Leen View Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Leen View Surgery on 12 April 2016. Overall the practice is rated as requires improvement.

- Some risks to patients were assessed and managed. This included safeguarding children and vulnerable adults and the management of medicines. We found exceptions however in relation to administrative staff undertaking chaperone duties without disclosure barring service (DBS) checks or a suitable risk assessment being undertaken to determine whether this was needed. Also, locum doctors had worked in the practice without assurance they had been subject to appropriate vetting procedures.
- The provider was performing in line with the Quality and Outcomes Framework (QOF) with low exception rate reporting.
- There was evidence that staff assessed patients' needs and delivered care in line with current evidence based guidance. A number of clinical audits had been carried out, but needed strengthening to show improvements in patient care and treatment.
- The practice worked effectively with community based staff, but needed to improve information recording.
- A number of patients said they were treated with compassion, dignity and respect, and nurse led care was rated highly by patients. Feedback also showed however that not all people felt cared for, supported and listened to by their GP.
- The practice had identified a small number of carers within the practice, and more efforts were required to identify with this group.
- Information about services and how to complain was available and easy to understand. The provider responded to complaints received. The provider did not however, undertake an evaluation of complaints received to improve the quality of services delivered.
- The practice had good facilities in a modern building and was well equipped to treat all patient needs.

Summary of findings

- There was a leadership structure in place and evidence that staff felt supported by management. Practice management supported staff development and was committed to improve its service provided. However, leadership and governance was not sufficiently robust and did not always identify the risks to patients.

The area where the provider must make improvements are:

- Identify, assess and mitigate risk in relation to non clinical staff undertaking chaperone duties and obtain assurance to demonstrate that locum doctors have undergone appropriate vetting procedures.
- Improve the governance procedures in place at the practice to identify and manage risks.

In addition the provider should:

- Review the frequency of infection control audits.
- Review the recruitment policy to include reference to all documentation and information required by law when recruiting new members of staff
- Consider maintaining more detailed records of practice meetings held with multidisciplinary teams, and any other attached staff to the practice.
- Take more proactive steps to improve the identification of carers.
- Consider strengthening clinical audits to demonstrate improvements in patient care.
- Consider the low patient satisfaction results in respect of GP consultations and access to the service and identify improvement areas.
- Undertake a subsequent analysis of all complaints received to ensure that learning points, corrected actions and trend analyses have been implemented.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services.

- There was a system in place for reporting and recording significant events. Staff knew how to report events and documentation we reviewed supported this.
- We saw documentary evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- We were provided with some documentation to support that when things went wrong patients received reasonable support, information, and a written apology. They were told about any actions taken to prevent the same thing happening again.
- Some systems, processes and practices were in place to keep patients safe and safeguarded from abuse. These included safeguarding and the management of medicines.
- The systems in place to ensure staff undertaking chaperoning duties had been DBS checked or risk assessed and those to check locum GPs had been checked, needed strengthening.
- We found the premises to be clean and tidy and appropriate measures were in place to ensure regular cleaning took place to the standard expected by the practice. The frequency of auditing should be reviewed in line with best practice guidelines.
- Other risks to patients were assessed and well managed. This included health and safety and emergency readiness if a patient presented with an urgent medical condition.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally at or above average compared to the national average. The practice had achieved 97% of available QOF points in 2014/15. The practice's overall exception rate reporting was 5.2 % which was below the CCG average of 8.9% and national average of9.2%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute Clinical Excellence (NICE).

Summary of findings

- A number of clinical audits had been carried out,but these needed strengthening to show improvements in patient care and treatment. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. The practice had invested in continuous training of its nursing staff, and staff praised the ongoing supervision and support provided.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. Whilst we received assurance regarding this effective work, we found that limited records were kept of meetings held by the practice in respect of multidisciplinary team working.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national patient survey and other feedback we received rated the practice highly for nurse led care. For example, 90% of patients in the survey said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%. Comment cards we received and patients we spoke with on the day also supported this.
- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. This included 79% of patients said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%. Data also showed that 78% patients considered receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%. Patient feedback from a variety of sources indicated that they felt doctors lacked empathy and understanding and that appointments were rushed.
- Information for patients about the services were available within the practice. Translation services were available, and often used, for those whose first language was not English.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team, and Clinical Commissioning Group to secure improvements to services where these were identified. Extended hours appointments were available for those who could not attend in working hours.
- Patient satisfaction with opening hours was broadly in line with the national average.
- The practice had made changes to respond to the increasing demand for patient appointments. This included providing an increase in nursing staff, drop in nurse led clinics (where an advanced appointment was not required) and telephone triage appointments.
- Access to appointments with a named GP and continuity of care was not always available. For example, 39% of patients in the national patient survey said they usually get to see or speak to their preferred GP compared to the national average of 59%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed that the practice responded to issues and concerns raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had not however undertaken a subsequent evaluation of all complaints received. This would ensure that any learning points, corrected actions and trend analyses had been implemented.

Are services well-led?

Requires improvement

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

- Although the practice had a strategy and vision to deliver high quality healthcare services to its patients, at the time of our inspection, these objectives had not yet been achieved.
- There was a leadership structure. A robust nurse led service was in place, and staff we spoke with felt supported by management. GP led clinical care required strengthening, however plans were in place to address this.
- Although a governance framework was in place, some aspects required further development to improve their effectiveness. Whilst there were some arrangements to monitor and improve quality and identify risks not all risks had been identified.
- The practice had a number of policies and procedures to govern activity.

Summary of findings

- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and a partnership approach was demonstrated.
- There was a focus on the practice's commitment to want to improve at all levels. This was reflected in meetings held with management and the practice plans for the future.

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

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. One of the practice nurses and the advanced nurse practitioner undertook fortnightly visits to patients living in residential homes to hold planned clinics.
- We spoke with some of the care home managers where patients were registered. We received positive feedback about the liaison in place between care home staff and clinicians at the practice. New residents received a review of their health needs within two weeks and further in depth reviews were held every six months. One of the GPs also undertook regular visits as required.
- Care plans had been implemented for those patients requiring end of life care.The practice held regular multidisciplinary meetings where all patients who were vulnerable and requiring support were discussed.
- Data showed that 77% of patients aged over 65 had received their flu vaccination to date.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of unplanned hospital admission were identified. Data supplied by the practice showed that they had identified 173 people on its register who were most at risk of hospital admission. 150 of these patients had care plans in place.
- National data showed the practice was performing above the local CCG average for its achievement in respect of eleven diabetes indicators. The practice achieved 86% of the available QOF points compared with the CCG average of 79%. Achievement was slightly below the national average of 89%.

Summary of findings

- 70% of patients diagnosed with asthma, on the register, had an asthma review in the last twelve months. This was below the CCG average of 75% and national average of 75%.
- Longer appointments and home visits were available when needed.
- A drop-in nurse clinic was available, so advanced appointments were not needed at these times for those patients with chronic diseases.
- Patients with chronic diseases were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 95% to 99%. This was above CCG averages which ranged from 87% to 96%.
- A drop in child immunisation clinic was available, so an advanced appointment was not required for those requiring immunisations at these times.
- The practice visited patients' homes to administer the child immunisation programme if attendance at the practice presented difficulties for families of the patients.
- Discussions with staff supported that children and young people were treated in an age-appropriate way and were recognised as individuals. Staff told us records were made in young patients' notes when assessing their competence to consent to treatment.
- The practice told us priority was given to allocating same day appointments for children or they received a telephone call if required. Appointments were available outside of school hours. The premises were suitable for children and babies.

Summary of findings

- We saw that effective collaborative working took place between doctors in the practice, midwives and health visitors. This was evidenced through our discussions held with a health visitor during our inspection.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- The practice offered extended hour appointments for working patients (including those recently retired and students) who could not attend during normal opening hours. These started at 7am Monday to Friday and were available until 6.30pm four days of the week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening, that reflects the needs for this age group.
- An evening smear clinic was available from 5pm until 7.50pm for working age female patients to enable them to attend for testing.
- 84% of women aged 25 to 64 years had received a cervical screening test in the last 5 years. The practice was performing above the CCG average of 81% and national average of 82%.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Only 0.5% of the patientlist had been identified as being carers. More efforts to identify carers and engage with this group were required to ensure they were supported in their roles where appropriate and that their own health needs were considered.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked in partnership with other health care professionals in the case management of vulnerable patients. Our discussions with community based staff supported the collaborative working in place.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice clinicians had undertaken specialised domestic violence and abuse training. (IRIS)
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share and record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all the patients including this population group. There were however, examples of good practice.

- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%. Exception rate reporting was, 6% below the CCG and national average.
- 83% of patients with a mental health condition had acare plan in place in the last 12 months. This was comparable to the CCG average of 84% and national average of 88%. Exception reporting was 10% below CCG average and 11% below national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. We saw information displayed within the practice, for example, Alzeimer's Society literature.
- The practice promoted a variety of services provided within the locality which included access to cognitive behavioural therapy (CBT). This is a service for those patients with depression.
- The practice had a system in place to follow up patients who had attended accident and emergency, where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below the national average across a number of key areas. 337 survey forms were distributed and 122 were returned. This represented a 36% response rate.

- 42% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average of 85%.
- 70% of patients described their overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.
- 54% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, 20 of these contained positive comments and 16 were negative about the standard of care received. Positive comments included that staff were professional, caring and treated patients well in a safe and clean environment. Negative comments referred to the difficulties encountered in getting through to the practice by telephone and poor staff attitude.

We spoke with eight patients during the inspection. We again received mixed reviews about the care received. All patients referred to the difficulties in obtaining an appointment by telephone, but five of these patients were generally satisfied with the standard of care provided once they had seen a doctor. Three patients commented that they either felt rushed during an appointment, or were dissatisfied with the level of care provided by doctors working in the practice. Five patients specifically praised the quality of service provided by the nursing staff and stated they were approachable, committed and caring.

We reviewed data the practice had collated from the NHS Friends and Family test. From April 2015 to April 2016, 612 responses had been received. Of these, 448 patients stated that they would be extremely likely or likely to recommend the practice, 36 did not provide an opinion and 128 were unlikely to recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Identify, assess and mitigate risk in relation to non clinical staff undertaking chaperone duties and obtain assurance to demonstrate that locum doctors have undergone appropriate vetting procedures.
- Improve the governance procedures in place at the practice to identify and manage risks.

Action the service SHOULD take to improve

- Review the frequency of infection control audits.
- Review the recruitment policy to include reference to all documentation and information required by law when recruiting new members of staff
- Consider maintaining more detailed records of practice meetings held with multidisciplinary teams, and any other attached staff to the practice.
- Take more proactive steps to improve the identification of carers.
- Consider strengthening clinical audits to demonstrate improvements in patient care.
- Consider the low patient satisfaction results in respect of GP consultations and access to the service and identify improvement areas.
- Undertake a subsequent analysis of all complaints received to ensure that learning points, corrected actions and trend analyses have been implemented.

Leen View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Leen View Surgery

Leen View Surgery is located in Bulwell which is approximately 4.5 miles from Nottingham on the northern edge of the city. There is direct access to the practice by public transport and parking is also available on site.

The practice currently has a list size of approximately 8710 patients.

The practice holds a General Medical Services (GMS) contract which is a locally agreed contract between NHS England and a GP practice to deliver care to the public. The practice provides GP services commissioned by NHS Nottingham City CCG.

The practice is situated in an area of very high deprivation. It has a higher than national average elderly population as well as children up to the age of 14. A higher number of those of working age registered at the practice, are unemployed compared with the local CCG and national averages.

The practice is managed by three partners. Two of the partners are GPs (1 male, 1 female) and one is an advanced nurse practitioner (female). Two of the partners work full time and one part time (7 clinical sessions per week). The practice also has a salaried GP(female) who works part time. (5 clinical sessions per week) Two long term locum doctors also work part time at the practice. They are supported by clinical staff; one male full time trainee advanced nurse practitioner, one female full time assistant practitioner, two female part time practice nurses, two female full time and part time phlebotomists. The practice also employs a practice manager, office manager and a team of reception, clerical and administrative staff.

The number of GP partners reduced from four to one in December 2014.The practice has been actively trying to recruit more GPs for several months, but had been unsuccessful in attempts to do so.This has led to a reliance on using two long term locum GPs.

The practice is open Monday to Friday from 8am. It closes at 6.30pm on Monday, Tuesday, Wednesday and Friday and at 12pm on Thursday. Appointments are available Monday to Friday from 7am. Appointments are then available until 6.30pm on Monday, Tuesday, Wednesday and Friday and until 1.30pm on Thursday. The practice is then closed during weekends.

The practice has opted out of providing GP services to patients out of hours such as nights and weekends. During these times GP services are currently provided by Nottingham Emergency Medical Services. When the practice is closed, there is a recorded message giving out of hours details.

The provider's Certicate of Registration issued by the Care Quality Commission does not include maternity and midwifery services as a regulated activity provided. We have advised the provider to apply for this regulated activity as this service is currently being provided.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice assistant, clerical and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would report any incidents and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received appropriate information, reasonable support, and an apology, and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and patient safety alerts where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incorrect immunisation was administered by an agency employee. Other organisations were consulted to seek opinion concerning the implications of the event, and to ensure there was no risk presented to the patient. Contact was then made with the patient and an explanation, advice and an apology were provided. Learning outcomes were noted which included the practice seeking additional assurance from agencies used, regarding nurses' competence with the practice's computer system. Other outcomes included a review of the existing template used for immunisation.

The practice informed us that Medicines and Healthcare Products Regulatory Agency (MHRA) alerts, were distributed via the practice manager to clinical staff. We were provided with an example of an alert where subsequent review had taken place by one of the clinicians within the practice.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice also referred any concerns to a multi agency safeguarding centre. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings along with nursing staff (if they were available) and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults to the required level relevant to their roles.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We were advised however that administrative staff had on occasion undertaken chaperone duties but they had not received a DBS check or a risk assessment to explain why this was not required. When we discussed this with the practice, they informed us that administrative staff were no longer undertaking chaperone duties.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. We found that the last infection control audit was undertaken in June 2014, and the practice intended to complete its next audit in June 2016. We saw evidence in the last audit undertaken that action was taken to address any improvements identified as a result. For example, pedal operated wastebins were identified as a requirement and had been provided.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice maintained a spreadsheet listing of all patients on high risk medicines, and the date of their most recent monitoring tests. This was updated at least monthly by administrative staff to ensure patients were recalled appropriately.

- The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice told us they were also seeking to recruit a pharmacist to assist in medicines management. Two of the nurses were advanced nurse practitioners and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. We were provided with Disclosure and Barring Service information for clinical staff. The information we reviewed showed these staff had been subject to appropriate checks. Administrative staff had not received DBS checks and we did not find evidence of a risk assessment undertaken to explain the rationale for this not being done. The practice's recruitment policy did not include any reference to the requirement for DBS checks for staff.
- The practice had used locum GPs recruited through agencies. The practice were unable to provide us with evidence that they had obtained any assurance from the agency to demonstrate these doctors had been subject to appropriate recruitment checks through their employment agency, including a DBS check, references, identification and qualification / registration checks. This presented a risk to patients that the locum GPs could deliver clinical care, without the required accreditations to perform such duties and functions.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training.The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. This was last tested in May 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were provided with a certificate dated February 2016.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. The practice told us staff would provide cover for each other during periods of leave, and agency staff had been used where shortfalls were identified. The practice had relied heavily on the use of locum doctors to ensure GP provision was appropriate.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in a secured room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We were informed that the plan was currently subject to review and was last updated in 2012.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice had systems in place to keep all clinical staff up to date with current best practice. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, data received from the CCG and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96.7% of the total number of points available, with 5.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice was below the CCG and national average for its overall exception reporting (CCG 8.9%, national 9.2%). This practice was not an outlier for any QOF (or other national) clinical targets. Data from the 2014/15 QOF results showed;

- Performance for diabetes related indicators was 86.4% which was comparable to the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 81.8% which was comparable to the national average of 83.6%. Exception reporting was 2% below national average.
- 83.3% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was comparable to the national average of 88.3%. Exception reporting was 11.3% below the national average.

Whilst clinical audits were carried out we saw limited evidence of overall quality improvement.

There had been a large number of clinical audits completed in the last two years. We were provided with a sample of these audits which included an anticoagulant audit. Anticoagulants are medicines that help prevent blood clots.

Whilst there was rationale for the undertaking of the audit, we found this was a data collection exercise with no clear outcomes to demonstrate quality improvement to patient care. For example, an action plan had not been produced with any recommendations for improvement.There was no evidence that the audit had been shared amongst other GP colleagues within the practice. We also found this was reflected in other audits we were provided with, which included an audit into intrauterine contraceptive devices (IUCD) and implants which are forms of birth control.

We found some evidence of peer review following a significant event recorded by the practice, which highlighted risks of patient death. Learning outcomes from clinical meetings held with practice staff, included the development of a template to assist clinicians in identifying the level of risk in patients who presented with poor mental health. This work was part of an ongoing exercise.

Effective staffing

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

- The practice were planning to implement an updated induction programme for all newly appointed staff. This work was ongoing at the time of our inspection. Staff records we reviewed contained induction information. This supported that they had received an appropriate induction to carry out their work. We noted that these staff members had been more recently appointed in 2015.
- Training records we were provided with showed that staff had completed training in topics such as fire safety, basic life support, infection control, information governance and safeguarding. Staff had access to e-learning training modules, and we noted that administrative staff had utilised this channel of learning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term

conditions. One of the nurses we spoke with had achieved qualifications in managing diabetes and asthma, and was due to update their training in chronic obstructive pulmonary disease. (COPD)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. A member of the nursing team was undertaking a qualification in advanced clinical practice, and praised the ongoing mentoring and support received from management. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff, although the practice's patient record system was not one shared by other local providers of community health services. We spoke with community staff who were attached to the practice. The staff praised the practice for their responsiveness when approached with enquiries regarding individual patient care needs. However, they stated it could be difficult to access information when treating patients in the community. They confirmed that risk assessments, care plans, medical records and investigation and test results were shared with relevant staff.

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

We were provided with minutes of meetings held between the practice and the care homes they worked with. The practice also kept records of care planning and reviews for those patients living in residential care homes.

We spoke with some of the care home managers where patients were living in residential care. We received mainly positive feedback regarding the practice's effectiveness in addressing the needs of their patients. One comment included that there could be occasional delays of obtaining medicines for patients if a practice clinician did not have a prescription pad in their possession at the time of identifying that a patient required a particular medicine.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We reviewed anonymised records relating to patients who had received minor surgery and found appropriate consent forms were held on record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring health advice on their diet and smoking cessation. The practice promoted a variety of services provided within the locality, which included an integrated respiratory service for those with long term conditions, cognitive

Good

Are services effective?

(for example, treatment is effective)

behavioural therapy (CBT) for those with depression, a specialist alcohol triage scheme and a falls and bones health service for older people. Patients were signposted to the relevant service.

- Contact details were also made available for self help organisations such as Age UK, those living with dementia, parkinsons disease and stress.
- Smoking cessation advice was available from a local support group, (New Leaf).

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer two letter reminders and then a telephone call for patients who did not attend for their cervical screening test. The practice nursing staff had adopted a policy of visiting patients at home to offer the test if they had not received contact. The practice ensured a female member of staff was always available to carry out the test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data showed that uptake for bowel cancer screening in the last 30 months was 53%, which was similar to the CCG average of 54%. Data from 2015 showed that uptake for breast cancer screening in the last 36 months was 73%, which was slightly above the CCG average of 70%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 96% within the practice. The CCG rates varied from 91% to 96%. Five year old vaccinations ranged from 96% to 99% within the practice. The CCG rates ranged from 87% to 95%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 36 patient Care Quality Commission comment cards. Twenty comments were positive about the service experienced and sixteen were negative comments. A number of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Negative comments included that practice clinicans had lacked empathy and understanding and appointments were rushed.

We spoke with a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. A number of comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We noted that the nursing team within the practice was consistently praised in feedback we received.

Results from the national GP patient survey were mixed. The practice was below average for its satisfaction scores on consultations with GPs but above average for consultations with nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

However;

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.
- 95% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The majority of patients we spoke with told us they generally felt involved in decision making about the care and treatment they received once they had obtained an appointment. Five patients we spoke with made particular reference to the nursing staff and said they felt involved in planning their care and treatment.

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 when they saw a nurse, but less so when they saw a GP. Results were below local and national averages for consultations with a GP but were above in respect of consultations with a nurse. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 97% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Good

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Reception staff told us that these services could be used up to five times a week. We saw notices in the reception areas informing patients this service was available, although we did not see information on the practice's website.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice's website also included signposting information. We were informed that a representative from the Carers Federation, an organisation which provided support services to carers had attended the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers. This represented only 0.5% of the practice list and was low in comparison to some other practices.

Written information was available to direct carers to the various avenues of support available to them. This included signposting for young carers.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hour appointments for working patients who could not attend during normal opening hours. These started at 7am Monday to Friday and were available until 6.30pm four days of the week.
- A drop in nurse clinic was available for those patients with chronic diseases and those requiring immunisations. This enabled patients to attend without a pre-booked appointment.
- A diabetic retinopathy service was available to patients within the practice.
- An evening smear clinic was available from 5pm until 7.50pm for the convenience of working age female patients to attend for testing.
- Maternity and family planning services were available.
- There were longer appointments available for patients with a learning disability and for patients who were identified as vulnerable on their records.
- Home visits were available for older patients and patients who had clinical needs who were unable to attend the practice.
- Practice nursing staff undertook weekly visits to care homes where patients were living to ensure their healthcare needs were met.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice visited patients' homes to administer the child immunisation programme if attendance at the practice was difficult for families of the patients or if they had missed appointments.
- A physiotherapy service was offered within the practice.
- The practice offered minor surgery and a warts clinic.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available within this modern facility.

Access to the service

The practice was open Monday to Friday from 8am. It closed at 6.30pm Monday, Tuesday, Wednesday and Friday and at 12pm on Thursday. Appointments were available Monday to Friday from 7am. Appointments were then available until 6.30pm Monday, Tuesday, Wednesday and Friday and until 1.30pm on Thursday. The practice was closed during weekends.

In addition to pre-bookable appointments that could be booked up up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was slightly lower than local and national averages. For example;

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 75%.

However patients rated the practice lower than others in respect of how easy it was to get an appointment and on the continuity of care. For example;

- 42% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 39% patients said they usually get to see or speak to the GP they prefer compared to the national average of 59%.

We spoke with eight patients and the majority of patient feedback we received highlighted difficulties with the appointment system.

The practice team were aware of the patient feedback and had trialled a system of patient triage for nine months. A GP had spoken to all patients who contacted the practice. Whilst patient satisfaction had increased, the demand for the service had also increased, and the system became unsustainable for the number of clinical staff available. The practice had since modified its appointment system with support from an advanced nurse practitioner. Telephone consultations were offered and if necessary the patient was asked to attend the practice for an appointment. If demand for appointments was high, those patients with non urgent concerns were requested to call the practice the next day to

Good

Are services responsive to people's needs?

(for example, to feedback?)

make an appointment. The practice told us they had publicised the system by infoming patients verbally, placing notices in the reception area and including information in letters sent to patients.

The practice told us they were seeking to recruit a new GP to the service and recognised the existing system was still not meeting patient demand. Nursing staff told us that they encouraged patients to book appointments online to reduce waiting times on the telephone lines. Drop in nurse clinics had also been introduced negating the need to pre book appointments. This was intended to reduce patient waiting time for appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was given to patients which included information on how to report concerns to the practice as well as to external organisations.

We reviewed three complaints which had been received by the practice in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to improve the quality of care. For example, a complaint was received regarding a practice error in providing an incorrect test result. The practice had identified the error and provided an explanation and apology to the complainant. Learning outcomes included an update of one of the practices protocols.

CQC records held included a copy of a complaint raised by a patient and the practice's response to the CQC about the complaint raised. The records indicated that the practice had put measures in place to improve their systems and that apologies had been offered to the patient concerned.

We noted that some discussion had taken place regarding complaints in a practice meeting in March 2016 and action points were included. We were informed however that the practice had not undertaken a subsequent evaluation of all complaints received. This would ensure that any learning points, corrected actions and trend analyses had been implemented.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

- The practice had a mission statement which was displayed on the practice's website. Staff we spoke with knew and understood the values.
- The practice had completed a business plan for the period 2016/19. The practice had recently recruited a new GP partner and told us they intended to recruit another salaried GP to strengthen the GP led clinical care. Practice management told us they were committed to improving the services provided. The practice had invested in providing continuous training and development for their nursing staff. This was in response to increasing patient demand for treatment and services. Feedback we received from patients and nursing staff indicated that this was working well. These actions were aligned with the objectives of the strategy.

Governance arrangements

The practice had a governance framework, some aspects of which required strengthening.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained. We saw evidence of review of QOF and CCG performance data.
- There were arrangements for identifying, recording and managing some risks and issues and mitigating actions. We identified areas however, where the systems in place to identify and mitigate risks required improvement. These included DBS or risk assessments being undertaken for non-clinical staff carrying out chaperone duties and obtaining appropriate documentation for locum GPs working at the practice.

Leadership and culture

The partners in the practice included a nurse practitioner. On the day of inspection, the partners demonstrated that a robust nurse led service was in place, to ensure high quality care was delivered. The lack of enough GPs meant GP led care required strengthening. Plans were in place however to recruit a further GP and arrangements were already in place for GP clinicians to share existing workloads. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included staff communicating with patients about safety incidents. The partners encouraged a culture of openness and honesty. The practice gave affected people reasonable support, information and a verbal and written apology when appropriate.

- The practice kept records of those interactions with patients.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Nursing staff we spoke with praised ongoing supervision and support provided by management.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and discussed proposals for improvements to the practice management team. For example, detailed discussions took place regarding the appointment system and patient dissatisfaction with various models which had been trialled within the practice. The practice had altered its appointment system so telephone callers received an engaged tone rather than being kept in a

Are services well-led?

Requires improvement

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

lengthy queuing system if they couldn't get through. This was aimed at reducing costs to the caller incurred by waiting on the line and frustrations, when a patient was waiting for a call to be answered.

- We reviewed comments left on NHS Choices. 21 comments were left by members of the public since February 2015; of these 5 were positive and 16 were negative.The practice had responded to one of the comments left on NHS Choices.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The arrangements in place for identifying, assessing and mitigating risk were not always effective. Risk assessments had not been completed for non clinical staff undertaking chaperone duties to determine whether disclosure barring service (DBS) checks were required.** Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Governance was not operating effectively as risks had not been identified which included the employment of locum GPs without supporting documentation.** Regulation 17(1)(2)(b)