Dr Veerayya Yarra & Dr Anitha John

Quality Report

Wilnecote Health Centre
Tamworth, B77 5LB
Tel: 01827 284233
Website: www.wilnecotehealthcentre.nhs.uk

Date of inspection visit: 18 July 2016
Date of publication: 28/09/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Yarra and Dr John's Practice on 18 July 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events, however it was not always used when events had been identified.
- Risks to patients were assessed but not always well managed.
- 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.
- Feedback from patients about their care was mixed, the practice generally scored lower than local and national averages in questions included in the GP National Patient Survey.
- Patients said they were treated with compassion, dignity and respect but the feedback on how they were involved in their care and decisions about their treatment was below local and national averages.
- Information about services and how to complain was available and easy to understand. Investigations were made as a result of complaints and concerns. Results including learning outcomes were documented and shared with all staff.
- Patient feedback complimented the practice on access via the telephone system.
- 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 provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas where the practice must make improvements:

- Ensure that all necessary pre-employment checks are carried out on staff.

Summary of findings

- Implement systems and processes to assess, monitor and improve the quality and safety of the service.
- Ensure that all significant events identified are recorded and reviewed.

We saw areas where the practice should make improvements:

- Complete and assess fire evacuation drills at the practice.
- Implement a system to track blank prescriptions throughout the practice.
- Implement a system to record that medicines alerts have been acted on.
- Consider how the practice could proactively identify carers in order to provide further support and treatment.
- Ensure that a copy of the business continuity plan is accessible in such an event that restricted access into the building.
- Review the patient recall system to improve the number of regular reviews carried out on patients with long term conditions.
- Consider how to further promote the national screening programmes for detection of cancer.
- Carry out monitoring of clinical capacity to assess appointment availability against demand.
- Ensure that verbal complaints are recorded and reviewed in addition to written complaints.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was a system in place for reporting and recording significant events but we found that not all events identified as significant were recorded and reviewed using the system.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- The practice offered a chaperone at the request of the patient or clinician but had not completed a criminal check or risk assessment on all staff who carried out the role.
- The premises presented as clean but the provider could not evidence that an infection prevention control audit had been carried out.
- Personnel files contained some recruitment checks on staff but these did not meet the requirements under schedule three of the Health and Social Care Act 2008.
- Some risk assessments had been carried out but resultant actions had not been completed.
- There was a business continuity plan but the only copy was kept at the premises.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally below the locality and the national average.
- There was no robust recall system that ensured patients with long term conditions received regular reviews.
- We saw that staff assessed needs and delivered care in line with current evidence based guidance but there was no system in place to implement or monitor that new guidelines had been implemented.
- There were no clinical audits that demonstrated quality improvement. Audits seen were performed on the prescribing data by the CCG pharmacist.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Some training had been completed but the training template for all staff was blank.
- Staff worked with other health and social care professionals to understand and meet the range and complexity of patients' needs.
- The patient uptake for screening services provided by Public Health was below local and national averages.

Are services caring?

Requires improvement 

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

- Data from the national GP patient survey showed patients rated the practice below local and national averages for most aspects of care, however the 13 patients who completed comment cards said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible from the surgery but was not available in the waiting area or on the practice website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- There was a register of patients who also acted as carers but the number of patients recorded was low.
- The practice offered flu vaccinations to all carers but no annual health check.

Are services responsive to people's needs?

Good 

The practice is rated as good 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.
- Patients said they found it easy to get through to the surgery by telephone but could experience difficulty securing an appointment.
- Urgent appointments were seen to be available on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders but verbal complaints were not logged.

Summary of findings

Are services well-led?

Requires improvement

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

- The practice had a written plan and strategy.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There were areas of governance that required improvement. These included arrangements to manage risk and to monitor performance and drive improvement through clinical auditing.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents but there was no robust system that ensured appropriate actions had been completed.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated overall as requires improvement. The concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this group of patients:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients aged 65 years and over had a named GP.
- The practice offered home visits at designated times and urgent appointments for those older patients who had difficulty attending the surgery.
- The Clinical Commissioning Group (CCG) pharmacist linked to the practice assisted in the completion of medication reviews for patients aged over 65 years.
- The practice worked regularly with the community healthcare team to coordinate the care of the elderly patients

People with long term conditions

Requires improvement

The practice is rated overall as requires improvement. The concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this group of patients:

- The practice used a risk stratification tool to identify 2% of patients most at risk of hospital admission. A care plan had been completed for each of these patients and was reviewed at least annually.
- Daily emergency appointments, longer appointments and home visits were available when needed for these patients.
- For patients with the most complex needs, the named GP and nursing staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice encouraged the use of home monitoring blood pressure machines to support in the management of hypertension.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated overall as requires improvement. The concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this group of patients:

- There were systems in place to identify and follow up children who were at risk, for example, children on the protection register were identifiable to all staff from their electronic notes.
- All staff had received training in child safeguarding.
- Same day appointments were provided for children and were available outside of school hours.
- Health visitor led baby clinics were held on the premises for child health surveillance which included postnatal checks for mother and six week baby checks. For convenience and whenever possible, the practice aimed to offer both mother and baby checks at convenient times on the same day.
- The practice supported mothers who wished to breastfeed their child and a room was available within the building which included a baby change table.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated overall as requires improvement. The concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this group of patients:

- 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.
- Appointments could be booked up to two months in advance and a telephone consultation service was provided by the GPs.
- The practice offered online services which included repeat prescription ordering and access to patient records.
- A full range of health promotion and screening that reflected the needs for this age group was available.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated overall as requires improvement. The concerns which led to these ratings applies to everyone using the practice, including this population group.

Summary of findings

However we did find some positive features for this group of patients:

- The practice held a register of patients identified as vulnerable and all reception staff had received training in adult safeguarding.
- A register of patients with a learning disability was held and there were ten patients on the register. Two of the ten patients had received an annual health check with the support of the local community learning disability team in the preceding 12 months.
- Longer appointments were offered to patients with a learning disability.
- Staff were aware of their responsibilities regarding confidentiality, information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated overall as requires improvement. The concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this group of patients:

- Patients diagnosed with dementia were invited for annual face to face reviews and care plans were completed.
- The practice worked with multi-disciplinary teams in the case management of people who experienced poor mental health, including those with dementia.
- The practice offered patients who experienced poor mental health continuity of care and appointments with the same GP. A higher than average number of patients had been exempted from having the annual check in 2015/16, however the practice planned to improve the performance for 2016/17 with an improved patient recall system.
- Staff had an understanding of how to support people with mental health needs and dementia. All staff had received training in how to deal with mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing below the local and national averages in most areas. A total of 304 surveys (12.7% of patient list) were sent out and 102 (34%) were returned, equivalent to 4.3% of the patient list. The practice received positive patient feedback on response to telephone calls. However results indicated the practice performance was lower than both local and national averages in 15 of the 23 questions asked in the survey. For example:

- 82% found it easy to get through to this surgery by phone compared to the local Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 76% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 62% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive. Patients said that the practice offered a good service and that staff were friendly and caring.

Areas for improvement

Action the service MUST take to improve

We saw areas where the practice must make improvements:

- Ensure that all necessary pre-employment checks are carried out on staff.
- Implement systems and processes to assess, monitor and improve the quality and safety of the service.
- Ensure that all significant events identified are recorded and reviewed.

Action the service SHOULD take to improve

We saw areas where the practice should make improvements:

- Complete and assess fire evacuation drills at the practice.
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Dr Veerayya Yarra & Dr Anitha John

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector**.** The team included a GP specialist advisor.

Background to Dr Veerayya Yarra & Dr Anitha John

Dr Yarra and Dr John's Practice is registered with the Care Quality commission (CQC) as a two GP partnership. The practice has good transport links for patients travelling by public transport and parking facilities are available for patients travelling by car. The practice has a Personal Medical Services contract with NHS England to provide medical services to approximately 2,400 patients. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is situated in Wilnecote Health Centre, a purpose built single storey building owned and managed by NHS Properties. There is level access to the building and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams. The practice is located in the town of Tamworth. There are pockets of deprivation but overall the area is less deprived when compared to national averages. There are a lower proportion of elderly patients when compared to local and national averages. For example, the percentage of patients aged 65 and over registered at the practice is 14% which is lower than the local Clinical Commissioning Group (CCG) average of 20% and the national average of 17%.

The practice team consists of two GP partners (one male, one female). The clinical practice team normally includes a nurse but at the time of the inspection the nurse had left and recruitment was underway to find a replacement. Clinical staff are supported by a practice manager and four administration / receptionist staff. In total there are seven staff employed either full or part time hours to meet the needs of patients.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9.30am to 11.30pm each morning (9am to 11am on a Thursday), and from 4.30pm to 6pm each afternoon (1pm to 6.30pm on a Wednesday). Extended hours are offered from 6.30pm to 7.45pm one evening per week. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service, the NHS 111 service and the local Walk-in Centres.

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 held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 18 July 2016.

During our visit we:

- Spoke with a range of staff including a GP, practice manager, and administration staff. We asked for feedback from the community healthcare team who were based in the same building.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and any near misses. Staff completed a significant event form which supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice carried out analysis of the significant events at monthly practice meetings to ensure appropriate action was taken. We saw records of six significant events that had occurred at the practice in the preceding 12 months. One of the events showed that a prescription had been issued for the wrong medication. The patient had spotted the error and returned to the practice and was issued with the correct medication. As a result the practice introduced a check of prescriptions prior to handing them to the patient.

However, we also found examples of incidents that the practice did not consider to be serious enough to be recorded as a significant event despite having a potential significant impact on patient care. For example, two instances where a patient's diagnosis had been incorrectly recorded on the clinical system had been recorded as near misses rather than significant events. This meant that there was no review carried out as to why these had happened and how to minimise the risk of reoccurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and contact information was visible throughout the practice. One of the GPs was the appointed lead for safeguarding, and staff we spoke with were able to recall a situation when a safeguarding concern was identified. Staff we spoke with demonstrated that they understood their responsibilities and had received training relevant to their role; for example, the GP had completed level three safeguarding training. Certificates issued following safeguard training at the appropriate level were seen and arrangements were in place for one member of non-clinical staff who had recently joined the practice to complete the training. The practice had updated the records of vulnerable patients to ensure safeguarding records were up to date. The practice shared examples of occasions when suspected safeguarding concerns were reported to the local authority safeguarding team. The safeguarding lead told us that attendances at the accident and emergency department were reviewed, but not recorded, and would trigger a conversation with the health visitor or school nurse to determine if there is a potential safeguarding issue. We spoke with the health visitor team manager who was not aware of any issues with the practice in relation to the vulnerable patients' register.

Notices displayed in the waiting room advised patients that they could request a chaperone, if required. All staff who acted as chaperones were trained for the role. Staff files showed that criminal records checks had been carried out through the Disclosure and Barring Service (DBS) for some staff who carried out chaperone duties (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, a number of staff confirmed that they had occasionally acted as chaperones but had not been DBS checked and had not been risk assessed.

We observed the premises to be clean and tidy and the practice had an infection control policy and supporting procedures available for staff to refer to. However, there was no evidence of a completed infection prevention control audit having been carried out. There were cleaning schedules in place and cleaning records were kept by the landlords of the property (NHS Properties) but the practice did not review them or perform any regular audits. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Hand gels for patients and staff were available. Clinical waste disposal contracts were in place, the disposal of general and clinical waste was contracted by the property landlord. The nurse practitioner was the clinical lead for infection control. The practice manager covered in the absence of a nurse.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not include a prescription tracking system (a system used to

account for prescription used and minimise the risk of fraud). The prescriptions were stored securely and a tracking system was initiated on the day of the inspection. The practice had a process in place for handling and reviewing repeat prescriptions that ensured systematic checking of uncollected prescriptions. There were no controlled drugs stored at the premises (CDs - medicines that require extra checks and special storage because of their potential misuse). There was a controlled drug (oral morphine) in the GP's bag but no log sheet was seen that could be completed in the event that it was used. The practice held stocks of appropriate medications to be used in a medical emergency. Completed check sheets seen demonstrated that the stock was regularly checked and all items were found to be in date. Regular medication audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

We reviewed four personnel files and found that some recruitment checks had been undertaken prior to employment. For example, references, application form or curriculum vitae, but we found other examples when appropriate information could not be evidenced, for example; proof of identification was not available for one member of staff, one member of staff had a five year gap in their employment history without explanation, no health assessment was carried out on staff prior to employment. The practice employed the services of locum nurses through an agency but could not evidence that employment checks had been carried out.

Monitoring risks to patients and staff

In June 2016, the practice had been visited by an external company to perform comprehensive risk assessment system of the premises and processes carried out. An action plan was in place to monitor and mitigate any risks to the safety of the premises. This included risk assessments for winter precautions, control of substances hazardous to health and slips, trips and falls. However, many of the required actions had not been completed. For example, no infection prevention control audit had been completed.

The building where the practice was located was managed and maintained by NHS Properties. They provided the practice with information to demonstrate that an up to date fire risk assessment had been carried out. The practice had not carried out annual fire evacuation drills and could not evidence when the last one had been performed. We were told that a fire drill was planned for the following day. All electrical equipment had been checked in December 2015 to ensure the equipment was safe. Clinical equipment had been calibrated in December 2015 to ensure it was working properly. The property services also had a policy for the management, testing and investigation of legionella (Legionella is a term for a particular bacterium that can contaminate water systems in buildings). The practice had been told by the landlords that a legionella risk assessment had been completed and regular monitoring checks were carried out but could not provide evidence. One of the practice thermometers contained mercury but there was no appropriate spillage kit that could be used in the event of a breakage.

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 and staff with appropriate skills were on duty. The practice GPs covered each other's annual leave and there was a buddy system in place with another local practice. However patient feedback indicated that appointments were not always readily available.

Arrangements to deal with emergencies and major incidents

There were panic buttons in reception and the treatment rooms and an instant messaging system on the clinical computer system which alerted staff to any emergency. The practice had a business continuity plan (BCP) in place for major incidents such as power failure or loss of access to medical records. The plan included emergency contact numbers for staff and mitigating actions to reduce and manage the identified risks. The practice had buddy arrangements with local practices to store vaccines and use facilities if required. However there was no copy of the BCP kept offsite or electronically that could be used if access to the building was restricted.

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and

Requires improvement

Are services safe?

suitable for use. All the medicines we checked were in date. All staff had received annual basic life support training. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and staff were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GP we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance but there was no system in place to keep all clinical staff up to date and monitor the implementation of guidelines. We reviewed the clinical care for patients with depression and found that a template was being used that met the guidelines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and reviewed their performance against the national screening programmes to monitor outcomes for patients. The practice achieved 76% of the total number of points available in 2014/15. This was lower than the clinical commissioning group (CCG) average of 93% and the national average of 95%. The practice clinical exception rate of 11.6% was higher than the local Clinical Commissioning Group (CCG) average of 9.8% and the national average of 9.2%. Clinical 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. Further practice QOF data from 2014-2015 showed:

- Performance for the assessment and care of patients diagnosed with diabetes who had had a foot examination and a risk classification in the preceding 12 months was lower than the local CCG and national average (76% compared to the CCG average of 86% and national average of 88%). The practice clinical exception rate was 4% for this clinical area. This was lower than the CCG average of 8.4% and the national average of 7.6%.
- Performance for mental health assessment and recorded care plans completed in the preceding 12 months was higher than the national average (100% compared to the national average of 88%). The practice clinical exception rate of 44% for this clinical area was higher than the local CCG average of 15% and national average of 13%. The practice showed recent figures to demonstrate that they planned to complete all reviews before March 2016 and had completed five of 15 patients since April 2016. The practice had started to recall patients earlier to provide more opportunity to follow up if not attended.
- The percentage of patients diagnosed with dementia who had received a face to face review in the preceding 12 months was below the national average (71% compared to the national average of 84%). The practice clinical exception rate of 12.5% for this clinical area was higher than the national average of 8.3%.

The practice performance was poor when compared to the local and national averages. We discussed the poor performing areas and the practice could demonstrate through patient's notes that for some conditions such as cancer, a patient specific care approach had been adopted but the clinical system had not always been updated. However, we looked at the management of patients with diabetes and found that the practice had no robust recall system to coordinate the care. For example; of 138 patients on the diabetes register, only 94 had received a review in the preceding 12 months. This was also the case for patients with conditions that required regular review; out of 10 patients on the learning disabilities register, two had been reviewed in the preceding 12 months, out of 125 patients on the asthma register, 74 had been reviewed in the preceding 12 months.

There was no evidence of clinical audits being carried out by the practice to facilitate quality improvement. We saw examples of audits carried out over the past year by the CCG pharmacist to monitor adherence to prescribing guidelines. For example, an audit which looked at the prescribing of antibiotics.

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. Staff received training that included safeguarding, fire safety, health and safety, confidentiality and infection prevention and control.

Requires improvement

Are services effective?

(for example, treatment is effective)

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had had an appraisal within the last 12 months. Staff had access to specific and appropriate training to meet their learning needs and to cover the scope of their work. Staff had access to and made use of e-learning training modules, in-house training and attendance at external training sessions. The practice provided a training record template and a number of certificates for staff who had received training but the training template had not been completed to include details of when training had been completed and when refresher training was due. There was no evidence of training needs analysis having been completed which would have supported completion of the training template The certificate provided evidenced that staff had received training in basic life support, health and safety and fire safety.

Coordinating patient care and information sharing

Staff shared the premises with other health and social care professionals who offered patients ease of access to other health care services in the same building. Services and professionals available included the district nurses and health visitors. We spoke with community staff on the day and they were positive about engagement with the practice.

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 its intranet system.

This included care and risk assessments, care plans, medical records, clinical investigations and test results. Information such as NHS patient information leaflets was also available. The practice shared relevant information with other services in a timely way, for example when referring patients to secondary care such as hospital or to the out of hours service.

Staff worked together 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, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis to monitor the care and treatment of patients requiring palliative care. The care plans for these patients and those with complex needs were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment. The process for seeking consent was recorded on a dedicated form.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included 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. Patients were then signposted to the relevant support service. Patients had access to appropriate health assessments and checks. These included health checks for new patients and patients aged 40 to 74 years. The practice had completed health checks on 190 of 419 patients identified as eligible for an NHS health check. The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance.

Data for the uptake of childhood immunisations collected by NHS England for the period April 2014 to March 2015 showed that the practice performance for all childhood immunisations was similar to the local CCG averages. For example, immunisation rates for the vaccination of children aged five year olds ranged from 89%% to 100% (local CCG 92% to 98%). Children who did not attend their appointment were proactively followed up by and a further appointment given. If the child failed to attend an appointment on multiple occasions the health visitor was contacted.

The practice's uptake for the cervical screening programme was 81%, which was similar to the national average of 82%.

Requires improvement

Are services effective?

(for example, treatment is effective)

Public Health England national data showed that the patient uptake was lower than local and national averages for screening for cancers such as bowel and breast cancer. The practice was aware that breast screening data was just below the national average and explained that the screening service was arranged by public health and no data was provided to allow a proactive follow up from the practice.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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. Curtains were provided to maintain patients' privacy and dignity during examinations, investigations and treatments. Reception staff said that a room would be offered for when patients wanted to discuss sensitive issues or appeared distressed but there was no sign in the waiting area to advise patients of this.

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 13 completed cards. All the cards contained positive comments about the practice and the staff employed. Patients commented that they were treated with respect and dignity and that GPs and staff were friendly, helpful, knowledgeable and caring. There were a number of comments that commended the practice for access to appointments.

Results from the national GP patient survey published in January 2016 indicated that improvements could be made in the way that clinical consultations were conducted. The survey results showed that the practice performed lower than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% said the GP was good at listening to them compared to the local clinical commissioning group (CCG) average of 89% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 87%, national average 87%).
- 79% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

In the comment cards, patients told us they felt involved in decision making about the care and treatment they received. However the national GP patient survey indicated that they felt the clinicians could involve them more in decisions and improve the explanations of tests and treatments. Results from the national GP patient survey showed:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

We saw that care plans were personalised to reflect patients individual care needs.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was no information about support groups available on the practice website. There were 13 carers on the practice carers register, which represented 0.5% of the practice population. The practice's computer system alerted GPs if a patient was also a carer. Patients were asked to let the practice know whether they were a carer and were asked to complete information forms at the practice with their details. This information helped to ensure that the carer received and was signposted to appropriate support. Written information was available for carers to ensure they understood the various avenues of support available to them. However this information was kept in a treatment room and was not readily accessible from or visible in the waiting area. The practice offered carers a flu jab annually but did not offer them an annual health check.

Requires improvement

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- Patients could be referred to a local service for support with substance misuse.
- The practice offered patients the same GP for continuity of care.
- Facilities for patients with mobility difficulties included level access to the automatic front doors of the practice and adapted toilets for patients with a physical disability.
- Access to baby changing facilities was available. Mothers were supported to breast feed their baby in an area acceptable to them which could be within the waiting area or a private room.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Home visits were available for patients who were housebound and unable to attend the practice. The priority of the visit was based on the severity of their condition. The GP made a decision on the urgency of the patients need for care and treatment and the most suitable place for this to be received.
- Telephone consultations were available every day for the GP to respond to non-urgent requests.
- At the GP's discretion, same day appointments were available for children and those patients with medical problems that required a same day consultation.

Access to the service

The practice opened between 8am and 6.30pm Monday to Friday. Extended hours were offered one evening per week between 6.30pm and 8pm when GP appointments were available Appointments were from 9.30am (8.30am on a Friday) to midday each morning and from 4pm to 6pm each afternoon. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours service, the NHS 111 service and the local walk-in centres.

Results from the national GP patient survey showed that patient's satisfaction was below local and national averages for the opening hours but above average for access by telephone:

- 69% of patients were satisfied with the practice's opening hours (CCG average 77%, national average 76%).
- 82% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).

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. Non-clinical staff would refer any calls which caused concern or they were unsure of to a clinician for advice. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. There was a home visiting service in place funded by the practice (Acute home visiting service) that could be used if the GP cannot fulfil the request.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints at the practice. We saw that information available to help patients understand the complaints system included leaflets available in the reception area and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw records for three complaints received over the past 12 months and found that all had been responded to, satisfactorily handled and dealt with in a timely way. There was no trend of complaints and we noted that some examples evidenced that the practice did not always record and review verbal complaints as well as those made in writing. Staff stated that if a patient requested a verbal complaint to be logged, it would be, however issues raised by patients were not always recorded.

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 GP described their plans for the future and what options were available to them. They were exploring a number of different options at the time of the inspection. There was a practice business plan for 2016 but the objectives included lacked specific detail to be measurable and meaningful.

Governance arrangements

Governance at the practice was mixed with some areas better managed than others:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to staff.

We saw some areas of governance that were not well managed:

- There was no programme of clinical and internal audits implemented to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always followed.
- Risk assessments had been completed by an external organisation but the action plan did not include detail of planned completion dates for recommendations made.
- The practice had not completed the necessary checks or risk assessments for all staff who acted a chaperones.

Leadership and culture

The GPs were visible in the practice and staff told us they were approachable and valued input from all members of staff. The provider was aware of and complied 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). Staff we spoke with were positive about the partners and practice manager's approach that supported a culture of openness and honesty and created a work environment in which staff engagement was encouraged at all levels.

There was a clear leadership structure in place and staff felt supported by the management. Staff we spoke with were positive about working at the practice. They told us they felt comfortable enough to raise any concerns when required and were confident these would be dealt with appropriately. Regular practice, clinical and team meetings which involved all staff were held and staff felt confident to raise any issues or concerns at these meetings. Topics on the agenda included day to day operation of the practice, health and safety, complaints and significant events. All staff were involved in discussions about how to run and develop the practice. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

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

The practice had limited feedback from patients, the public and staff. It sought patients' feedback through a suggestions box and offered the friends and family test. The practice had not succeeded in its attempts to establish a patient group (PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services).

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run and a full practice meeting was held monthly.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice was not ensuring that care and treatment was provided in a safe way by doing all that was reasonably practical to mitigate identified risks. For instance, not all significant events had been recorded and reviewed and the provider had not completed a criminal check or risk assessment on all staff who acted as a chaperone. Risks to patients and staff had not been mitigated by completing appropriate checks on staff employed. 12 (2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There were no systems and processes in place, such as clinical audits, to assess, monitor and improve the quality and safety of the service. Significant events were not always recorded and reviewed.