

Longview 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

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Longview Medical Centre on the 19th January 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Some aspects of managing safety needed further review. The systems in place for monitoring equipment and medicines showed that some equipment had not been checked and was out of date. Some staff did not know how to operate their emergency call system in the event of needing help and were unsure where emergency equipment and medications were stored. There was an inconsistency to the auditing and checking of these facilities, some had regular checks, while some audits had not been carried out routinely and did not include the oxygen or defibrillator.
- Governance systems lacked clarity for some staff.
- Repeat prescribing was well managed and the practice contributed to regular audits performed by CCG medicines management teams.
- The practice had a system in place to report, record and investigate significant events. However some events had not been recorded and shared with the team which limited learning from all events.
- Staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files lacked any evidence of Disclosure and Barring Services (DBS) check. (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice had a safeguard lead and staff were aware of how to report safeguarding concerns. However some staff lacked clarity in how children at risk were reviewed within the practice.
- The clinical staff proactively sought to educate patients to improve their lifestyles by regularly inviting patients for health assessments.

Summary of findings

- Staff had been supported in accessing training to meet their needs. Staff retention at the practice was good offering great stability and continuity of care to patients.
- We saw some complaints were well managed however staff had not documented verbal complaints. The complaints policy was in need of being updated to include advice on how patients could escalate their complaint if required.
- Appointments were well managed. Review of appointment availability week by week showed the practice consistently met patient demand for GP appointments. The practice regularly offered in excess of the basic numbers required which enabled patients to always access appointments when needed.
- The practice was clean and tidy. The practice had good facilities in a purpose built building with access for patients with disabilities.
- Patients spoke highly about the practice and the whole staff team. They said they were treated with compassion, dignity and respect and felt involved in their care and decisions about their treatment.
- The practice has a Patient Participation Group (PPG) who met with the practice staff throughout the year. They made suggestions throughout the year to help improve the service provided by the practice.

There were areas of practice where the provider must make improvements. The provider must;

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held. (Reg 19 Schedule 3).
- The systems in place for monitoring equipment and medicines should be improved to ensure continuous safety checks. Risk assessments must be up to date and show what actions are taken to reduce risks. (Reg 12)

There were areas of practice where the provider should make improvements: The provider should:

- Ensure all significant events are reported, recorded and investigated and findings shared with staff to promote learning.
- Review with all staff how children at risk were monitored within the practice.
- Ensure all patient complaints including verbal complaints are recorded and investigated in line with the complaint policy. The policy should be updated to include details on how patients can escalate their concerns if required.
- Review governance arrangements with all staff including systems for assessing and monitoring risks and the quality of the service provision.

Letter from the Chief Inspector of General Practice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. The lead GP was the named lead for safeguarding within the practice. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, not all of the incidents had been reviewed and shared with staff. Some aspects of managing safety needed further review including the monitoring of equipment, doctors bags, recruitment checks for staff and the monitoring of children at risk. There were sufficient numbers of staff employed by the practice to meet the needs of patients.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed patient outcomes were at or above average for the locality. Clinical staff assessed patients' needs and delivered care in line with current evidence based guidance. Training records were in place for all staff and staff felt well supported with their training needs. Staff worked well with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity, and that staff were caring and helpful. Patients were provided with support to enable them to cope emotionally with care and treatment. Some staff had worked at the practice for many years and understood the needs of the patients very well. Data from the GPs National Patient survey aligned with the positive comments received from patients during our inspection.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of the local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients were positive about accessing appointments. Data was comparable and aligned with how patients felt about the management of appointments within the National Patient survey results. Appointments were well managed and showed that the practice offered in excess of the

Good



Summary of findings

average numbers expected. The practice had good facilities and was well equipped to treat patients and meet their needs including access to disabled facilities. The complaints policy was in need of being updated.

Are services well-led?

The practice is rated as requires improvement for being well-led. Staff felt supported by the GPs and practice manager. Governance systems needed formalising to help develop the staff roles across the practice in monitoring the risks and quality checks within the practice. The practice sought feedback from patients and had an active patient participation group (PPG).

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older patients.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice kept up to date registers of patients' health conditions. The practice had identified patients who were at risk of unplanned hospital admissions and supported these patients to stay well at home, avoiding unplanned hospital admission.

Good



People with long term conditions

The practice is rated as good for the care of patients with long term conditions.

The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, regular reviews of long term conditions with the practice nurse, treatment and screening programmes. The practice offered timely appointments for these patients to check that their health and medication needs were being met.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young patients.

Immunisation rates were comparable with local CCG averages for standard childhood immunisations. Staff had received safeguarding training. Staff had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding. One GP took the lead for safeguarding. Staff put alerts onto patient's electronic records when safeguarding concerns were raised. Urgent access appointments were available for children. The practice had a private room with baby changing facilities and welcomed patients who wished to breast feed. Community midwives were based at the same premises and we saw that good working relationships contributed to the standard of care, treatment and support of this population group.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age patients (including those recently retired and students).

Good



Summary of findings

The practice was proactive in offering a range of services that reflect the needs of this age group including: on-line prescription ordering, the extended hours surgery each Monday, telephone consultations, electronic prescribing and appointment bookings. Health checks were offered to patients who were over 40 years of age to promote patient well-being and address any health concerns.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of patients whose circumstances may make them vulnerable.

Staff had received training in safeguarding vulnerable adults and they had access to the practice safeguarding policy and procedures. Staff were aware of their responsibilities to raise any safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff used translation services to assist patients who did not have English as their first language. The practice was aware of patients in vulnerable circumstances and ensured they had appropriate access to health care to meet their needs. For example, a register was maintained for patients with a learning disability and annual health care reviews were provided to these patients.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice had a nominated GP lead for mental health. The practice maintained a register of patients who experienced poor mental health in order to regularly review their needs and carry out annual health checks and updates to their care plan. The practice staff liaised with other healthcare professionals to engage with these patients to ensure they attended reviews. Clinicians made referrals to the local memory clinic for accurate diagnosis of dementia. Staff demonstrated a good understanding of issues around patient consent however not all staff had received updated training in the Mental Capacity Act 2005.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing in line with local and national averages and in some areas exceeding those averages. There were 452 survey forms distributed for Longview Medical Centre and 105 forms were returned which represents the views of 2% of the practice population. The practice scored highly in all areas of the survey for example, for patients being involved in decisions about their care with their GP and nurse.

- 99.4% of respondents say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88.1% and the National average of 88.6%.
- 98.3% say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.5% and the National average of 86.0%.
- 96.2% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 89.5% and the National average of 84.8%.

- 96.2% say the last nurse they saw or spoke to was at treating them with care and concern compared to the CCG average of 92.6% and the National average of 90.4%.

As part of our inspection process, we asked patients to complete comment cards prior to our inspection, to share their views on the service. We received 47 comment cards that been submitted by patients. We spoke with 7 patients and two members of the Patient Participation Group (PPG.) The majority of patients indicated that they found the GPs and nursing staff were helpful and caring, they described their care as very good. They gave a lot of praise and positive comments about the staff and the standard of care they had received. Just two patients told us they had encountered problems trying to get appointments. Patient comments aligned with the positive results highlighted in the National GP Patient Survey.

Areas for improvement

Action the service **MUST** take to improve

There were areas of practice where the provider must make improvements.

- Take action to ensure its recruitment policy, procedures and arrangements are improved to ensure necessary employment checks are in place for all staff and the required information in respect of workers is held.
- The systems in place for monitoring equipment and medicines should be improved to ensure continuous safety checks. Risk assessments must be up to date and show what actions are taken to reduce risks.

Action the service **SHOULD** take to improve

There were areas of practice where the provider should make improvements: The provider should:

- Ensure all significant events are reported, recorded and investigated and findings shared with staff to promote learning.
- Review with all staff how children at risk were monitored within the practice.
- Ensure all patient complaints including verbal complaints are recorded and investigated in line with the complaint policy. The policy should be updated to include detail on how patients can escalate their concerns if required.
- Review governance arrangements with all staff including systems for assessing and monitoring risks and the quality of the service provision.

Longview Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. (Experts by experience work for voluntary organisations and have direct experiences of the services we regulate.) They talked to patients to gain their opinions of what the service was like.

Background to Longview Medical Centre

Longview Medical Centre is based in a purpose built facility in a residential area of Knowsley close to local amenities. The practice is based in a more deprived area when compared to other practices nationally. The male life expectancy for the area is 76 years compared with the CCG averages of 77 years and the National average of 79 years. The female life expectancy for the area is 81 years compared with the CCG averages of 81 years and the National average of 83 years. There were 4030 patients on the practice list at the time of inspection.

The practice has two GP's partners (one female, one male) and a permanent salaried GP who is currently on maternity leave. Long term locum GPs are booked when needed. The practice has two practice nurses, a practice manager, and five reception and administration staff. The practice also hosts trainee doctors on placement. The practice is open Monday to Friday from 8am to 6.30pm and each Monday it offers extended opening hours from 6.30pm-8pm. Patients

requiring GP services outside of normal working hours are diverted by phone to NHS 111. Calls are triaged and patients referred on to the local out of hour's provider for Knowsley, Urgent Care 24 (UC24).

The practice has a Personal Medical Services (PMS) contract. In addition the practice carried out enhanced services such as joint injections.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory function. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on the 19th January 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice nurse, the practice manager, administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with patients.
- Reviewed the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record

Staff we spoke with were aware of their responsibilities to raise concerns and report incidents. Before our inspection we asked for details of all events and complaints over the last 12 months including actions taken and lessons learnt. This information was not complete for the incidents discussed during our inspection. We looked at incidents recorded for the last year. Staff acknowledged the need to capture all events within their recording system and share these with the wider team. They advised that their review would ensure they recorded a larger remit of events to help share good practice within the team. Some of the staff team that we spoke with were not aware of some recent significant events.

Overview of safety systems and processes

We looked at the practice's systems, processes and protocols to keep people safe and noted the following:

- There was a GP lead for safeguarding who had been trained to the required level (level three). Some staff were unaware of how many children they had registered as 'at risk'. The practice manager had a hand written file of lists of children coded on their computer system as 'at risk' and a register of 'looked after children.' Staff used communication books, kept in the reception office of the practice to record any concerns they had about patients. This was regularly reviewed by the health visitor. However the records contained personal information and the security of this information was not of a standard required to meet the Data Protection Act. It was unclear whether staff had updated patients' records to show when information had been shared with the health visitor. Concerns recorded in the communication books were not signed, so it was difficult to establish which member of staff had recorded those concerns. Not all staff were aware of how registers of at 'risk children' were reviewed. The procedures in place lacked clarity.
- A notice was displayed advising patients that staff would act as chaperones, if required. () All staff undertaking chaperone duties were clear about their role however they had not all undergone Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an

official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice advised at the time of our inspection that they would stop staff providing any chaperone duties until DBS checks were in place.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. A medicines management audit by the CCG of medications at high risk of abuse showed that the practice had a strong process in place to monitor the use of these medicines. Arrangements for managing, storage and access to emergency drugs and equipment were in need of review. A number of staff were responsible for checking emergency drugs but there was no uniform system in place to record these checks. Whilst we did not detect any errors, it was acknowledged that a uniform system of recording checks would reduce the risk of error. There were no recorded checks for the defibrillator and oxygen and one staff member was unsure where they were located. One of the doctor's bags was noted to be poorly managed with out of date blood sugar monitoring strips and out of date sterile swabs. The management of prescriptions required review and monitoring. The practice supplied scripts to their separately registered service that provided ENT (ear, nose and throat) consultations. Following our visit the practice advised that they had stopped supplying prescriptions to this clinic and the CCG were to review the issuing of coded prescriptions specifically for this service.
- The building was clean, tidy and well maintained. Several comments received from patients indicated that they found the practice to be clean. The practice nurse was the infection control lead. The practice took part in external audits by the local community infection control team. Their most recent infection control audit identified no major concerns and noted well managed systems in place for managing infection control. The practice was purpose built and fully accessible. The practice had up to date fire risk assessments in place to show how fire safety was managed. The practice manager regularly checked the building however they had not documented these checks. There was no evidence of environmental risk assessments in place to identify any risks to the health and welfare of staff and patients that used the building.

Are services safe?

- Electrical equipment was checked to ensure it was safe to use and clinical equipment was maintained to ensure its suitability for use. Staff we spoke with told us there was enough equipment to help them carry out their role and that equipment was in good working order. However we noted some equipment such as blood pressure equipment had not been calibrated recently and had been missed out when maintenance checks had been carried out.
 - We reviewed a sample of staff files to review recruitment checks undertaken prior to employment of staff. The staff files showed that most checks were in place for recently recruited staff. However some recruitment checks were incomplete. For example: DBS checks had not been applied for in respect of some staff who provided chaperone services.
 - The practice staff showed us records of arrangements 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 there were enough staff on duty. The salaried GP was on maternity leave and the practice had been using long term locum GPs to cover her absence.
 - There was an instant messaging system on the practice computer system in all the consultation and treatment rooms which alerted staff to any emergency. However some staff did not know how to use this and required training on how this alert system worked. Staff received annual basic life support training and there were emergency medicines available in the treatment rooms.
- **Arrangements to deal with emergencies and major incidents**
 - There was an instant messaging system on the practice computer accessible in each of the consultation and treatment rooms which alerted staff to any emergency. However some staff did not know how to use this and required training on how this alert system worked. Staff received annual basic life support training and there were emergency medicines available in the treatment rooms. Emergency medicines were accessible to staff in a number of secure areas within the practice. However not all staff knew of their location. All the emergency medicines we checked were in date and fit for use. Staff had no access to 'spill kits' if needed in an emergency. These kits are necessary to help with the safe disposal of certain risks such as blood or urine.
 - The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The GPs and nursing staff we spoke with described the rationale for their treatment approaches. They were familiar with current best practice guidance from the National Institute for Health and Care Excellence and from local commissioners. However they had no system for ensuring that the latest NICE guidance was reviewed within the team.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff used consent forms to record patient consent before delivery of joint injections. Staff understood the relevant consent and decision-making requirements for the Mental Capacity Act 2005 and Deprivation of Liberty. The practice's own policy covering Mental Capacity referred to 'Independent Mental Capacity Advocates (IMCA's). However it gave no information how staff could contact an advocate or how staff could seek advice locally about their role.

The practice reviewed any unplanned admissions of patients identified as being at risk of unplanned hospital admission. Some staff seemed less familiar and knowledgeable on how care plans were developed and managed for these patients. Following our visit the practice submitted anonymised examples of care plans in use and advised that staff had misunderstood when discussing them during inspection. The practice used a standardised template for care plans which recorded how they reviewed the care needed for patients. The practice manager held hand written records of meetings with the community matron, where reviews of care for these patients was discussed.

Protecting and improving patient health

Some patient groups who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice staff met with district nurses and the community matron on a regular basis to discuss the needs of their palliative care patients. They used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life)

Patients who had long term conditions were continuously followed up throughout the year by the practice nurse to ensure they attended health reviews. Patient comments were very positive about the support and advice given to them when attending the practice.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 87.5% to 100% and the CCG averages ranged from 92.7% to 98.4%.

Female patients (25-64), attended cervical screening within target periods and attendance rates were higher than local and national averages. For example the practice attendance rate was 81.7% compared with the CCG average of 73.3% and the National average of 74.3%.

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

Coordinating patient care

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 the intranet system, including medical records and test results. Information such as NHS patient information leaflets were also available. Incoming mail such as hospital letters and test results were read by a clinician and then scanned onto patient notes by reception staff. Arrangements were in place to share information for patients who needed support out of hours. We noted some records of requests for repeat prescriptions logged in December waiting for processing. However the practice manager reviewed them the day of inspection and showed they had been previously processed in December 2015. We were able to establish that the computer records showed that requests had been actioned but the computer systems had not been regularly updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). (QOF is a voluntary incentive scheme for GP practices in the UK). This is a system

Are services effective?

(for example, treatment is effective)

intended to improve the quality of general practice and reward good practice. The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for

patients. The staff used the computer system to identify all patients in need of health checks, care plan reviews and medicines review. Staff discussed other ways to help the management of patient reviews throughout the year, for example, setting recall dates for patients to the date of birth of these patients. This would produce a steady flow of patients each month to review.

QOF results from 2014-2015 showed the practice had achieved 93.9% of the total number of points available with an overall exception rate of 3.5%. QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

QOF information for 2014-2015 showed the practice was meeting its targets for areas within health promotion and initiatives.

- Performance for diabetes related indicators for foot examinations was higher than the national averages. For example; the practice rate was 91.06% and the National rate was 88.3%.
- Performance for patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was higher than the national averages. For example; the practice rate was 87.66% and the National rate was 80.53%.
- Performance for measuring the blood pressure of patients with hypertension in the last nine months was higher than the national averages. For example; the practice rate was 86.5% and the National rate was 83.65%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was higher than the national average. For example; the 94.82% and the National rate was 89.9%.

The CCG medicines management teams had worked with the practice to produce a number of clinical audits. Findings were used by the practice to improve some services. Examples of completed audit cycles included:

Monitoring of Domperidone (medication used to treat stomach disorders) prescribed to patients to help ensure compliance with recommended guidelines. The second phase of the clinical audit showed better patient compliance with guidance on taking this medication. The subsequent re-audit showed improvement in management of patients on this medication.

We saw a completed audit reviewed the monitoring and prescribing of antibiotics. Two cycles looked at whether broad spectrum antibiotics had been prescribed in accordance with guidelines. The first cycle showed 76% compliance and the second cycle showed 92.8% compliance. As a result of this audit an aide memoire was produced for all GPs to refer to when prescribing antibiotics.

The practice nurse had also carried out an audit on patients diagnosed with hypertension. She had identified 619 patients and was planning further audit around the work she had carried out to support these patients.

Clinical audits which were undertaken for new cancer cases and osteoporosis did provide a baseline of performance. The audits however would benefit from having clearer criteria and parameters.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff including Locum packs for locum doctors. The practice had regularly supported trainee doctors on placement at the practice during their training.
- Staff had access to appropriate training to meet their learning needs and were happy with the training available. Staff had received training that included for example: safeguarding, infection control, fire procedures, dementia, various clinical developments and basic life support. Staff felt well supported and there was evidence that staff development was well managed. The practice had regular learning sessions and some staff attended CCG education events.

Are services effective?

(for example, treatment is effective)

- All GPs were up to date with their yearly appraisals. (Every GP is appraised annually, and undertakes an assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and

remain on the performers list with NHS England.) There were annual appraisal systems in place for all other members of staff, although administrative staff would benefit from the practice manager being involved with their appraisals.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people 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.
- The practice did have the facility of a private room if a patient needed a confidential area to discuss their needs.

From the patient comments received on the day of inspection, the majority of patients indicated that they found the staff helpful and polite and they described their care as very good. Comment cards highlighted that staff responded compassionately when patients needed additional help and provided support when required. Some staff had worked at the practice for many years and knew their patients well.

We spoke with two members of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said they felt listened to and well respected by the practice staff. They told us they that they and their families had been with the practice for many years and felt the standards of service were very good.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Staff offered support to bereaved families ensuring they signposted them to relevant organisations for support. The practice staff sent out bereavement cards to their patients who had experienced a death within their family.

The practice staff produced individual responses from their Friends and Family Tests for 2015. The results had not been summarised or analysed with any type of action plan. There was no evidence that the results of the Friends and Family Test had been shared with patients and staff.

Results from the National GP Patient Survey showed patients were happy with how they were treated. Patient

comments made throughout our inspection were complimentary and aligned with the positive results of this survey. The practice was comparable and above average for most of its results. For example:

- 96.2% say the last nurse they saw or spoke to was good at treating them with care and concern compared to the CCG average of 92.6% and the National average of 90.4%.
- 97.5% of respondents find the receptionists at this surgery helpful compared with the CCG average of 89.5% and the National average of 86.8%.
- 97.2% describe their overall experience of this surgery as good compared to the CCG average of 85.6% and the National average of 84.8%.
- 92.5% would this surgery to someone new to the area compared to the CCG average of 75.5% and the National average of 79.11%.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

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, and results were above local and national averages. For example:

- 99.4% of respondents say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 88.1% and the National average of 88.6%.
- 98.3% say the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84.5% and the National average of 86.0%.
- 96.2% say the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 89.5% and the National average of 84.8%.
- 89.7% of respondents who had a preferred GP usually get to see or speak to that GP compared with the CCG average of 63.9% and the National average of 60.0%.

Are services caring?

- 97% say the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 93.7% and the National average of 91.0%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. The practice offered a range of enhanced services such as joint injections.

The PPG group met with the practice staff throughout the year but acknowledged they had difficulties trying to recruit more members to the group. The GPs had not attended these meetings. PPG members described how the practice staff had acted on their suggestion to ensure all staff were issued with name badges. They felt this helped patients to better identify staff when they needed to contact them. They were keen to be part of the development of the practice and were eager to develop their role. They had discussed various topics with practice staff and had made other suggestions about prioritising appointments for carers which the practice were looking into.

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

- There were longer appointments available for people with a learning disability and long term conditions. Staff accessed adapted literature for patients with learning disabilities to help them better understand their health.
- Home visits were available for elderly patients, housebound patients and support was provided to patients in three care homes locally and a mental health rehabilitation unit.
- The practice offered regular follow ups to identify long term conditions early and improve patient care. Annual health checks were offered to patients with a learning disability and patients experiencing poor mental health had access to regular reviews with their preferred GP.
- Urgent access appointments were available for children and those with serious medical conditions.
- The building was purpose built and had disabled facilities and allocated parking spaces for disabled drivers, close to the entrance of the building.
- Translation services were available if needed.

- The practice was a "Breastfeeding Friendly" practice and baby changing facilities were available.
- The practice had various notice boards which included: PPG information, carer's information, health promotion material and sign posting for the contact details for various organisations.

Access to the service

The practice offered pre-bookable appointments Tuesday to Friday, book on the day appointments and telephone consultations. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. The appointment system was responsive to their patient's needs. Patients told us that they were able to get appointments when they needed them and were happy with the services received from their practice. We noted that the practice was offering more than the basic numbers of appointments required and had appointments available on the day of inspection for any patient in need.

Patients requiring a GP outside of normal working hours were advised to contact the surgery where they were directed by phone to the NHS 111 services. Patient's requirements were triaged and passed to the local out of hours service provider called Urgent Care 24 (UC24).

Patients' experiences aligned with the data within the National GP Patient Survey. Just two patients told us they had problems in trying to get through to the practice by phone.

Results from the National GP Patient Survey published in July 2015 showed positive patient feedback and satisfaction with appointments and opening times. The results were above average when compared to other practices nationally and within the CCG. For example:

- 96.8% say the last appointment they got was convenient compared to the CCG average of 95.3% and the National average of 91.8%.
- 67.7% feel they don't normally have to wait too long to be seen compared to the CCG average of 57.6% and the National average of 57.7%.
- 88.6% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82.6% and the National average of 85.2%.

Are services responsive to people's needs?

(for example, to feedback?)

- 93.4% describe their experience of making an appointment as good compared to the CCG average of 75.1% and the National average of 73.3%.
- 99% find it easy to get through to this surgery by phone compared to the CCG average of 77% and the National average of 73.3%.
- 90.7% say the GP surgery currently opens at times that are convenient compared to the CCG average of 79.7% and the National average of 73.8%.
- 87.6% are satisfied with the surgery's open times compared with the CCG average of 81.4% and the National average of 74.9%.
- 97.8% of respondents say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86.6% and the National average of 86.6%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. There was a designated person who handled all complaints in the practice. There had been a low number of recorded complaints over the last 12 months. We found complaints received had been handled satisfactorily and dealt with in a timely way. The practice offered an apology to any patient who felt that the services offered had fallen below the standard patients had a right to expect. We noted that written responses to patients did not always include details and advice as to where they could take their complaint if they were unhappy with the practice's findings. We noted that the patient information leaflet still had reference to an out of date contact for complaints and was in need of being updated. The practice staff had not always recorded verbal complaints. Staff told us they referred patients to the practice manager or asked patients to write into the practice. Records to capture verbal complaints should be in place and should be reviewed alongside written complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a mission statement stating they wanted to deliver high quality care and promote good outcomes for patients. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. Patients spoken with during our inspection gave positive comments that aligned with some of the statements particularly with regard to being provided with a good service from a caring team that had good values.

Governance arrangements

Staff were confident that they could raise any concerns. The staff team were fully supportive of the GPs. They had worked at the practice for many years creating great stability amongst the team and amongst their patients who they knew very well.

Governance systems in the practice lacked clarity. Areas of improvement were required, as acknowledged by the GPs and included:

- The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer and in hard copies in the offices. Policies such as consent and infection control were available and accessible to all staff. We noted that some policies required further work to change them from generic policies to practice specific policies, such as the complaints policy and the safeguarding policy.

A calendar of clinical audit cycles were planned in response to CCG data, their medicines

- management team and to the individual preferences of staff. There was no annual plan or strategy to decide which audits needed completing based on the practices needs.
- Governance systems included various hand written documents/ checks that were not always reviewed on a

consistent basis. Some written entries contained reference to named individuals. The manner in which this information was stored in the practice did not meet the requirements of the Data Protection Act.

Leadership, openness and transparency

The lead GPs had been at the practice over 10 years and were highly respected amongst their patients. The doctors in the practice had the experience and capability to work at the practice and ensure good quality care. Staff values were evident in driving them to deliver good quality care day to day. Staff told us that there was an open culture within 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 the GP National Patient survey. The PPG members felt listened to and had various examples where the practice had acted on their suggestions. They were working with the practice to secure a bid to eventually provide a blood sample service at the practice to help the convenience of patients. The practice had carried out Friends and Family Tests twice in 2015. However there was no analysis or feedback to patients. Staff told us they regularly attended staff meetings. Staff minutes showed that all staff were included and lots of topics were discussed.

Management lead through learning and improvement

Staff told us they felt well supported and we could see the staff engaged with practice learning events, training within the CCG and events managed for practice nurses via their practice nurse forum. We looked at a sample of staff files and saw that appraisals had taken place for staff. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles. Training records showed the training needs of staff were being sufficiently managed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The systems in place for monitoring equipment and medicines required improvement. Some equipment such as blood pressure machines had not been checked, blood monitoring strips stored in one GP bag were out of date. Two staff did not know how to operate their emergency call system in the event of needing help. One staff member was unsure of where the emergency equipment and medications were stored. The practice did not have environmental risk assessments in place.
Regulated activity	Regulation
	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Some staff files lacked evidence of necessary checks required to show safe recruitment and selection procedures. Some files had no evidence of DBS checks.