

Monarch 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



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.
(Previous inspection May 2016– Good)

The key questions are rated as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – requires improvement.

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – requires improvement

People with long-term conditions – requires improvement

Families, children and young people – requires improvement

Working age people (including those recently retired and students – requires improvement

People whose circumstances may make them vulnerable – requires improvement

People experiencing poor mental health (including people with dementia) - requires improvement

We carried out an announced comprehensive inspection at Monarch Medical Centre

on 20 March 2018 as part of our inspection programme.

At this inspection we found:

- Safeguarding policies and procedures were in place. However, we found the procedures needed to be updated further to reflect current guidelines.
- Overall, the practice had systems to manage risk so that safety incidents were less likely to happen. When incidents happened, the practice learned from them and improved their processes. However, we found that some improvements were needed to these systems as clinical discussions held by GPs were not routinely recorded to ensure good communication.
- Medicines were generally well managed, although improvements could be made to the way prescriptions were stored.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Data showed that that clinicians assessed patients' needs and delivered care and treatment in line with current legislation.

Summary of findings

- The practice had a programme of quality improvement activity and completed clinical audits although they had not been reviewed to test the effectiveness and appropriateness of the care provided.
- Staff spoken with confirmed they received regular training; however the training records were not up to date to confirm this.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Interpretation services were available for patients who did not have English as a first language.
- Generally patients found the appointment system easy to use and reported that they were able to access care when they needed it. Some patients reported they found it difficult to book an appointment.
- Most of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced.
- Leaders had the capacity and skills to deliver good care. They aspired to provide safe, good quality and compassionate care. However, some systems were not effective for monitoring and reviewing policies and procedures and ensuring good record keeping and communication within the staff team

- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider must make improvements are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvements are:

- A record should be kept of discussions held about patients' health care issues.
- Information should be provided in different languages to support patients who do not have English as a first language.
- Regular fire drills should be carried out.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

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

Monarch Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector and included a GP specialist adviser.

Background to Monarch Medical Centre

Monarch Medical Centre provides general medical services to 3612 patients within the Bury Clinical Commissioning Group area.

Services are provided from: 65 Cross Lane, Radcliffe, Bury, Lancashire M26 2QZ.

The practice website is: www.monarchmc.nhs.uk

Information taken from Public Health England placed the area in which the practice is located as number four on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

The practice offers direct enhanced services that include meningitis provision, the childhood vaccination and immunisation scheme, extended hours, support for patients with dementia and learning disabilities, influenza and pneumococcal immunisations and minor surgery.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

- The practice had systems to keep patients safe and safeguarded from abuse, however, supporting policy documents needed to be reviewed and updated. We found that the safeguarding policy and procedure needed to be updated as it did not mention female genital mutilation or the prevent agenda. The prevent agenda aims to stop people becoming terrorists or supporting terrorism.
- The practice had a range of safety policies including adult and child safeguarding policies which were available to all staff. They outlined clearly who to go to for further guidance.
- Most policies were reviewed and were accessible to all staff, including locum GPs. We were told that all staff had received safeguarding training appropriate to their role and during discussions staff demonstrated clearly the action they would take if they had a safeguarding concern.
- We were told that staff were trained in safeguarding procedures and staff confirmed they had received this training. However, the staff training records were not up to date to demonstrate when this training had taken place. There was a system to highlight vulnerable patients on patients' records and a risk register of vulnerable patients. For example, patients' with a learning disability or mental health problem. However, we found patients were not always READ coded correctly when they were identified as being at risk of harm.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis.

- Disclosure and Barring Service (DBS) checks were undertaken on clinical staff where necessary. (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).
- Clinical staff who acted as chaperones had completed a DBS check, although the administration staff who occasionally undertook this role had not received a DBS check or risk assessment to ensure they were suitable for this role.
- There was an effective system to manage infection prevention and control. An infection control audit was completed in 2017. The practice was risk assessed as green which indicated the practice was operating in line with current good practice.
- There were systems for safely managing healthcare waste. Waste products were stored and disposed of in line with good practice.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Medical equipment was calibrated and small electrical appliances were tested for their safe use.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. Emergency equipment such as oxygen and a defibrillator were available and staff had received training in basic life support. There was a panic button in two of the GP consulting rooms and the practice nurse's room in case of an emergency. In addition to this, we were told that the system for staff to alert each other in the case of an emergency was to

Are services safe?

shout from their room. In the light of the practice being on two floors, the practice manager was planning to install an alert call button onto the IT system for all rooms.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention.
- GPs spoken with were familiar with how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely. However, excessive amounts of prescription pads were held for a GP who no longer worked at the practice and prescription numbers were not logged correctly.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on

appropriately and the practice involved patients in regular reviews of their medicines including medicines that required regular monitoring such as Methotrexate. While all of these patients had been monitored, we found that there was no formal system of monitoring in place to ensure that these patients could not be missed.

Track record on safety

The practice safety record needed some improvements.

- Equipment used by clinical staff was calibrated to ensure it was working properly and small electrical appliances were tested for their safe use.
- While there was evidence of a fire safety check for the building, there was no evidence of any fire drills having taken place.
- The practice monitored and reviewed activity through quality assurance systems. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

GPs met daily to discuss patients' clinical issues and other related matters and the staff learned and made improvements when things went wrong. However, a record was not kept of these meetings and discussions about learning was not recorded. We were told that information was passed on to other relevant staff verbally.

- The number of significant events recorded at the practice was very low. While these had been recorded, there was no consistent reporting method by way of a standardised pro forma.
- Staff understood their duty to raise concerns and report incidents and near misses and leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. However, records were not always kept of discussions held and learning amongst staff.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. The latest guidance from NICE (National Institute for Health and Clinical Excellence) was kept and discussed with GPs during meetings although not systematically reviewed to assess whether it applied to the practice. Evidence was provided about how the practice had adapted their protocols in line with recent chronic obstructive pulmonary disease and asthma guidelines.

Data showed that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data showed that the number of hypnotic drugs prescribed was comparable to the CCG and national averages. (Hypnotic drugs are a group of drugs that reduce anxiety, aid sleep or have a calming effect)
- The number of antibacterial prescription items prescribed was in line with the CCG and national average.
- The number of antibiotic items prescribed that were Cephalosporins or Quinolones was in line the CCG and national average. Practice average – 6%; CCG average – 6%; national average – 9%.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older frail patients or those who may be vulnerable received a full assessment of their physical, mental and social needs.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Patients had a named GP.
- On the day appointments and telephone consultations were available.
- Investigations and health tests could be carried out at the surgery or at the patient's own home.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, the practice nurse had completed training in asthma care and was starting an advanced asthma training course in April of this year.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 79%. CCG average - 79%; national average - 80%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 Royal College of Physicians (RCP) questions was 79%. CCG average - 80%; national average - 76%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 92%; CCG average - 93%; national average - 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 87%. CCG average - 86%; national average - 83%.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment for immunisation.
- Family planning services were available.
- Babies and children were given a same day appointment for emergencies.
- Baby changing facilities were available and a room was available for mothers who were breast feeding.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 72% which was in line with the 80% coverage target for the national screening programme.
- Data from Public Health England indicated success in patients attending national screening programmes. For example, 49% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher when compared to the CCG average - 56%; national average 55%. Also, 70% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; CCG average - 73%; national average - 70%.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Opportunistic reviews were carried out by clinical staff to ensure patients health care was monitored as needed.
- This group of patients were seen at a convenient time. If they were unable to attend an appointment at a convenient time they were offered an appointment within the extended hour's scheme.
- Telephone consultations were available.
- Students were given advice on how to stay healthy away from home and were offered the Meningitis vaccine and the Measles, Mumps and Rubella vaccine if they had not already received it.
- Emergency on the day appointments were available.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- A review of patients' health was carried out and health checks were offered to these patients to promote their health and wellbeing.
- Home visits were available.
- Contact was made with social services and / or health visitors as needed. Formal meetings were not held with the health visitors, rather communication was verbal.

People experiencing poor mental health (including people with dementia):

- Regular reviews were held of patient's healthcare which included a review of their medicines.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 91% and the national average of 84%.

Are services effective?

(for example, treatment is effective)

- 87% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 95% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was the same as the national average and comparable to the CCG average of 94%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Younger patients that suffered mental health problems were mainly seen in the surgery but home visits were available.
- Referrals were made to the local mental health support services and the Access & Crisis Team as needed.
- Patients with minor mental health problems were referred to the psychologist.

Monitoring care and treatment

The practice used information about care and treatment to make improvements. The practice had a programme of quality improvement activity and completed clinical audits. The clinical audits had not been reviewed to test the effectiveness and appropriateness of the care provided.

The most recent published QOF results were 98% of the total number of points available. This was the same as the clinical commissioning group (CCG) average and comparable to the national average of 97%. The overall exception reporting rate was 7% compared with the CCG average of 8% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

During discussions staff at all levels demonstrated they had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation

and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date. The training records were not up to date so we could not verify when the training had been completed.

The practice understood the learning needs of staff and provided protected time and training to meet them. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation.
- We were informed that all newly appointed staff completed an induction process and evidence was provided to demonstrate the issues discussed at this time. We looked at three staff files and found evidence of induction training having taken place in one staff file.
- There was a system to ensure locum GPs were kept informed of patients' clinical issues. GPs met daily to discuss patients' health care and information was stored in a GP locum pack so they could view this when they next worked at the practice. However, we found minutes of the GP clinical meetings were not always kept and information had not been provided to locum GPs. While we acknowledged the locum GPs were long term, they only worked at the practice part time and needed to be kept informed of patient related issues.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. For example, GPs and clinicians referred patients to local mental health services.
- Staff discussed changes to care or treatment with patients and their carers as necessary.

- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We received 26 Care Quality Commission comment cards. Most of the patient comment cards we received were positive about the service experienced. Patients commented that GPs and nursing staff were kind and caring and treated them with dignity and respect. They described the reception staff as friendly and helpful. Six patients commented they found it difficult to book an appointment. This was in line with the results of the NHS Friends and Family Test results received by the practice which indicated mostly that patients were 'extremely likely' and 'likely' to recommend the practice to their family and friends

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 381 surveys were sent out and 107 were returned. This represented about 3% of the practice population. The practice was overall below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; this was the same as the CCG average; the national average - 96%.

- 84% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG and national average - 86%.
- 77% of patients who responded said the nurse was good at listening to them; CCG and national average - 91%.
- 77% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG and national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, interpreters were used for patients who were deaf.
- Staff helped patients and their carers find further information and access community services.
- The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients as carers (1% of the practice list).
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time to meet the family's needs and / or by giving them advice on how to find a support service.

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 mixed when compared with local and national averages:

Are services caring?

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; this was the same as the CCG average. National average - 82%.
- 78% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG and national average - 90%
- 69% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 86%; national average - 85%.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, in light of the practice not having a lift, arrangements were made to see patients with mobility problems in the ground floor consulting rooms.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.
- Same day appointments and telephone consultations were available.
- Follow up appointments were available for patients following a hospital stay.
- Patients with multiple health issues were given a care plan with an annual review.

- Influenza, pneumococcal and shingles vaccines were available.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- A register of patients with long term conditions was kept so they could be regularly monitored.
- Influenza and pneumococcal vaccines were available.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this. However, we found that some improvements were needed to the way safeguarding systems were managed. For example, patients were not always READ coded correctly when they were identified as being at risk of harm.
- All parents or guardians calling with concerns about a child under the age of 12 were offered a same day appointment when necessary.
- Immunisations clinics were available. Children aged between 2 to 3 year olds were offered the influenza nasal spray.
- Same day appointments were available.
- A baby assessment clinic was provided every month
- All families were offered health and contraception advice as required.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Appointments were available early in the morning or later in the day to accommodate patients who were at work. Emergency and same day appointments were available.
- Retired patients were given advice on healthy living and exercise and smoking etc. The practice leaflet was given to patients so they could see what services were available to them on registration.
- Patients were offered a new patient health check and reviews and investigations were carried out opportunistically.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Home visits were available for patients who could not get to the practice.
- The practice referred patients to Social Services and health visitors as required to ensure they receive the care and support needed.
- Staff referred safeguarding concerns to relevant health care professionals and appropriate authorities.
- Health checks and reviews were available.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice GPs regularly reviewed patients' mental health. Patients treated with anti-depressants were reviewed more regularly if risks to their health were identified. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Referrals to mental health support services were made as needed.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Most patients reported that the appointment system was easy to use, although some expressed concern that they were unable to get an appointment.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to and below local and national averages. This was supported by observations on the day of inspection and completed comment cards. 381 surveys were sent out and 107 were returned. This represented about 3% of the practice population.

- 80% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 84% and the national average of 80%.
- 67% of patients who responded said they could get through easily to the practice by phone; CCG average - 69%; national average - 71%.
- 75% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG average - 78%; national average - 76%.
- 87% of patients who responded said their last appointment was convenient; CCG average - 84%; national average - 81%.
- 73% of patients who responded described their experience of making an appointment as good; CCG average - 74%; national average - 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen; CCG average - 62%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care, although we were informed that verbal complaints were not recorded. Rather these complaints or concerns were dealt with as soon as they arose.

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

- Information about how to make a complaint or raise concerns was not available in the patient waiting area, although it was on the practice website.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed the complaints and found that they were satisfactorily investigated by the Burry Clinical Commissioning Group.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, staff were advised to carry out READ code training which was in the process of being arranged.
- Verbal complaints were not monitored for trends or patterns.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing well led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver good care. They aspired to provide safe, good quality and compassionate care. Staff said the partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. While the practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice, there were some area of leadership that needed improvement. Systems were not effective for monitoring and reviewing policies and procedures and ensuring good record keeping and communication within the staff team. For example, while we saw evidence of some information being reviewed, the safeguarding procedures had not been reviewed to reflected current guidance. Also, staff training records and minutes of meetings were not kept.
- GPs were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice had a vision and strategy to deliver good quality, sustainable care.

- There was a vision and set of values. The practice focused on providing a family health care practice and GPs knew the patients and their families well.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of good quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff spoken with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The practice manager was in the process of arranging an annual appraisal for all staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Equality and diversity training was in the process of being organised. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support the governance and management. The practice had an overarching governance framework which supported the delivery of the strategy

Are services well-led?

Requires improvement 

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

and good quality care. However, more effective governance arrangements needed to be in place to monitor and improve the quality of services provided to patients. For example:

- Disclosure and Barring Services (DBS) checks or risk assessments were not completed for all staff who acted as chaperones.
- Safeguarding procedures did not reflect current good practice.
- A plan of clinical audits was not in place and NICE guidelines were not systematically reviewed.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety. However, some of these procedures were not dated to demonstrate they had been reviewed and safeguarding procedures had not been updated to accurately reflect current guidance.

Managing risks, issues and performance

While there was clarity around processes for managing risks, issues and performance, some areas required improvement to ensure services were delivered.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, the GP spoken with had a clear understanding of managing severe infections such as sepsis.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audits were completed although they had not been reviewed to ensure
- The practice had plans in place and had trained staff for major incidents. However, the staff training records were not up to date to demonstrate the training had taken place.

Appropriate and accurate information

The practice acted on appropriate and accurate information. Quality and operational information was used to improve performance. However some areas needed improvement.

- Quality and operational information was used to ensure and improve performance. However, clinical audits had not been reviewed for the purpose of improving service provision and verbal concerns were not recorded.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information, however a records of these meeting was not kept.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support good quality sustainable services.

- A full and diverse range of patients' views and concerns were encouraged through the Friends and Family Test (FFT). The results of the FFT were displayed on the practice website. Trends and patterns from the results of the FFT had not been drawn up to prevent issues reoccurring.
- The practice was in the process of setting up a patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of processes for learning and continuous improvement.

Are services well-led?

Requires improvement 

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

- There was a focus on continuous learning and improvement at all levels within the practice. For example, administration staff were offered training to further their role through the care navigator training programme and the GP assistant training course. The practice nurse was starting training to be a nurse prescriber in April of this year.
- Plans were being made to further improve the condition of the building.
- The practice has been teaching final year (5th year) medical students intermittently for many years. Medical students returned to Monarch Medical Centre carrying out work based placements in September 2017.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met</p> <p>The provider was failing to operate systems or processes to effectively to assess, monitor and improve the quality and safety of the services provided. In particular:</p> <ul style="list-style-type: none">• We saw that the practice held prescriptions for a GP who no longer worked at the practice and prescription numbers were not logged correctly.• There was a lack of effective systems to demonstrate that staff had the right skills and experience to deliver services to patients because staff training records were not kept.• Safeguarding procedures had not been reviewed to reflect current guidelines. there was no mention of Female Genital Mutilation or the prevent agenda.• A plan of clinical audits was not in place for the purpose of quality improvement and audits completed had not been reviewed.• The complaint system was ineffective for logging verbal complaints. <p>This was in breach of regulation 17 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p>

This section is primarily information for the provider

Requirement notices

The provider did not ensure recruitment procedures were established and operated effectively to ensure only fit and proper persons are employed. In particular:

- Administration staff who acted as chaperones had not carried out a Disclosure and Barring Scheme check or risk assessment to ensure they were suitable for their role.

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