patients could be further involved.
- It had gathered feedback from patients by a patient satisfaction survey in 2014. They had not put an action plan in place following the results as most patients had responded positively. The survey hadn't been conducted in 2015.
- There was no action plan in place following the national GP patient survey published in July 2015, as the results had been mostly positive.

- The GP and practice manager had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.

Continuous improvement

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

- They had been involved in the pilot scheme to open extended hours in conjunction with the local integrated teams. This meant patients could have appointments until 8pm at a nearby local practice if they needed to.
- The practice was working with the local CCG and other practices to implement a universal information technology system to promote uniformity.

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 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>We found that the registered person did not have all the required practice specific policies and procedures. The procedure for ensuring the traceability of the prescription paper was non-existent. The practice did not complete clinical and non-clinical audit cycles in a way to improve patient care and implement change.</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 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>We found the registered person did not operate an effective system to provide support, training, professional development; supervision and appraisal as necessary to enable all staff to carry out the duties they are employed to perform.</p> <p>This was in breach of regulation 18(2)(a)(b)(c) 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 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>We found that the registered person did not operate an effective recruitment system. The information required</p>

This section is primarily information for the provider

Requirement notices

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. The current registration status of locum GPs had not been checked.

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.