

# The Junction Alkrington Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Junction Alkrington Surgery on 8 June 2016. Overall the practice is rated as requires improvement.

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

- Risks to patients were not always assessed and well managed including those relating to recruitment checks, infection control and health and safety.
- An autoclave was in use to sterilise minor surgery and other equipment. There was no system for traceability, no checks were made on the effectiveness of the sterilisation process.
- Patients said they found it difficult to get through to the surgery by telephone and 59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was an open and transparent system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Urgent appointments were usually available on the day they were requested.
- The practice had an active patient participation group.
- The practice had a good skill mix which included a team of mental health workers and counsellors offering one to one counselling and group therapy.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure adequate recruitment checks take place including a full employment history and proof of identity for all staff.
- Ensure regular health and safety risk assessments are carried out, and that procedures are in place to manage risks..
- Ensure regular infection control audits are carried out.
- Ensure all staff receive training linked to their roles and responsibilities and have appraisals.

In addition the provider should:

- Improve their procedures for identifying issues and making improvements to the service provided.

However we did see areas of outstanding practice:

- The practice had set up a befriending service where volunteer members of the patient participation group worked with the Royal Voluntary Service and went to meet patients on their day of discharge and offered ongoing support. The scheme had helped reduce re-admission rates.

- The practice offered a Telephone Crisis Brief Intervention Scheme where patients were able to phone the surgery and the mental health worker would offer advice. This helped reduced the number of patients attending A&E departments and walk in centres

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

**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 inadequate for providing safe services and improvements must be made.

Inadequate



- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe.
- The practice had not carried out recent infection control or health and safety audits. Clinical and non clinical staff were unaware who the infection control lead was.
- A fire safety risk assessment and a legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been carried out 12 months ago however not all of the risks identified had been actioned. Some of these were marked as critical. (The Junction Alkrington main surgery)
- Checks on equipment were not effective. Clinical supplies such as vaccines, oxygen masks and nebuliser kits were past their expiry date.
- A member of staff collected liquid nitrogen before use and returned the cylinder after use and had received no training in the handling and transportation of hazardous substances.
- An autoclave was in use to sterilise minor surgery and other equipment. There was no system for traceability, no checks were made on the effectiveness of the sterilisation process.
- Cleaning equipment was not appropriately colour coded. (The Junction Alkrington Main surgery)
- Portable electrical appliances had not been tested and no risk assessment had been carried out to determine the necessity of these checks. A doppler which is a piece of medical equipment, at the branch surgery was found to have not been calibrated since November 2014.
- Disclosure and Barring Service (DBS) checks were not carried out on reception staff. A risk assessment was completed stating a DBS check was not necessary but there was no evidence that their chaperone duties had not been considered as part of this process.
- Recruitment procedures were not sufficient. A work history and references were not routinely sought for staff.
- There was an effective system in place for reporting and recording significant events

# Summary of findings

- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

## Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff had not taken part in an appraisal since 2014 but these were planned for the near future.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients ratings were mixed when compared to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect but rated lower than the CCG and national average when asked if they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice nurse carried out monthly comfort visits to vulnerable patients such as the elderly and those living alone.
- The practice had set up a befriending service where volunteer members of the patient participation group worked with the Royal Voluntary Service and went to meet patients on their day of discharge. The scheme had helped to reduce re-admission rates by 20%.

# Summary of findings

- The practice offered a Telephone Crisis Brief Intervention Scheme where patients were able to phone the surgery and the mental health worker would offer advice.

## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had secured funding under PMS to employ one full time mental health therapist and three part time counsellors. Waiting time for counselling was between one and two weeks.
- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 29% of patients said they found it easy to make an appointment with a named GP, which was comparable to the CCG average of 32%, and 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 easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.
- There was not a consistently effective governance framework to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 each team held their own meetings with messages passed on from one team to another. Full team meetings were rarely held.

**Requires improvement**



# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients and the patient participation group was active.
- All staff had received inductions but staff had not received regular performance reviews or attended staff meetings and events.

# 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 provider was rated as inadequate for providing safe care and requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. An annual review of care plans is carried out as part of a rolling programme.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice nurse carried out monthly comfort visits to elderly, housebound patients.
- The practice embraced the Gold Standards Framework for end of life care. This included supporting patients' choice to receive end of life care at home.
- Carers are recorded on the practice's clinical system and given carers packs which includes information about support services available to them.
- Nursing and Care homes have been given the practice by-pass telephone number to enable quick contact with the surgery.

**Requires improvement**



### People with long term conditions

The provider was rated as inadequate for providing safe care and requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 92% of diabetic patients had a record of having had a foot examination and risk classification within the preceding twelve months compared to the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**





# Summary of findings

## Families, children and young people

The provider was rated as inadequate for providing safe care and requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates 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.
- 81% of women aged between 25 and 64 had their notes recorded that a cervical screening test had been performed in the preceding five years which was the same as the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Requires improvement



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

The provider was rated as inadequate for providing safe care and requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice offered electronic prescribing which means that a patient can nominate a pharmacy where the GP sends repeat prescriptions to, making the whole process more efficient and convenient for the patient.
- The practice offered a telephone triage for patients that required this.

Requires improvement



# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe care and requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, asylum seekers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Care plans are offered to all patients in this population group.
- The practice informed 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.
- Translators were available for patients that do not have English as a first language.

Requires improvement



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

The provider was rated as inadequate for providing safe care and requires improvement overall. The issues identified affected all patients including this population group. There were, however, examples of good practice.

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average of 83% and the national average of 84%.
- 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months which was comparable with the CCG average of 89% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



# Summary of findings

- The practice employed one full time mental health therapist and three part time counsellors who offered Cognitive Behaviour Therapy, Eye Movement Desensitisation and Reprocessing Therapy, bereavement counselling, and one to one and group sessions.
- Referrals were made to the memory clinic, where appropriate.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016 and results showed the practice was performing lower than local and national averages. 362 survey forms were distributed and 111 were returned. This was a return rate of 31% and represented 1% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 72% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which expressed concern about getting through to the surgery on the telephone and the wait to see a doctor of choice.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most patients we spoke with and the comment card commented on the increasing number of locums used by the practice.

## Areas for improvement

### Action the service **MUST** take to improve

- ensure adequate recruitment checks take place including a full employment history and proof of identity for all staff.
- ensure regular health and safety risk assessments are carried out, and that procedures are in place to manage risks..

- ensure regular infection control audits are carried out.
- ensure all staff receive training linked to their roles and responsibilities and have appraisals.

### Action the service **SHOULD** take to improve

- Improve their procedures for identifying issues and making improvements to the service provided.

## Outstanding practice

- The practice had set up a befriending service where volunteer members of the patient participation group worked with the Royal Voluntary Service and went to meet patients on their day of discharge and offered ongoing support. The scheme had helped reduce re-admission rates.

- The practice offered a Telephone Crisis Brief Intervention Scheme where patients were able to phone the surgery and the mental health worker would offer advice. This helped reduced the number of patients attending A&E departments and walk in centres

# The Junction Alkrington Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to The Junction Alkrington Surgery

The Junction Alkrington Surgery provides primary medical services in Middleton near Manchester from Monday to Friday. The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments with a GP are available between 9am and 11.30am and between 1.50pm and 5.50pm.

The Junction Alkrington Surgery is situated within the geographical area of Heywood, Middleton and Rochdale Commissioning Group (CCG).

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The Junction Alkrington Surgery is responsible for providing care to 7962 patients with a branch surgery at Alkrington Health Centre. Patients are able to attend either surgery.

The practice consists of two GP partners one male and one female, two salaried GPs, one male and one female, three practice nurses, two health care assistants, a phlebotomist,

a mental health therapist and three counsellors. The practice is supported by a practice manager, an IT manager, a finance manager and an administration and reception team.

It is a teaching practice with regular medical students.

When the practice is closed patients were directed to the out of hour's service provided by Bury and Rochdale Doctors On Call (BARDOC).

The practice were part of a group of local practices and hosted the 7 day access service where patients could access a GP and a practice nurse 7 days a week.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (insert job roles of staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed one comment card that had been completed, where one patient shared their view and experience of the service.

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

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

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

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

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

# Are services safe?

## Our findings

The practice is rated as inadequate for providing safe services and improvements must be made.

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe.
- The practice had not carried out recent infection control or health and safety audits. Clinical and non clinical staff were unaware who the infection control lead was.
- A fire safety risk assessment and a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had been carried out 12 months ago however not all of the risks identified had been actioned. Some of these were marked as critical. (The Junction Alkrington main surgery)
- Checks on equipment were not effective. Clinical supplies such as vaccines, oxygen masks and nebuliser kits were past their expiry date.
- A member of staff collected liquid nitrogen before use and returned the cylinder after use and had received no training in the handling and transportation of hazardous substances.
- An autoclave was in use to sterilise minor surgery and other equipment. There was no system for traceability, no checks were made on the effectiveness of the sterilisation process.
- Cleaning equipment was not appropriately colour coded.(The Junction Alkrington Main surgery)
- Portable electrical appliances had not been tested and no risk assessment had been carried out to determine the necessity of these checks. A doppler which is a piece of medical equipment, at the branch surgery was found to have not been calibrated since November 2014.
- Disclosure and Barring Service (DBS) checks were not carried out on reception staff. A risk assessment was completed stating a DBS check was not necessary but there was no evidence that their chaperone duties had not been considered as part of this process.
- Recruitment procedures were not sufficient. A work history and references were not routinely sought for staff.
- There was an effective system in place for reporting and recording significant events
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with 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 patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available with an exception rate of 7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example 76% of patients with diabetes, on the register, in whom the last HbA1c (blood glucose level) was 64 mmol or less in the preceding 12 months compared to the national average of 72%
- Performance for mental health related indicators was similar to the national average for example 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the preceding 12 months compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included producing an after care booklet to give to patients that had undergone minor surgery.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and attendance at nurse forum meetings.
- Staff appraisals had not taken place since 2014 however the practice manager told us that they were due to start in July 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and mostly made use of e-learning training modules. There were examples of staff who had completed in excess of 20 on line training modules in an afternoon, there was uncertainty about the effectiveness of this 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.



# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### 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, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were offered one to one or group counselling sessions by the practice or, if required, signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 97% and five year olds from 86% to 91%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Curtains in the GPs rooms were made of material and were in a six monthly cleaning schedule. Privacy screens were used at the branch surgery at Alkington Health Centre. Cotton pillow cases were used in the nurses rooms at The Junction Surgery.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke with one member of the patient participation group (PPG). We were told that they were satisfied with the care provided by the practice and said their dignity and privacy was respected...

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

### Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by offering support from the practice bereavement counsellor or advice on how to find a support service.
- The practice had set up a befriending service where volunteer members of the patient participation group worked with the Royal Voluntary Service (RVS) and went to meet patients on their day of discharge. The scheme had helped to reduce re-admission rates by 20%. We were told by the practice that the RVS carried out risk assessments and DBS checks before recruiting these volunteers.
- The practice offered a Telephone Crisis Brief Intervention Scheme where patients were able to phone the surgery and the mental health worker would offer advice.
- The practice nurse carried out monthly comfort visits to vulnerable patients such as the elderly and those living alone.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice were part of a group of practices that had formed a hub offering appointments with a GP or practice nurse seven days a week and until 9.30pm in the evening.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were some disabled facilities and we were told that patients would be directed to the branch surgery if they found the Junction Alkington difficult. There was a hearing loop available at the branch surgery but not at The Junction Alkington.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments with a GP were from 9am to 11.30am every morning and 1.50pm to 5.50pm daily. 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 lower than local and national averages.

- 51% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were aware of these low scores but had not made any move to make improvements.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

One of the GPs would by telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective 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, leaflets were available in the reception area and a complaints form was available on the practice website.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example following a complaint the process was improved for GPs signing electronic prescriptions within 48 hours.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

- The practice had a mission statement and a practice ethos and staff knew and understood the values.
- The practice had a business plan which reflected the vision and values and were regularly monitored but not all staff were aware of this and their responsibilities in relation to it.

### Governance arrangements

There was a lack of a consistently effective governance framework to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Risks to patients were not always assessed and well managed including those relating to recruitment checks, infection control and health and safety.
- 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 each team held their own meetings with messages passed on from one team to another. Full team meetings were rarely held.
- Practice specific policies were implemented and were available to all staff.

### Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to them.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held team meetings but the whole team rarely got together. Meetings were held in individual teams..
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice sought patients' feedback and engaged with the PPG..

- The practice had started to gather feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and were in the process of suggesting ways of improving ways of communication between patients and the practice...
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were wanting to improve the take up of patients using the electronic prescribing service.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not carry out regular health and safety and infection control risk assessments.</p> <p>Where risk assessments had been carried out in relation to fire safety and legionella, the provider had not actioned the risks identified</p> <p>Systems were not in place to ensure vaccinations and clinical supplies were within their expiry date.</p> <p>Adequate systems were not in place to ensure an autoclave that was in use was effective in its use.</p> <p>This was in breach of regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity   | Regulation   |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>Staff had not received an appraisal since 2014. One staff member regularly transported liquid nitrogen but had not received training in the handling of or transportation of hazardous substances.</p> <p>This was in breach of regulation 18 (2)(a)</p>   |
| Regulated activity   | Regulation   |
| Diagnostic and screening procedures<br>Family planning services  | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>  |

This section is primarily information for the provider

## Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

### **How the regulation was not being met:**

The provider did not carry out full recruitment checks including full employment history and proof of identity for all staff. Risk assessments were completed for receptionists stating a DBS check was not necessary but their chaperone duties had not been considered.

This was in breach of regulation 19 (2)