

Ailsworth Medical Centre

Quality Report

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Date of inspection visit: To Be Confirmed

Date of publication: 05/02/2015

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.

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Summary of findings

Overall summary

Ailsworth Medical Centre has a practice population of approximately 2300 patients.

During the inspection we looked to see how the practice met the needs of six specific population groups. The groups are; older people; people with long term conditions; mothers babies and young people; the working age population and those recently retired; people in vulnerable circumstances who may have poor access to care and people experiencing poor mental health. The practice was meeting the needs of patients in these groups.

We found that the practice had recently employed a part time practice manager. Prior to this the practice had only employed a practice manager for a limited period of time. As a result, they had not established a clear and robust management structure and were aware that many of their procedures required improvement. We found that

improvements were needed to manage complaints, significant events and safety alerts. The methods used to manage risks in relation to fire, infection control and staff recruitment also required a review.

Patients we spoke with and the comments cards we received demonstrated a high level of patient satisfaction with the service they received at Ailsworth Medical Centre. There was an active patient participation group who had a positive relationship with the practice team, and felt able to contribute their views on behalf of the patient population.

The practice was able to respond to appointment requests to ensure patients were seen by their preferred GP within a few days. Within the last two years the practice had increased the number of GPs and invested in some professional development for a newly appointed practice nurse. However, clinical responsibilities were unclear and the processes used to monitor clinical effectiveness required development, for example through a clear clinical audit programme.

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 service at Ailsworth Medical Centre was not always safe. Although some significant events and complaints had been identified, we found others that had not. The investigation process was informal, inconsistent and did not promote shared learning with the staff team. The system in place for managing safety alerts was not robust. Fire risk and related emergency procedures required review. There were appropriate safeguarding procedures in place to help protect children and vulnerable adults. The systems used to manage medicines were effective. However recruitment procedures were not effective and must be improved.

Are services effective?

The service at Ailsworth Medical Centre was not always effective. There was evidence of effective multi-disciplinary working to benefit patient care and a range of services were available to patients. However improvements were required to ensure that care was effective through the use of robust clinical audit cycles, staff training, appraisal and induction procedures. There were some systems in place to ensure that treatment was delivered in line with best practice standards and guidelines. However, the practice had carried out a limited number of clinical audits and could not demonstrate ways they used this process to promote learning to improve practice. Further improvement was required to ensure that staff could access and understand certain clinical data to enhance patient care outcomes.

Are services caring?

The service at Ailsworth Medical Centre was caring. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. We met one patient who had moved away but stayed registered at the practice because they valued the care and support of the practice. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

The service at Ailsworth Medical Centre was not always responsive. We found the practice staff were knowledgeable about their local population and were responsive to patients' needs. There was good access to the service and the practice was able to offer a range of

Summary of findings

appointments to ensure that patients did not need to wait more than a few days to get an appointment. However further improvement was needed to the complaints system to ensure that complaints and concerns were recognised and managed effectively.

Are services well-led?

The service was not being well-led. Further improvements were needed to some aspects of quality monitoring procedures. This was because the management structure was not embedded, and the responsibilities for clinical and non- clinical aspects of the service had not been established. The practice had some policies and procedures to govern activity, but most of these had been recently developed or were still under development by the new practice manager. There were some practice meetings in place but the governance of the service required strengthening so that the lines of communication with the practice team and through formal meetings were clear. Records of these meetings and access to them required some improvement. The practice worked well with an active patient participation group (PPG) and staff told us they were supported and were comfortable sharing their views and ideas about the service.

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 local clinical commissioning group (CCG) provided support to the practice by providing a multidisciplinary co-ordinator to help monitor the on-going needs of older and more vulnerable patients registered at the practice. Patients with the most complex needs were reviewed at regular practice meetings with community staff to ensure that their needs were being met.

The premises were suitable for patients with a disability although there were raised thresholds below the doors which could be difficult for patients using a wheelchair. A notice at the front door alerted patients to call reception staff if they required help to access the building. There was no emergency pull cord in the toilet available for patient use if someone required assistance.

People with long-term conditions

The practice held registers of patients with long term health conditions and management of these patients was done by the practice nurses and GPs to ensure patients received regular health reviews. A specialist diabetic nurse also ran monthly clinics at the practice.

Mothers, babies, children and young people

The practice operated a system to ensure that appointments for children were assessed and prioritised. When children were unwell they were seen quickly. There was regular support to the practice from a health visitor who held a monthly drop in clinic. Midwives supported patients with pre and post natal care as well as six week checks. There was a good range of health promotion information for mothers, babies and children available at the practice.

The working-age population and those recently retired

The practice offered extended opening times once a week to provide easier access for patients who were at work during the day. Telephone consultation and an online booking facility helped to improve access for these patients. Appropriate health checks were available for this group such as screening for cardiovascular disease. Patients were also encouraged to participate in health promotion activities, such as breast screening, cancer testing, and smoking cessation.

Summary of findings

People in vulnerable circumstances who may have poor access to primary care

There were no barriers to patients accessing services at the practice. Patients were encouraged to participate in health promotion activities, such as breast screening, cancer testing, and smoking cessation. A small number of patients registered at the practice were living with a learning disability and received regular health reviews. There were no barriers to patients accessing services at the practice

People experiencing poor mental health

Regular health checks and health promotion advice was offered to people with long term mental health conditions. Doctors had the necessary skills and information to treat or refer patients with poor mental health. We spoke with a patient who told us that he and his family had received very good support from the practice when a close relative had experienced distressing mental health symptoms.

Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection. We also looked at forty cards from a CQC comments box which had been placed in the practice for up to two weeks before we inspected. The comments we received from patients were positive and reflected a high level of satisfaction with the service they received. Patients told us that staff were approachable, listened to their needs and involved them in decisions about their care and treatment. They told us that staff were friendly and

helpful, that they were treated with respect and that their dignity was protected. Patients described examples of support they had received from staff when they or their relatives had become unwell and felt vulnerable. They said staff had been kind and gone above and beyond what was expected of them. Most patients said they found the appointments system was good and they were able to get an appointment when they needed one.

Areas for improvement

Action the service **MUST** take to improve

The practice must take immediate action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 to ensure that all necessary employment checks are in place for all staff.

The practice must have suitable arrangements in place to ensure that all staff receive appropriate training and an appraisal.

The practice must have systems in place to protect patients and others who come into contact with the service against the risks of any unsafe or inappropriate care and treatment. This must be evidenced through robust procedures that are followed by staff to ensure that improvements to the quality of the service are actioned. This must include;

- Ensuring a process is in place for managing significant events, complaints and safety alerts so that learning and improvement takes place.
- Ensuring the risk of fire and related emergency procedures are identified, actioned and reviewed.
- Establishing a clinical audit plan to inform practice and share learning across the team.

The practice must establish a clear complaints process, supported by staff for identifying, receiving and handling complaints and comments received. The complaints system must be accessible and support should be made available to patients to access this if required.

The practice must ensure that the flooring in clinical treatment rooms can be easily cleaned to prevent the risk of spreading infection. There must be procedures in place to check that infection control practice and the standard of cleanliness is maintained in line with national guidelines.

Action the service **SHOULD** take to improve

The practice should consider more frequent checks of the oxygen cylinder to be assured that appropriate supplies are available to use in an emergency situation.

The resuscitation policy at the practice should be reviewed so that the risks for children are considered and an appropriate protocol is in place to guide staff in emergency situations.

The practice should ensure that the records of meetings held at the practice reflect discussions and actions agreed.

Ailsworth Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP. They were supported by a second CQC inspector and practice management advisor.

Background to Ailsworth Medical Centre

Ailsworth Medical Centre can be found at 32 Main Street, Ailsworth, Peterborough, PE5 7AF. It has 2310 registered patients and provides general medical services to people who live in Peterborough or the surrounding villages. It is a family run service with two GP partners and two salaried GPs. They are supported by two practice nurses, a healthcare assistant and a small administrative team. A dispensary supplies prescribed medicines to some registered patients. Most staff employed there work on a part-time basis.

A branch surgery is based at Gunton's Road, Newborough, Peterborough PE6 7QW. This was not visited as part of the inspection.

The practice have opted out of providing out-of-hours services to their own patients. However patients can dial 111 to access support from a local out of hours service.

This was the first inspection of this service since registration in April 2013.

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share

Detailed findings

what they knew. We spoke with the manager of a local care home the practice supported, and spoke with an external health care professional who ran a clinic at the practice on a regular basis.

We carried out an announced visit on 8 September 2014. This was preceded by a short meeting with the senior partner and the practice manager on 3 September 2014. We arranged this because the practice manager was unavailable for the announced inspection date and they wanted the opportunity to provide us with access to relevant information that other staff members may not have had. During our visit we spoke with three GPs, two practice nurses, the dispenser, reception staff and the senior administrator

We also spoke with five patients who were also members of the patient group. For two weeks prior to the inspection, patients had completed comment cards giving their views on the service provided at the practice. There were 40 comments cards completed. We also looked at the systems, procedures and policies the practice had in place and observed how people were being cared for. The information we gathered supported our judgement on whether the practice was safe, effective, caring, responsive to patient's needs and well-led.

Are services safe?

Our findings

Safe patient care

There was no evidence of a systematic process to monitor clinical events, safety issues or safety alerts at the practice and historical records were not available. Although staff were able to describe health and safety risks and provide us with some examples of significant events they were aware of, we found limited evidence that action had been taken and learning shared within the team.

Learning from incidents

The practice did not have a formal or standardised process in place for reporting, recording and monitoring significant events. Although there was a standard report template to record significant events which had occurred month by month, we found that issues were not always recognised, reported, escalated and investigated so that staff could learn from them and make improvements to the way they worked. For example an issue arose following the discharge of a patient from hospital whose medication had changed. The issue was identified by the practice when they visited the patient and dealt with, but it was not recorded as a significant event.

Records demonstrated that practice meetings were held in July and August 2014 and significant events were part of the agenda. However records maintained by the practice showed that the formal review process had not been embedded in day to day practice. We discussed this with the practice manager who had recently been appointed. They had recognised there was no formal process in place and were taking steps to make improvements. For example, the significant event policy had been reviewed and a template for reporting significant events was to be implemented.

Safeguarding

There was a named GP with overall responsibility for safeguarding. Although the GP had completed level three training, they had not attended any training updates within the last two years to ensure they remained aware of current and local issues.

When we spoke with staff they were knowledgeable about safeguarding processes and knew where to find external contact numbers if this was required. However we found that some staff had not yet received appropriate training in

safeguarding vulnerable adults and children. Online training had been identified and this was being progressed so that all staff would complete training to ensure they had knowledge appropriate to their role.

The practice did not have any registered patients with known safeguarding concerns at the time of our inspection. Staff spoke to us about examples of support they had previously provided to vulnerable patients.

Some staff we spoke with said they could raise issues and felt their opinions were considered and responded to. However, some staff said they would feel uncomfortable about raising any concerns they had about the conduct of their colleagues as there were so many family members employed at the practice. A whistleblowing policy was not readily available to staff.

Monitoring safety and responding to risk

We saw that the practice had a reliable and effective system in place to follow up any registered patients who had been seen by the out of hours medical team. The practice received an alert through the electronic records system and this was followed up by a GP in a timely way.

We saw evidence that confidential paper records were shredded and other appropriate waste collections, including clinical waste, were in place.

There was limited evidence of risk management processes. We found that the systems in the practice for dealing with safety alerts including medicines alerts were not consistent. The information was received by the senior GP and then cascaded to the other GPs. However, the information records were not retained. The practice could not demonstrate they had a systematic process in place for undertaking systematic searches for alerts. We made the practice aware that their risk management processes for managing and accessing safety alert information required improvement.

We were concerned to find that the practice did not have robust procedures in place to manage the risk of fire. There was no fire alarm and fire extinguishers had not been tested. Regular fire drills had not been established although one had taken place in the week prior to our visit. There were two smoke alarms in place and an emergency evacuation button on the clinical system that told users to vacate the building once activated. Two members of staff had a designated role as a fire warden.

Are services safe?

Medicines management

The GPs were responsible for prescribing medicines at the practice. The practice dispensed medicines to a small number of registered patients. They were able to dispense medicines they prescribed for patients who did not live close to a community pharmacy. The dispensary staff had clear systems in place to identify patients who were entitled to use this system.

The dispensary was managed by one part time member of staff and was supported by a second member of staff who had other administrative duties. The dispensing staff had received training in medicine management and dispensing to a level appropriate to their role.

There were clear standard operating procedures explaining how to manage issues such as medicine errors, waste management and dispensing processes. These procedures were the overall responsibility of the lead GP.

The control of repeat prescriptions was managed well. Patients were not issued any medicines until the prescription had been seen and signed by a GP.

Medicines in the dispensary were stored safely. Temperature checks for the refrigerators used to store vaccines were completed once each day and showed storage was maintained at safe temperatures.

Medicines were supplied to the dispensary in secured delivery boxes and records kept of these stock checks. Stock dates were closely monitored so that items with a short shelf life were identified and issued appropriately.

The dispensary was securely alarmed and was not accessible to members of the general public. The dispensary areas were clean and free from a build-up of excess stock.

Cleanliness and infection control

We spoke with nursing staff who told us that infection control was their responsibility. One nurse had very recently completed an infection control audit and there had been no previous audits completed. Further action was required to respond to the findings and the complete audit cycle followed.

Nurses were responsible for cleaning clinical equipment but there were no records in place to show when this happened. We found that the practice was visibly clean and free from dust, dirt or debris. The practice employed an external cleaning service to maintain the cleanliness of the

premises. Cleaning equipment was appropriately stored. There were no records to demonstrate checks of the quality of the cleaning provided to ensure that it was maintained to a high standard.

The clinical room used by the nurses contained suitable hand wash facilities and protective clothing such as disposable gloves and aprons. A mobile privacy screen was made from wipeable material for easy cleaning. Clinical waste bins were available although we noted that one sharps bin required dating so that staff could monitor the need for disposal.

The flooring in the nurses room required some improvement. This was because a seam in the flooring was not sealed and the skirting around the sink units were also unsealed. Unsealed floors and edging can harbour dust and bacteria and prevent floors from being cleaned to a sufficient standard.

Staffing and recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The practice had a low turnover of staff. The practice did not use locums as staff covered for each other during staff absence.

Since commencing employment, the practice manager had identified gaps in the procedures which covered the recruitment process and personnel management. There were limited policies and procedures in place and although some improvement work had commenced, there had been limited opportunity for the manager to progress this at the time of our inspection. They told us the registered manager supported the changes.

We asked to review recruitment files for two staff who were recently recruited. We found there was no consistency in the recruitment records. One staff member's file contained a reference but there was no other record of references to support recruitment decisions for other members of staff. We were informed that verbal references had been obtained at the time of recruitment. There was no record of the interview process. Criminal records checks were not evidenced. We were informed by several staff that the checks with the Disclosure and Barring Service (DBS) were in progress.

We asked about the system in place to check the registered nurses' Nursing and Midwifery Council

Are services safe?

(NMC) annual registration status. We were informed that the new practice manager had identified that a formal process was not in place to ensure the nurses were on the professional register to practice. This was being updated.

Dealing with Emergencies

The practice did not have a business continuity plan in place to deal with emergency issues such as a power failure or loss of the phone lines. Staff we spoke with seemed confident they could move patient care to the branch surgery or their other registered practice in Peterborough. However, the practice could not demonstrate forward planning through existence of clear written procedures that could be followed by staff. The new practice manager agreed they would address this so that risks to the continuity of the service for patients could be minimised.

Equipment

The practice did not keep their own equipment log to track when items of equipment were due to be checked. However, an external organisation made contact with the practice when equipment was due to be serviced and this

triggered appropriate arrangements. We saw historical evidence to support that this system worked. For example the practice had ensured that electrical safety tests were completed at regular intervals on all electrical items of equipment. Clinical equipment such as blood pressure monitors were also checked and calibrated to ensure they were in safe working order.

We reviewed the emergency equipment and found that most items were appropriate and checked regularly to ensure they were fit for use. However, the oxygen cylinder was only a quarter full and had not been checked since the previous month. If not checked frequently there was a risk that the content of the cylinders could reduce and there would not be sufficient oxygen levels available to use in an emergency situation. We also noted that resuscitation equipment did not include items for specific use with children. Although this was not an essential requirement, the resuscitation policy should be reviewed to ensure that emergency plans are appropriate to guide staff in safe practice procedures.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

We saw records of three multidisciplinary meetings since June 2014 that had taken place with community staff to review the needs of patients with complex needs, and their families. This included separate meetings for patients receiving end of life care. The meetings identified the patients with greatest need for support and management plans were discussed and agreed. A system for communicating this to other members of the practice team and the out of hours service was in place.

Recent records of practice meetings demonstrated that the team discussed issues such as patients who had used the out of hours service, any unplanned admissions to hospital and any patients who had died. It was unclear from the records whether any improvements or changes to patient care had occurred as a result of these discussions.

The practice used The Quality and Outcome Framework (QOF) to measure their performance. This is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice in their surgeries. We reviewed the data for this practice and found that they achieved a variable performance. They told us some data had been lost during a change to a new patient management system and this had had a negative effect.

Patients we spoke with and those who completed comments cards, told us they were very happy with the care and treatment provided by staff at the practice. Some patients who had been referred to hospital for more specialist treatment, told us the referral had gone smoothly and they had received appointments quite quickly.

Management, monitoring and improving outcomes for people

We spoke with three GPs at the practice about their involvement with clinical audits. They were able to demonstrate that they completed at least two audits in a five year period to meet the criteria required of them to remain registered to practice as a GP. One GP told us about a prescribing audit that involved dispensary staff. However we did not see any evidence of this, or of any additional audits being completed so that the effectiveness of the care they delivered could be measured, reviewed and improved. There was no clinical audit plan within the

practice or a central record of audit activity that could be accessed by the staff. This was a missed opportunity for the staff team to use the full audit process to improve safety and patient outcomes.

The practice held a list of patients with complex needs who were more likely to require support from the out of hours services or attend the accident and emergency department. We found that staff had made efforts to work with other professionals and the patients to help reduce the need to access these services.

The practice was aware that they had a high number of patients accessing emergency care due to conditions such as diabetes, heart failure and urinary tract infections. They were monitoring the situation and could not explain with any certainty, the reason for this at the time of our visit.

Effective Staffing, equipment and facilities

We were informed that practice meetings were held quarterly and that some notes were taken. However the records of these were limited and staff told us they had not attended any recent meetings although when they were held they found them to be useful.

We spoke with a member of staff who told us they had all the tools they needed to do their job. They also told us that faulty equipment was repaired in a timely way and requests for new items of equipment were considered and supported.

The staff training programme was not monitored effectively. For example none of the seven staff files we looked at contained evidence of fire safety training or fire drills to show they knew how to respond to fires in an emergency. Staff told us they had not completed formal fire training. The new practice manager was developing a training database to help monitor training needs and was aware that there were gaps in staff training that needed to be prioritised.

Staff told us they received an annual appraisal which they found helpful and constructive. However when we looked at their files we found that some had not been reviewed and some files had no record of the appraisal. Appraisals for the GP's were up to date.

Staff told us they received induction when they started their job but this was not a structured process and there were no records that their competence had been checked.

Are services effective?

(for example, treatment is effective)

Working with other services

The practice received support from a multidisciplinary team co-ordinator (employed by the Clinical commissioning Group (CCG)) who attended practice based meetings along with other external staff such as the Macmillan nurse and district nurses.

We spoke with a health visitor who ran an open clinic for mothers and pre-school children at the practice each month. She told us the practice staff responded to any issues she raised and communicated with her in a timely way to meet the needs of patients.

We also spoke with the manager of a local care home whose residents received care and support from Ailsworth Medical Centre. They told us that one GP visited on a regular basis and they worked with the home, the resident and their relatives, if appropriate, to ensure that their health care needs were being met. Requests for urgent reviews were responded to on the same day or the following according to need.

An effective process was in place for managing blood test and other and test results following specialist

investigations. When GPs were on holiday the other GPs provided cover. Systems in place ensured that letters received by post were made available to the relevant GP and action was taken if appropriate to do so.

Health, promotion and prevention

Health promotion literature was readily available to patients who used the practice and was up to date. This included information such as reducing cholesterol, cancer support, healthy eating, preventing and recognising symptoms of a stroke. An electronic screen in the waiting room also provided some health promotion information.

People were encouraged to take an interest in their health and to take action to improve and maintain it. For example smoking cessation schemes were available for patients to access.

All newly registered patients were offered a consultation to have a basic health check to help them identify any health risks and receive health promotion advice. For patients who took regular medicines an appointment with a GP or nurse was arranged for further assessment of their needs.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke with staff who told us that treating patients in the right way for example with respect, kindness and compassion was part of their philosophy of care. They were clear that the standard and quality of care that patients received was a top priority at the practice.

We saw that reception staff and clinical staff greeted patients in a welcoming way to put them at ease and that patient confidentiality was respected within the practice. The waiting areas had sufficient seating and were located away from the main reception desk which reduced the opportunity for conversations between reception staff and patients to be overheard. There were additional areas available should patients want to speak confidentially away from the reception area.

Patients we spoke with told us they felt well cared for at the practice. They told us that staff communicated with them in a caring and respectful way. Patients spoke highly of the individual attention they received from the staff and GPs.

A Counsellor was available for booked appointments at the practice one morning a week and special one off access could be arranged for patients with an urgent need. We found there was no formal process in place to follow up the relatives or carers of patients who died to assess their needs and level of support they may require. However, this was done informally with those patients who were well known to the practice and condolence cards were sent.

We left comment cards at the practice for patients to tell us about the care and treatment they received. We received 40 completed cards, most of which contained detailed positive comments. Many of these comments stated that patients were grateful for the caring attitude of the staff who gave them time and listened effectively. Patients were complimentary about the continuity of care they received and the on-going care the practice had arranged for them.

Three people commented on difficulties getting an appointment and one person felt that a second phone line would be helpful to improve access to the service

Involvement in decisions and consent

Patients we spoke with told us they were able to express their views and said they felt involved in the decision making process about their care and treatment. They told us they had sufficient time to discuss their concerns with the GP and they never felt rushed. Feedback from the comment cards we received also supported this view.

Staff we spoke with had an awareness of seeking consent to undertake any procedures and checking that patients understood any health information that was provided to them. We were told about an example of staff acting in the best interests of a patient who was unable to make their own decisions about their future needs. It demonstrated that the practice involved external professionals and responsible carers/legal guardians to ensure the safety and well-being of the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was all on one level and which helped to promote easy access to the building. However, there were some raised thresholds beneath the doors that could be problematic for patients who used wheelchairs. Staff had provided a notice by the front door asking patients to ring the bell if they required any help to access the building.

The practice had an open waiting area, sufficient seating and adequate space for wheelchair users. The reception staff assisted and supported patients appropriately. Patients we spoke with told us they felt the practice was responsive to their individual needs. One patient told us they had received a swift response and a home visit for their son when he became too unwell to go to the practice for an appointment. All of the patients we spoke with were confident the practice would meet their needs.

There was an active patient participation group (PPG) based at the practice and a separate group for the branch surgery. PPGs are groups of active volunteer patients that work in partnership with

practice staff and GPs to represent the views of patients and support the practice to achieve high quality, responsive care. We spoke with five different members of these two groups during our visit and found that members were active in promoting the services provided at the practice within their local community. They told us the practice staff listened to their feedback which was mostly collected on an informal basis. They provided us with some examples of change that had improved services for patients such as improvements to the urgent appointments system at the branch practice in Newborough.

The practice supported people who lived in a local care home. We spoke with the home manager who told us that one of the GPs visited every fortnight or on a needs basis if patients required more immediate medical attention. The manager told us the practice staff were very supportive, patients were treated respectfully and in accordance with their needs and wishes.

Access to the service

Ailsworth Medical Centre opened between 9.00am and 1.00 pm each morning and between 3.30pm-6.30 pm every afternoon except Wednesdays. Extended evening

appointment times were available until 7.15pm on Mondays. The practice was closed at weekends and cover was provided by an out of hours service. Information displayed at the practice advised patients to use the 111 service and this was also detailed on the website along with information about the local walk in centre.

We looked at the appointments booking system for a four week period and found there was adequate capacity to meet patients' requests. There was a good mix of pre-bookable and on the day appointments and most patients were able to see their preferred GP within 48 hours. The GP's did telephone triage and if they found those patients required a face to face appointment, dedicated time slots were reserved to cover this need. We spent time with the receptionists and saw that patient requests for urgent appointments were arranged.

Staff told us they had access to language line if a patient had limited English language skills although there was a very limited need for this service with the registered patient group. They was also a hearing loop available to support the needs of patients with hearing difficulties.

One GP was skilled to complete minor surgical procedures and appointments for this service were available one day per week. If unused, they were transferred into general appointment slots.

The GPs also worked at the branch surgery in Newborough and a separately registered practice in Parnwell. Patients could access appointments at these locations if it was more convenient for them to do so.

Ailsworth Medical Centre offered additional specialist services from visiting health professionals and this included midwifery services every two weeks, monthly clinics with a diabetes specialist nurse and a monthly walk in clinic with a Health Visitor.

Patients were able to book appointments or request repeat prescriptions using an online system.

Meeting people's needs

The practice managed its own referrals to specialist secondary care. We found the system in place was adequate but there was no clear system to follow up on referrals to ensure they had been actioned. The practice manager was aware of this and agreed improvements would be introduced to ensure that no referrals were overlooked. The practice accessed a choose and book

Are services responsive to people's needs?

(for example, to feedback?)

system for external referrals but were unclear on what percentage of referrals were by this method. This could be improved so that patients were offered more choice when they were referred on to other health specialists.

An effective process was in place for managing blood and test results from investigations. When GPs were on holiday the other GPs covered for each other. Patients told us they had received test results in a timely way.

Concerns & Complaints

We saw no historical evidence to show us that the practice used an established complaints process.

Although there was a recent complaints policy, an information leaflet for patients and a complaints log we were informed that no complaints had been received.

Not all patients were aware of how to raise their concerns or make a complaint but said they felt confident that any issues they raised would be managed well.

The practice website stated that patients who wished to complain should write to the senior GP. However this

meant that some patients were disadvantaged if they were unable to do this or did not have someone who could take this action on their behalf. This was also not in line with the NHS complaints procedure.

When we spoke with some members of the patient participation group (PPG) some of them were able to give us examples of complaints that had been raised by the group on behalf of a patient at the meetings they attended with the practice staff. These had not been recognised as complaints by the practice. There was no evidence the issues had been reviewed or considered as part of a complaints process.

Staff we spoke with were aware of the complaints procedure and thought that if any complaints were received, lessons learned would be shared between the team informally. We were informed that the reception team always notified the GP if a patient was unhappy about the service and the GP called them back to discuss the concern. This was not recorded so that any patterns or trends in concerns could be identified and addressed.

Are services well-led?

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

Our findings

Leadership & Culture

Staff spoke positively about the practice and of their employment. They told us they were actively supported and described the practice culture as open, supportive and a good place to work. Many of the staff we spoke with had worked at the practice for a number of years and enjoyed their jobs. They recognised there had been a period of change and the newly appointed practice manager was welcomed. Some staff were unsure who their line manager was due to these recent management changes.

There was a clear patient focused culture to ensure that care and treatment met patient needs. There was a sense of compassion, dignity and equality for patients and this was demonstrated by staff in their daily interactions with patients.

Staff told us they had good working relationships and communicated well on an informal basis. Staff meetings were valued by staff but these had been infrequent.

We found that there was no clear leadership in place to ensure that the quality of the service was being monitored, ensure that staff worked in a consistent way and that opportunities to learn from practice were taken. The practice recognised this and expected this would improve now they had a manager in post.

Governance Arrangements

The systems in operation to manage governance of the practice were informal and it was unclear who had the lead responsibility for governance at the practice.

The systems used to identify and manage any significant events required development. There was no evidence provided to show team-wide discussion and shared learning had taken place following significant events analysis, clinical issues or complaints.

The GPs had formal partners meetings every month. Minutes of these were kept and showed that clinical issues, incidents and complaints were not discussed at these meetings.

The practice staff were a small and close knit team who met informally on most days and discussed any clinical issues or concerns as they arose. Staff we spoke with confirmed this.

There was limited evidence of scheduled staff meetings that took place to review and discuss nursing, clinical or management meetings. This meant that opportunities to discuss matters that may have an impact on patient care and safety may be missed.

Systems to monitor and improve quality & improvement (leadership)

The systems in place to manage information about the quality of the service being provided were underdeveloped. Records about clinical audits, significant events, complaints, safety alerts and staff training were very minimal and could not demonstrate that quality improvements were completed through these monitoring systems.

The patient information system had been changed approximately one year previously. Although staff could use the system for recording and reviewing episodes of care during patient consultations, staff were not confident in using the system to access data about the patient population overall. We discussed this with the practice team and found they had booked a member of the administration team onto some training in the near future.

Although the GPs told us they completed the required number of audits to remain a registered GP, we saw no additional evidence of audits being completed so that the effectiveness of the care they delivered could be measured, reviewed and improved. The practice did not have a clinical audit plan and this was a missed opportunity for the team to review their clinical practice and use the results to improve safety and patient outcomes.

Patient Experience & Involvement

The practice has had an active patient group for a number of years. The current group had eight members of mixed ages and backgrounds to represent the views of patients. The practice took the decision not to conduct their own annual surveys as they felt the group were able to represent the views of their patient population. The practice received good results from the annual national patient survey and these were reviewed by the PPG.

The PPG at the practice met quarterly with the senior GP. They worked with practice staff and the patient population through one to one contact, to identify development priorities. The group had been consulted on issues such as GP recruitment and the development of the practice website.

Are services well-led?

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

There was a comments box available in the waiting room although no paper or pens were made available for ease of use and it was empty. We were informed by a PPG member that this was a relatively new initiative.

Staff engagement and involvement

Staff told us they had informal opportunities to feedback ideas or concerns with senior staff and they felt comfortable to do so. They were confident that any issues were dealt with promptly and thoroughly. They had formal quarterly team meetings but told us these had not happened recently. The new practice manager planned to reinstate these staff meetings on a regular basis.

Management lead through learning & improvement

There was a lack of systematic, formal processes in place to ensure that learning and improvement took place. There was no formal protected time set aside for continuous professional development for the clinical team. Nor was there time set aside to discuss significant events,

complaints or to review guidelines and protocols. This lack of a systematic approach meant that it was difficult to establish whether learning points and actions were known and adopted by all staff at the practice.

Identification & Management of Risk

There was limited evidence of risk management processes. We found that the systems in the practice for managing and accessing safety alert information required improvement.

We were concerned to find that the practice did not have robust procedures in place to manage the risk of fire. Regular fire drills had not been established although one had taken place in the week prior to our visit. There were two smoke alarms in place and an emergency evacuation button on the clinical system that told users to vacate the building once activated. The person who discovered the fire was told to shout “Fire, Fire” to alert people. However, we were concerned about how staff or patients would be alerted to a fire if they were not using the system or had difficulty hearing a verbal cue. Two members of staff had a designated role as a fire warden and the practice were arranging fire training for staff.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers
The practice did not have adequate recruitment arrangements in line with Schedule 3 of the Health and Social Care Act 2008, to ensure that all necessary employment checks were in place for all staff. Regulation 21(a)(b)

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff
The practice did not have suitable arrangements in place to ensure that all staff received appropriate training and an appraisal. Regulation 23 (1) (a)

Regulated activity

Diagnostic and screening procedures
Services in slimming clinics
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers
The practice did not have systems in place to protect patients and others who come into contact with the service, against the risks of any unsafe or inappropriate care and treatment. Staff did not have established procedures to follow so that improvements to the quality of the service could be monitored, actioned and reviewed. Regulation 10 (1) (2) (b) (1) (c)

Regulated activity

Diagnostic and screening procedures
Surgical procedures

Regulation

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

This section is primarily information for the provider

Compliance actions

Treatment of disease, disorder or injury

The practice did not have an established complaints process to guide staff in identifying, receiving and handling complaints and comments received. The complaints system was not accessible to all patients, particularly those who required support to access it.
Regulation 19 (1) (2)(a)(b)

Regulated activity

Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

There were no procedures in place to check that infection control practice and the standard of cleanliness was maintained in line with national guidelines.
Regulation 12 (2) (a) (c) The Code of Practice for Health 2009, Criterion 1