

Welland Medical Practice

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 Welland Medical Practice on 5 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments with a GP were available on the same day.
- Information about services and how to complain was available and easy to understand.

- 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.
- The practice was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are;

- Ensure the practice has a robust Legionella risk assessment.
- Ensure regular infection control audits are fully completed.

The areas where the provider should make improvements are;

- Ensure practice specific policies are reviewed regularly.
- Ensure regular fire drills take place to practice the fire evacuation procedure.

Summary of findings

- Take more proactive steps to improve breast and bowel screening rates.
- Ensure the practice is proactive in Identifying Carers.

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.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to safeguard patients from abuse.
- Annual infection control audits were not undertaken. We saw no evidence of a completed infection control audit however some issues had been identified in an incomplete audit dated June 2015 but no action plan completed. The issues had been rectified, for example; non wipeable chairs were replaced, lidded waste bins for paper waste were purchased, and reception staff were given access to gloves if the need to handle a specimen arose.
- The practice had not completed a robust Legionella risk assessment. The practice had identified possible risk but had not recorded an action plan to reduce it.
- Fire evacuation drills did not take place in the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the average for the locality and the national average with some exceptions.
- Staff assessed patients' 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care.
- The practice had identified 41 patients on the practice list as carers (0.98%). The average proportion of patients who were also carers was 2-3% nationally so there was potential scope to identify more carers at the practice. Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities for support including Carers Trust and Carer services Prescription.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered extended surgery hours on a Tuesday and Thursday morning from 7.30am until 8am for patients who could not attend during normal opening hours.
- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice 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.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity however the policies were not reviewed regularly.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- 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.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered health checks for patients aged over 75.
- They offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example end of life care.
- The practice actively engaged with Uniting Care (a provider of older people's healthcare and adult community services) and the 24/7 urgent care and community based rapid response service, called the joint emergency team whose aim was to reduce hospital admissions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified. 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. Data from 2014/2015 showed; performance for diabetes related indicators was 78%, which was below the CCG average and England average by 11% with an 11.8% exception reporting which was similar to the CCG exception reporting average of 13.4%. Performance for asthma related indicators was 100%, which was better than the CCG average by 2% and the England average by 3% with a 3.3% exception reporting which was lower than the CCG exception reporting average of 7.2%.
- Longer appointments and home visits were available to patients when needed.
- The practice offered health checks for patients who needed long term condition management.

Summary of findings

- 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.
- The practice worked closely with the local healthy living centre to provide joint long term condition care for their patients.

Families, children and young people

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

Good



- 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. Children and young people's safeguarding meetings were held every eight weeks with health visitors and safeguarding was a standing agenda for the weekly GPs meetings. GPs were safeguarding level three trained (safeguarding children and young people).
- Immunisation rates were in line with the local average for the 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children under five were offered same day appointments.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The health visitors used the practice to run weekly baby clinics and the midwives ran weekly antenatal clinics.
- The practice had a private room available for breast feeding.

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).

Good



- 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. They operated extended hours

Summary of findings

on a Tuesday and Thursday morning from 7.30am to 8am. They offered telephone consultations during the day to patients that might not be able to access the surgery during normal hours. Non urgent appointments could be booked in advance.

- The practice offered online appointments, online repeat prescriptions and web based consultations as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG and England average.
- Text message reminders were available for patients if they signed up to the system.

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. They had identified 15 patients with a learning disability and 10 had received a health review so far this year. Two patients had not responded to the reminder letters and three patients were under the learning disabilities team. The practice referred patients to various support services.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and met fortnightly to discuss any concerns. The practice met monthly to discuss child safeguarding with the health visitors and other organisations.
- 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.
- The practice worked closely with the Aspire Drug Treatment Service and Drink Sense counselling and support service.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months however the practice had exception reported 37%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record in the preceding 12 months which was above the CCG average by 9% and above the England average by 7% with an 8% exception reporting.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they might have been experiencing poor mental health including patients seen during out of hours.
- 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 was published in January 2016. Results showed that the practice was generally in line with the local and national averages with the exception of the questions below. 406 survey forms were distributed and 99 were returned. This represented 24% of the surveys sent out.

- 78% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 57% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.
- 59% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards, 34 were positive about the standard of care received from the practice. Patients' described the practice as a good facility, helpful, polite and professional staff. Two cards had all negative comments and five cards had mixed comments.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Four of the patients we spoke with had issues with the appointment system and the busy telephone system. We spoke with two members of the practice patient participation group (PPG) who described the practice as part of the family and that they receive excellent clinical care.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the practice has a robust Legionella risk assessment.
- Ensure regular infection control audits are fully completed.

Action the service **SHOULD** take to improve

- Ensure practice specific policies are reviewed regularly.
- Ensure regular fire drills take place to practice the fire evacuation procedure.
- Take more proactive steps to improve breast and bowel screening rates.
- Ensure the practice is proactive in Identifying Carers.

Welland Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Welland Medical Practice

Welland Medical Practice is situated in Peterborough in Cambridgeshire. The practice provides services for approximately 4,200 patients. They hold a General Medical Services contract. The practice has two male GP partners. The team also includes two female practice nurses and one female health care assistant. They also employ a practice manager and a team of reception/administration/secretarial staff. Welland Medical Practice has a branch surgery also in Peterborough. The practice area covers Welland, Dogsthorpe, Parnwell & East Ward, Eye, Paston, Werrington, Bretton, Westwood, Orton Brimbles, Orton Goldhay, Orton Longueville, Orton Malborne, Orton Wistow, Hampton and Woodston. The practice is part of the Greater Peterborough Network who are a healthcare provider owned by the partners of the 27 practices in the Greater Peterborough area and run by local GPs. It is part of the Prime Minister's GP Access Fund to deliver an 8am to 8pm seven days a week GP access service.

The practice's opening times are from 8.30am and 6.30pm Monday and Friday and 7.30am to 6.30pm on Tuesday, Wednesday and Thursday. Extended surgery hours are offered on a Tuesday and Thursday from 7.30am to 8am.

The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by Urgent Care Cambridgeshire via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a higher than average practice population aged between 0 to 35 compared to national average and a lower than average practice population of 45 and over. The deprivation score was higher than the average across England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 5 April 2016.

During our visit we:

Detailed findings

- Spoke with a range of staff which included; GPs, practice nurses, the practice manager and members of the reception/administration/secretarial team. We also spoke with seven patients who used the service and two members of the Patient Participation Group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies 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. Safeguarding was a standing agenda for the weekly GPs meetings, and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three (safeguarding children and young people).
- A notice in the waiting room, consultation rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. We saw evidence of the chaperone policy.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. A practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training.

Annual infection control audits were not undertaken. We saw no evidence of a completed infection control audit, however some issues had been identified on an incomplete audit dated June 2015 and completed. For example; non wipeable chairs were replaced, lidded waste bins for paper waste were purchased, reception staff were given access to gloves if the need to handle a specimen arose. Carpets and chairs were deep cleaned every six months and the practice used disposable curtains. The cleaners had a cleaning schedule and their work was monitored regularly. The practice had a legionella policy, however the associated risk assessment was not robust. It identified that infrequently used water outlets existed but we found no control measures had been introduced or actions planned. We saw no evidence that water temperature was monitored however uninsulated pipe work had been reported to the building landlord in March 2016. Clinical waste was handled and disposed of under the correct guidelines and sharps boxes were dated, sealed, signed and not overfilled. A sharps injury procedure was available on the practice computers for staff and clinical staff were aware of what to do. The infection control lead taught staff hand washing techniques and signs were by each sink as a refresher. Sanitiser gel was available in each clinical room.

- There were regular practice meetings to discuss significant events including when there were prescribing incidents. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- We reviewed five personnel files and found that generally appropriate recruitment checks had been undertaken prior to employment however some staff files did not hold a copy of photographic identification however a recruitment check list showed that photographic identification had been sought. The files contained for example; references, a contract of employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). (DBS checks identify whether a person has a

Are services safe?

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). Staff who acted as chaperones had received a DBS check.

- 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.

Medicines Management

The practice had appropriate written procedures in place for the production of prescriptions which were regularly reviewed and reflected current practice. We noted arrangements were in place for patients to order repeat prescriptions. Both blank prescription forms for use in printers and those for hand written prescriptions were secure and handled in accordance with national guidance as prescription printer forms were tracked through the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants administering influenza vaccinations worked under Patient Specific Directions and their competency was assessed prior to giving vaccines. Medicines for use in an emergency in the practice were monitored for expiry, checked regularly for their availability and all staff knew how to access them. Records demonstrated that vaccines requiring refrigeration had been stored within the correct temperature range and was monitored twice daily. Staff described appropriate arrangements for maintaining the cold-chain for vaccines following their delivery. The practice worked closely with the CCG prescribing advisor. Significant events and near misses were recorded and discussed in meetings. The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety

representatives and a health and safety risk assessment was completed annually. The practice did fire alarm checks regularly but did not complete fire drills to practice fire evacuation procedures. The practice had oxygen signs on the doors of the room where it was held. 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, however the practice did not have a robust risk assessment for legionella testing (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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.
- 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 with adult pads and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 people's 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 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 502 points out of a possible 559 which was 90% of the total number of points available, with 8.9% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was 78% which was below the CCG and the England average by 11% with an 11.8% exception reporting which was similar to the CCG exception reporting average of 13.4%.
- Performance for asthma related indicators was 100% which was better than the CCG average by 2% and the England average by 3% with a 3.3% exception reporting which was lower than the CCG exception reporting average of 7.2%.
- Performance for mental health related indicators was 86% which was below the CCG and the England average by 7% with a 12.8% exception reporting which was similar to the CCG exception reporting average of 13%.
- Performance for depression related indicators was 100% which was better than the CCG average by 9% and the England average by 8% with a 33.3% exception reporting which was higher than the CCG exception reporting average of 27.7%.

- Performance for hypertension related indicators was 100% which was better than the CCG average by 2% and the England average by 2% with a 2.9% exception reporting which was lower than the CCG exception reporting average of 4.2%.
- Performance for chronic kidney disease related indicators was 64% which was below the CCG average by 28% and the England average by 31% with a 4.9% exception reporting which was lower than the CCG exception reporting of 7.9%.

Clinical audits demonstrated quality improvement.

- We looked at Methotrexate prescribing (for inflammatory conditions). 100% of the patients identified as taking the medicine had received the appropriate blood tests.
- The practice regularly monitored data using a reflective review process and discussed and disseminated findings. We looked at the most recent clinical audits where the improvements made were implemented and monitored, including an audit of respiratory tract infection antibiotic medicines. The practice searched their clinical system for the patients who were coded as having been diagnosed with a respiratory tract infection and whether they had received certain medications and the relevant guidelines had been followed. The audit was discussed at clinical meetings and an action plan commenced and then it was re-audited six months after the initial audit was completed with an improvement in all of the results.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Some staff had received an appraisal within the last 12 months, however some were over 12 months but we saw the practice had scheduled these for a future date.
- Staff received training that included: safeguarding, 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. The practice did not complete fire evacuation drills.

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 in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that patients' care plans were routinely reviewed and updated.

The practice actively engaged with Uniting Care (a provider of older people's healthcare and adult community services) and the 24/7 urgent care and community based rapid response service, called the joint emergency team whose aim was to reduce hospital admissions.

The practice worked closely with the local healthy living centre to provide joint long term condition care for their patients.

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 mental 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 records' audits.

Supporting patients to live healthier lives

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 and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider within the building or elsewhere.
- Smoking cessation advice was available from the nursing team. Advice had been offered to 100% of the patients listed as smokers age 15 or over in the preceding 24 months.
- The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG and England average and patients were sent reminders when they had not attended. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69 screened for bowel cancer in the

Are services effective?

(for example, treatment is effective)

last 30 months were 36% with a CCG average of 59% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months were 65% with a CCG and England average of 72%.

- Childhood immunisation rates for the vaccinations given were generally in line with the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 100% with a CCG range from 52.1% to 95.7% and five year olds from 94.4% to 100% with a CCG range from 87.7% to 95.4%. The practice supplied information that the 0% meningitis C vaccination data for children under 12 months was incorrect and they had completed 94.4% for children between the ages of 12 months and five years from a search on their clinical system. This information had not been verified.
- 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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice had identified 15 patients with a learning disability and 10 had received a health check so far this year. Two patients had not responded to the reminder letters and three patients were cared for under the learning disabilities team.
- The practice had a 92% flu vaccination uptake.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 41 patient Care Quality Commission comment cards and 34 contained positive views about the service experienced, five had mixed comments and two had negative comments. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect however the negative comments were around the appointment system. CQC Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients generally felt they were treated with compassion, dignity and respect. The practice was in line with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 78% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 98% said the last nurse they spoke to was good at listening to them compared to the CCG average of 92% and national average of 91%.

- 93% said the last nurse they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 88% and 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 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 especially from the nursing staff. Results were generally in line with the local and national averages. For example:

- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 82%.
- 76% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 41 patients on the practice list as carers (0.98%). The average proportion of

Are services caring?

patients who were also carers was 2-3% nationally so there was potential scope to identify more carers at the practice. Carers' forms were available on the practice website and on the new patient registration form. Carers were referred to various charities for support including The Carers Trust. Posters and information was displayed in the waiting room.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the GP visited the family and supported them through the bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended surgery hours' on a Tuesday and Thursday mornings from 7.30am to 8am for patients who could not attend during normal opening hours.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking and an online repeat prescription service.
- The practice offered online web consultations which involved the completion of an online form and a GP would respond appropriately within 24 hours.
- A telephone appointment was available to patients if required.
- Text message reminders were available for patients if they signed up to the system.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were limited disabled facilities due to the building that the practice occupied, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday and Friday and 7.30am to 6.30pm on Tuesday, Wednesday and Thursday. Extended surgery hours were offered on a Tuesday and Thursday from 7.30am to 8am. In addition to pre-bookable appointments that could be booked 12 weeks in advance, urgent appointments were also available for people on the same day that needed them. Online appointments could also be booked 12 weeks in advance.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were below the local and national averages.

- 47% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 59% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 76% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

The practice explained that there had been a long term vacancy for a GP within the practice which the practice was actively recruiting for.

The practice had changed the telephone system with the aim to improve the service. The practice had increased the telephone lines from one to four and employed an extra reception staff member in the past 12 months. The practice completed their own annual patient survey in February 2016 which asked 29 questions which included a question on the new telephone system which showed 76% of those surveyed found it very or fairly easy to get through to the practice. On a question regarding the access to a GP on the same day as requested, 50% answered that they could, 29% answered that they didn't feel they could and 21% said they had not needed to. 250 patient questionnaires in total were completed.

The practice had recently changed the way the appointments were allocated with 50% available to book in advance, 25% available the day before and 25% available on the day. All children under 16 were routinely seen the same day unless the parent or guardian requested otherwise.

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

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- 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. For example; there were posters displayed in the waiting room, information was available on the practice website, and in the practice leaflet and from the reception staff.

We looked at three complaints in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Complaints were dealt with on an individual basis and discussed during meetings. The practice monitored both verbal and written complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and of 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 however these were not reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however the practice did not have a robust Legionella risk assessment.

Leadership and culture

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

The practice 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
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about the development of 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 had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys using the friends and family test, and the GP patient survey.
- There was an active PPG which met three monthly, submitted proposals for improvements to the practice management team and discussed survey results, complaints and significant events. We spoke with two members of the PPG who confirmed that they talk about complaints regarding appointments and how to help stop patients not attending their booked appointment. The PPG described actions that the practice had taken following discussions with them for example; the new telephone system the practice had recently adopted.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional

practice, for example; nursing staff had attended requested courses identified during their appraisals. One nurse in the practice was a student nurse mentor and trainer and was one of only a few in the area. On the day of the inspection we spoke with a student nurse who confirmed that the attachment in the practice had made her consider a career in a GP practice. She praised the training and explained that she had developed further skills since attending. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Robust processes were not in place to assess the risk of and prevent, detect and control the spread of infection. The practice did not have a robust Legionella risk assessment and did not ensure regular infection control audits were fully completed.</p> <p>This was in breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>