

Upton Group Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



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 Upton Group Practice on 21 July 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, incidents and near misses. However, not all incidents were recorded and reviews and investigations were not thorough enough.
- Risks to patients were not always assessed and well managed. For example, those relating to safeguarding and controlled drugs management.
- Complaints were not effectively managed.
- The practice had a number of policies and procedures to govern activity. However, the systems and process in place did not effectively promote and monitor the safety and quality of the service provided.
- Patients said they were treated with compassion, dignity and respect.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

The areas where the provider must make improvements are:

- Ensure that the storage disposal and recording of controlled drugs are in line with the requirements of Regulation 12(2)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Ensure safeguarding information is appropriately managed.

In addition the provider should:

Summary of findings

- Continue to review the system used to investigate safety incidents. To ensure the system is embedded and appropriate actions and learning are clearly documented and shared with the whole staff team.
- Continue to review complaints to ensure any significant events identified can be appropriately analysed and actions and learning can be shared across the whole staff team.
- Continue to monitor high risk drugs to ensure patients are receiving safe and appropriate care and treatment.

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 inadequate for providing safe services.

- The system in place to raise concerns and to report incidents and near misses was not consistently implemented. There was a lack of recognition with regard to identifying complaints or concerns that provided information that required to be analysed as significant events. When they did identify things had gone wrong, investigations were not sufficiently thorough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Safeguarding processes were not effective. Requests for information from other agencies such as social services were not always responded to. Information shared by other agencies were not always appropriately actioned. Following the inspection, the practice provided information that indicated safeguarding processes had been reviewed and amended and that staff had been directed to the guidance for the processing, actioning and recording of safeguarding information. The senior partner had also contacted the CCG lead for safeguarding to discuss best practice guidance.
- The practice did not monitor the safe storage of controlled drugs and had not taken appropriate steps to ensure out of date drugs were destroyed in line with the requirements of Regulation 12(2)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. We discussed with the practice the need to ensure regular reviews were undertaken of high risk medication to ensure patients received appropriate tests to maintain their health and wellbeing.
- Clinical audits demonstrated quality improvement.

Good



Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for responsive services.

Good



- Information about how to complain was available and records showed the practice initially responded quickly to issues raised. There was a system in place to review complaints annually to determine if there were trends or patterns that needed to be addressed. There was no system in place to review complaints including third party complaints to ensure any significant events identified could be appropriately analysed and actions and learning shared across the whole practice team. Following the inspection the practice provided evidence that complaints would be reviewed to identify any issues that would need to be analysed as a significant event.
- The practice 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. There was no system in place to review complaints to ensure any significant events identified could be appropriately analysed and actions and learning shared across the whole practice team.
- There were good facilities and the practice was well equipped to treat patients and meet their needs.
- The practice 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.

Summary of findings

- There were good facilities and the practice was well equipped to treat patients and meet their needs.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- There was lack of overview of the governance structures in place to monitor the safety and quality of the service provided.
- The practice had a number of policies and procedures to govern activity, but some of these were not being effectively used by the staff team to maintain patient safety and to promote service improvement.

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 issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice sent information packs to patients over 75 years of age and cares to signpost them to services and support available in the local area.

Requires improvement



People with long term conditions

The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The issues identified as requiring improvement overall affected all patients including this population group.

- The systems in place to safeguard children required improvement
- Immunisation rates were comparable or higher than the CCG and national average
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice runs child flu clinics annually for those eligible patients.
- Communication systems with other agencies such as health visitors required improvement.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The issues identified as requiring improvement overall affected all patients including this population group.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice did not offer extended hours and told us the demand for appointment outside of the current core operating hours was low.

Requires improvement



People whose circumstances may make them vulnerable

The issues identified as requiring improvement overall affected all patients including this population group.

- Although staff knew how to recognise signs of abuse in vulnerable adults and children, not all staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



People experiencing poor mental health (including people with dementia)

The issues identified as requiring improvement overall affected all patients including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 115 were returned. This represented 1% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%. The practice acknowledged this issue and continued to try and improve telephone access for patients.
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. They said they received an excellent, caring service and felt valued and respected by the practice team.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure that the storage disposal and recording of controlled drugs are in line with the requirements of Regulation 12(2)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.
- Ensure safeguarding information is appropriately managed.

Action the service **SHOULD** take to improve

- Continue to review the system used to investigate safety incidents. To ensure the system is embedded and appropriate actions and learning are clearly documented and shared with the whole staff team.

- Continue to review complaints to ensure any significant events identified can be appropriately analysed and actions and learning can be shared across the whole practice team.
- Continue to monitor of high risk drugs to ensure patients are receiving safe and appropriate care and treatment.

Upton Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser and an Expert by Experience.

Background to Upton Group Practice

Upton Group Practice is situated in an area of Wirral. There were 7961 patients on the practice register at the time of our inspection. The practice is situated in a residential area with a high number of patients being 65 years and over.

The practice has four GP partners, two male and two female, two female salaried GPs, three practice nurses, a practice manager and a number of administration and reception staff. The practice is a training practice for trainee GPs.

The practice is open between 8.30am and 6.30pm Monday to Friday. There are also arrangements to ensure patients received urgent medical assistance when the practice is closed. Out of hours patients are asked to contact the NHS 111 service to obtain healthcare advice or treatment.

The practice has a General Medical Services (GMS) contract and has enhanced services contracts which include childhood vaccinations.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed records and policies and procedures.
- 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?

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

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

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

Are services safe?

Our findings

Safe track record and learning

- There was a system in place for reporting and recording significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. Records and discussions with GPs and other clinical staff identified that there was a lack of consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. For example, a clinician had identified a significant event however, there was no evidence this had been formally recorded, analysed and that any action had been taken or that learning had been shared with the whole team.
- Records showed that the practice had no system in place to review complaints to determine whether they needed to be recorded as a significant event. A review of complaints identified a number of incidents that needed to be analysed as significant event to promote patient safety and wellbeing. For example, patient concerns raised about clinical care received.
- The practice staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, there was no system in place for complaints to be discussed at clinical or team meetings to determine whether a significant event analysis would be the most appropriate action to be taken.

There was no formal system in place to review safety records or incident reports. We saw limited evidence that lessons were shared and action was taken to improve safety in the practice. Following the inspection, the practice provided evidence that the significant event system and processes had been reviewed and amended and included a review of all complaints to ensure appropriate action and learning was identified.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to maintain patient safety, however there were issues identified with other systems and processes such as safeguarding and medicines management.

- The practice did not have appropriate systems in place to ensure that information requested by other stakeholders was provided in a timely manner and that information provided by other stakeholders was accurately recorded in patients' records. There was lack of oversight and monitoring of the systems and processes in place to maintain patients safety. There was a lead member of staff for safeguarding. Staff had received training on safeguarding children and adults however some staff did not demonstrate they understood their responsibilities. GPs were trained to child protection or child safeguarding level 3. Following the inspection the practice provided evidence that showed safeguarding protocols has been reviewed and designated staff had been made responsible for ensuring safeguarding processes were monitored.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We found a number of single use instruments stored in a clinic room that their date for use had expired. During the inspection a member of staff removed the out of date instruments.
- Processes were in place for handling repeat prescriptions. The practice had a system in place to monitor high risk drugs however this was not effective as we identified that some high risk drugs had not been effectively monitored. We discussed with the practice the need to review how they monitored high risk drugs to ensure patients received the appropriate monitoring prior to repeat medicines being prescribed. Following the inspection, the practice provided evidence that monitoring systems had been put in place to ensure patients received the appropriate checks prior to repeat medication being prescribed. The practice carried out

Are services safe?

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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- The practice had emergency anaphylaxis kits in each consultation and clinic room.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We found drugs that had an expiry date of March 2015 stored with in date drugs. The practice provided evidence that they had taken initial steps in 2015 to have the drugs destroyed. However no action had been taken in 2016 to resolve this issue. We found the storage, security and disposal of the controlled drugs did not meet the requirements of Regulation 12(2)(g) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the inspection the practice confirmed action was being taken to address these issues.
- We reviewed three personnel files and found overall appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We discussed with the practice the need to ensure that all appropriate checks for locum GPs were undertaken prior to commencement of employment. Following the inspection the practice provided evidence that all checks were now in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had some procedures in place for monitoring and managing risks to patient and staff safety. The practice had not undertaken a health and safety risk assessment of the building. Following the inspection, the practice carried out a risk assessment and provided the commission with a copy. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available compared to the Clinical Commissioning Group (CCG) average of 96% and the national average of 95%. The practice's overall clinical domain exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) was 9% which was comparable to the CCG and national averages.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for mental health related indicators was comparable or better than local and national averages for example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 96% compared to the CCG average of 91% and the national average of 90%.

Performance for diabetes related indicators was comparable to the CCG and national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 78% compared to the local CCG average of 80% and national average of 78%.

The practice was an outlier in terms of certain antibiotic prescribing rates. We saw evidence that the practice had been working with the local medicines management team to reduce the level of prescribing certain antibiotics. The practice also worked towards meeting local key performance targets.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an improvement in the medication review process.

Information about patients' outcomes was used to make improvements such as: a review of the referral process to secondary care to ensure timely and appropriate referrals were made.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice did not have an overarching training matrix and it was difficult to determine the training undertaken by the clinical staff. Following the inspection the practice provided information that showed work had commenced to ensure all training was centrally recorded to enable effective monitoring of staff training. There was some evidence that clinical staff had undertaken role specific training and update training for long-term conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 74% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to or higher than the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% compared to the CCG and National averages of 98% and 73 % respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening which was the same as the clinical commissioning group (CCG) average compared to the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful which was the same as the clinical commissioning group (CCG) average compared to the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments which was the same as the CCG average compared to the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

Are services caring?

- There was a portable hearing loop system available in the waiting area

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had a register of carers this information had been placed on carers' records as an alert to support

clinicians during consultations. The practice confirmed they would ensure this information was highlighted in patient records. The practice had identified 159 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 5.40pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 55% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a 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.

Complaints were not always effectively managed. For example, there was no system in place to review complaints including third party complaints to ensure any significant events identified could be appropriately analysed and actions and learning shared across the whole practice team. Following the inspection the practice provided evidence that complaints would be reviewed to identify any issues that would need to be analysed as a significant event.

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 had a vision to deliver high quality care and promote good outcomes for patients however, not all staff were aware of this and their responsibilities in relation to it.

The practice had a mission statement. The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework to support the delivery of the strategy and good quality care. However, issues were identified with a number of systems and processes used to effectively promote and monitor the quality and safety of the service provided. For example:

- Safeguarding information was not managed and recorded appropriately.
- The storage and disposal of controlled drugs were not managed in accordance with relevant legislation.
- Complaints were not always effectively managed. For example, there was no system in place to review complaints including third party complaints to ensure any significant events identified could be appropriately analysed and actions and learning shared across the whole practice team. Following the inspection the practice provided evidence that complaints would be reviewed to identify any issues that would need to be analysed as a significant event.
- The arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions required improvement.

Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider's complaints and significant events processes and systems made it challenging to comply with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

Staff told us they felt supported by the management team.

- Records showed that non clinical staff meetings did not take place with the last minuted meeting dated 14 December 2015.
- Practice meeting that included members of the practice management team and GPs took place periodically. The practice meeting folder had the minutes of five meeting dated from 7 September 2015 to 13 June 2016. The practice minutes did not include evidence that key areas that monitor patient safety and quality of the service provided such as safeguarding, complaints and significant events were discussed.
- GP partner meetings took place at regular intervals.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team.
- Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was a training practice and offered placements to trainee GPs. The practice believed trainee GPs brought innovative ideas and perspective that they as a practice could learn from.

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: The storage, security and disposal of the controlled drugs did not comply with relevant guidance and legislation. Regulation 12 (2)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The systems in place does not effectively protect patients to ensure there is adequate scrutiny and oversight of information received by the practice or shared by the practice. Regulation 13 (1)