

Fiske and Partners

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fiske and Partners on 3 December 2015. Overall the practice is rated as good.

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

- Systems were in place to ensure incidents and significant events were identified and investigated. All staff were aware of what constituted a significant event and they fulfilled their responsibilities to raise concerns and to report incidents. However the records maintained for these required improving.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients were treated with care, compassion, dignity and respect and they were involved in their care and decisions about their treatment. They were not rushed at appointments and full explanations of their treatment were given.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Written information about services and how to complain was readily available for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Summary of findings

Action the provider **MUST** take to improve:

- The provider must ensure that robust recruitment procedures are in place. This must include full and comprehensive information to demonstrate the practice only employs staff who are able to provide appropriate care and treatment to patients. The information held must be in line with Schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Importantly the provider should ensure;

- The process for recording significant events and incidents is reviewed. Written records should show the full detail of each incident, what actions were taken and what learning took place to ensure the risks to patients is reduced.
- The practice undertakes a risk assessment for legionella.

- Safeguard training is available and provided for all staff in regard to vulnerable adults and children relevant to levels needed to undertake their roles.
- That full and completed induction records are available for the induction of new staff. Written records should be maintained to show that all staff had completed an annual appraisal that this is used to inform their learning and personal development.
- That there is a documented audit trail of all complaints is held including the decisions reached, actions taken and the learning that has taken place.
- That the practice policies and procedures are up to date, valid and with sufficient detail.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There was a system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. However the records maintained for these required improving. The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. However there were gaps in the information held to demonstrate the fitness of all staff. Some staff had not completed safeguarding training.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. 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. Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and

Good



Summary of findings

evidence showed that the practice responded quickly to issues raised. However there were gaps in the information held about the learning from complaints that took place and the changes made following investigation.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for recording and reporting notifiable safety incidents. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Annual reviews of care plans took place with the patient and their carer, ensuring that unmet needs were identified. All older patients received an annual medication review. Annual flu clinics including stalls and information from care agencies and voluntary groups took place. Safeguarding policies and procedures were in place. Support for carers including a carer support pack was available signposting patients to support agencies and services in the local area.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Performance for diabetes related indicators was better than the CCG and national average.

Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The percentage of patients having a cervical screening test was comparable to national figures. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to 83% nationally. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with local and national averages. There were 325 survey forms were distributed and 115 were returned, representing 1.6% of the patient population.

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 89% found the receptionists at this surgery helpful (CCG average 88%, national average 87%).
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 70% described their experience of making an appointment as good (CCG average 75%, national average 73%).

- 48% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Mostly patients commented positively about access to GP appointments, the friendliness of reception staff, the caring nature of GPs and all staff and how well their needs had been met. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt the service was excellent at this practice.

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

Areas for improvement

Action the service **MUST** take to improve

The provider must ensure that robust recruitment procedures are in place. This must include full and comprehensive information to demonstrate the practice only employs staff who are able to provide appropriate care and treatment to patients. The information held must be in line with Schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

Action the service **SHOULD** take to improve

The process for recording significant events and incidents is reviewed. Written records should show the full detail of each incident, what actions were taken and what learning took place to ensure the risks to patients is reduced.

The practice undertakes a risk assessment for legionella.

Safeguard training is available and provided for all staff in regard to vulnerable adults and children relevant to levels needed to undertake their roles.

That full and completed induction records are available for the induction of new staff. Written records should be maintained to show that all staff had completed an annual appraisal that this is used to inform their learning and personal development.

That there is a documented audit trail of all complaints is held including the decisions reached, actions taken and the learning that has taken place.

That the practice policies and procedures are up to date, valid and with sufficient detail.

Fiske and Partners

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 advisor and practice manager specialist advisor.

Background to Fiske and Partners

Fiske and Partners known locally as Lance Lane Medical Centre is registered with CQC to provide primary care services, which include access to GPs, family planning, ante and post natal care. The practice is situated within the centre of Liverpool. This area has higher than average deprivation scores for income, employment, healthcare and deprivation affecting children and older people. The practice has a Primary Medical Services (PMS) contract with a registered list size of 7106 patients (at the time of inspection). The practice has four GP partners and one salaried GP. They are a training practice for GP registrars. The practice also had two practice nurses, a practice manager and a number of administration and reception staff.

The practice is open between 8.30am to 6 pm Monday to Friday with appointments bookable in a variety of ways. Extended access is available until 8pm on a Wednesday evening. Home visits and telephone consultations were available for patients who required them, including housebound patients and older patients. There were also arrangements to ensure patients received urgent medical

assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring to obtain healthcare advice or treatment.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 December 2015. During our visit we:

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

Detailed findings

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

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

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

- Older people
- People with long-term conditions

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out reviews of each significant event but the written record did not identify all the potential risks and did not describe the full actions the practice had taken to improve patient safety. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice but the records made of the discussions and learning that had taken place were brief.

When there were unintended or unexpected safety incidents, people received reasonable support, information, a verbal apology if required and patients would be told about any actions to improve processes to prevent the same thing happening again. This included when patients made complaints and changes were required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding both adults and children. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Non clinical staff demonstrated they understood their responsibilities and all had received training relevant to their role. However there was no evidence shown to demonstrate what level of safeguarding training had taken place for all clinical staff.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role, the practice had a written policy and 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The two practice nurses were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the results of this years had only arrived at the practice the day before our inspection. The practice scored 91% for the audit and we saw that actions had been taken for areas were been identified as requiring improvements.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found there to be gaps in the information held by the practice. For example proof of identification, references, qualifications checks and registration with the appropriate professional body. We heard from staff that they had been recruited safely but records to show this were not found in some of the staff files we viewed.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk

Are services safe?

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control. The practice did not have a risk assessment and certificate for legionella.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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. Rooms had panic buttons.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Regular checks were made and records kept to ensure the medicines and emergency kit was fit for purpose at all times.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Due to processes and staff changes this had recently been reviewed by the practice management team.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Data from 2014/15 showed;

- Performance for diabetes related indicators was slightly lower than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was mostly in line with the national average.
- Cervical smear screening uptake for women was lower than the national average.
- Childhood immunisation rates were lower than average across the CCG.

The practice was a training practice for medical students and trainees GPs so there were many audits being carried out. We looked at a sample of three clinical audits completed in the last two years; these were all completed audits where the improvements made were implemented and monitored. All of these audits (bisphosphonate audit, audit of histological results post excision in minor surgery, RCGP audit – patients diagnosed with Cancer, Fragility Fracture Audit)

demonstrated improved outcomes for patients had been achieved. The practice participated in applicable local audits, national benchmarking and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Written records of this induction however were not kept.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, and mentoring and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months, however the records made of this were brief and did not show how the appraisal had been used to plan the individual staff training needs.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12

months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered in house support and signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78% compared with the national average of 81%. The practice was aware of this and had developed a specific policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Flu vaccination rates for the over 65s were 70% compared with 73% nationally and for at risk groups 43% compared with 52% nationally. Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 25 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. All members told us the practice was a listening practice and had acted on suggestions made by the group. For example the practice and the group worked together through patient education and promotion to increase the numbers of carers on the practice carers register.

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

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 86%.
- 92% said the GP gave them enough time (CCG average 92%, national average 87%).

- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 89% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There were specific notice boards that had been set up by the PPG for older people, carers and patients with long term conditions. The practice computer system alerted GPs if a

Are services caring?

patient was also a carer. The practice had identified all those patients listed as carers to provide extra support if needed. Written information was available to carers on the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- They had a register of adult patients who may be in need of additional care and support because of their vulnerability, such as those with dementia, those who experienced domestic violence, and patients with learning disabilities and substance misuse.
- The practice followed up all hospital admissions with a phone call to ensure that all packages of care were in place to reduce the likelihood of re-admission.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday with appointments bookable in a variety of ways. Extended access is available until 8pm on a Wednesday evening. The practice had introduced a new triage system whereby a patient who requested an urgent appointment would be called back by a GP to undertake an initial telephone consultation and assessment. Feedback from patients and the PPG was that this was working well. In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 70% patients described their experience of making an appointment as good (CCG average 75%, national average 73%).

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 but there was no patient information or poster in the waiting room notifying patients how they could complain. We looked at a number of complaints received in the last 12 months. The information held was not complete and a full audit trail of this was not in place to show they had been dealt with in a timely way and in accordance with the practice complaints policy. One of the complaints we reviewed showed the practice displayed openness and transparency when dealing with the complaint. Discussions with staff and GPs showed that appropriate actions and learning had taken place but the written records of this required improvements.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice did not have a formal mission statement but all staff shared the same ethos to provide patient centred care to all patients across their community.

Governance arrangements

The practice had an overarching governance framework and policy which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- 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. These were in paper format, had been reviewed in October 2015 but in some cases they were very brief and had not been updated to reflect with best practice guidelines.
- A comprehensive understanding of the performance of the practice. This included close monitoring of patient outcomes and data to gain a better understanding of practice performance against national and local health indicators and targets.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the written records of this required improvements.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The provider was aware of

and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. We saw the practice held regular team meetings. Brief minutes of these meetings were kept. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. We also noted that team away days were held annually as well as regular social events. Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice regularly collected patients' views informally or via the Friends and Family survey, which was monitored on a monthly basis. The results were shared with practice staff, the PPG and on the practice website. We saw the results for January 2015 and an action plan to address the negative results.

There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. We met with four of the group members who gave us examples of when they had recommended changes to the practice and how they had been acted upon.

The practice had also gathered feedback from staff through the regular team meetings that took place. Staff told us they would not hesitate to give feedback and discuss any concerns or 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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed There was a lack of evidence to show the provider had robust recruitment procedures in place. Full and comprehensive information relating to the fitness of staff was not in place for all staff. The information held was not in line with Schedule 3 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	