

Pallion Family Practice

Quality Report

Pallion Health Centre,
Hylton Road,
Sunderland,
Tyne and Wear,
SR4 7XF

Tel: 0191 5674673

Website: www.pallionfamilypractice.nhs.uk

Date of inspection visit: 20 September 2016

Date of publication: 10/11/2016

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	13
Background to Pallion Family Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pallion Family Practice on 20 September 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was limited use of systems to record and report safety concerns and incidents. Only those incidents which also involved other organisations or services were formally recorded.
- Most patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. However, verbal complaints were not recorded and the practice did not always include appropriate information for patients in their complaints responses.
- Results from the National GP Patient Survey, published in July 2016, showed that patients' satisfaction with how they could access care and treatment was below local and national averages. However, most patients we spoke with on the day were able to get appointments when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- Staff throughout the practice worked well together as a team.
- There was a high level of staff satisfaction. Staff spoke highly of managers; several staff had worked at the practice for many years.
- Staff were supported to develop their careers, and several were undertaking professional qualifications, however, the systems for recording and monitoring staff training were not effective.

Summary of findings

The areas where the provider must make improvements are:

- Establish systems and processes to assess, monitor and improve the quality and safety of services; including ensuring arrangements are in place to record and investigate all significant events, implement processes to ensure all relevant staff are aware of patient safety alerts and any subsequent action to be taken. Put plans in place to develop the clinical audit programme and ensure clinical audit cycles are completed. Ensure there are systems in place to record and monitor staff training.

In addition, the provider should:

- Take steps to ensure that all relevant recruitment checks are carried out for all staff before they commence employment.
- Improve arrangements for dealing with verbal complaints; take action to ensure that replies to complaints include advice on what to do if the complainant was unhappy with the practice's response.
- Continue to monitor capacity and demand to ensure the appointments structure meets the needs of the patient population.

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 good for providing safe services.

The nationally reported data we looked at as part of our preparation for this inspection did not identify any risks relating to safety.

There was limited use of systems to record and report safety concerns and incidents. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them. However, only those incidents which also involved other organisations or services were formally recorded and reviewed.

Risks to patients were assessed and well managed. There was evidence of good medicines management. Good infection control arrangements were in place and the practice was clean and hygienic. There were enough staff to keep patients safe. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them, however, staff recruitment procedures were not always adhered to.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patients' needs were assessed and care was planned and delivered in line with current legislation. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Data showed patient outcomes were below national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 92.3% of the points available. This was below the local and national averages of 95.7% and 94.7% respectively. Managers were aware of the areas for improvement and had implemented a clinical action plan to support improvements.

Clinical audits were not routinely carried out to improve care, treatment and people's outcomes.

Staff were supported to develop their careers; some had achieved qualifications and were continuing their studies. However, the systems for recording and monitoring staff training were not effective.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

The vast majority of patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in July 2016 showed the practice was generally above average for their satisfaction scores on consultations with doctors and nurses. For example, 98% of respondents had confidence and trust in their GP, compared to 95% nationally; 98% had confidence and trust in their nurse, compared to 97% nationally. Results showed that 92% of respondents said the last GP they saw was good at treating them with care and concern, compared to the national average of 85%; 95% said the nurse was good at treating them with care and concern compared to the national average of 91%.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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.

One of the nurse practitioners was the executive nurse for the CCG, the practice manager and one of the practice nurses were locality leads. This allowed the practice to help shape primary care in the area. For example, the nurse practitioner was part of a CCG wide review of palliative care services and managers were involved in the development of a 'hub' for homeless patients within the locality.

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, verbal complaints were not recorded and the practice did not always include appropriate information for patients in their complaints responses.

The practice's scores in relation to access in the National GP Patient Survey were below average. The most recent results (published in July 2016) showed 69% (compared to 85% nationally and 82% locally) of respondents were able to get an appointment or speak to someone when necessary. However, 94% of patients said their appointment was convenient for them (the same as the local

Good



Summary of findings

average and above the national average of 92%). The survey showed that some patients felt they waited too long to be called in for their appointment; 51% said they had to wait too long, compared to the local average of 29% and the national average of 34%.

Managers told us the survey did not take account of the open access clinics where patients did not have to make an appointment but may have felt they waited too long to be seen.

Are services well-led?

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

There was a clear and documented vision for the practice. Staff understood their responsibilities in relation to the practice aims and objectives. There was a well-defined leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The arrangements for governance and performance management did not always operate effectively. There was limited use of systems to record and report safety concerns and incidents. Only those incidents which also involved other organisations or services were formally recorded. Clinical audits were not used to drive service improvement.

The practice team was part of local pilot schemes to improve outcomes for patients in the area. For example, the nurse practitioner was part of a CCG wide review of palliative care services and managers were involved in the development of a 'hub' for homeless patients within the locality. Practice staff had been nominated by patients for and had won local health awards over the past few years, for example, the practice nurse won nurse of the year in 2014 and one of the GPs was GP of the year in 2015.

Requires improvement



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. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.
- A palliative care audit had been undertaken to determine the proportion of patients on the palliative care register (the practice benchmarked themselves against the national target of 1%); the initial audit in 2015 showed that 0.5% of the practice population were on the palliative care register. A review was undertaken and changes implemented, including nominating a member of staff to lead on co-ordinating the register. A further audit carried out in 2016 showed that the list size remained the same at 0.5% of the population.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check with health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice was keen to promote self-help to patients; the practice website had a comprehensive set of guides and links to support organisations.
- Performance for diabetes related indicators was lower than the national average (86.5% compared to 89.2% nationally). However, performance in some sub-categories was above average. For example, the percentage of patients with diabetes, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 88.8%, compared to the national average of 80.5%.
- Overall performance for asthma related indicators was better than the national average (99.3% compared to 97.4% nationally). However, performance in some sub-categories was below average. For example, the percentage of patients with asthma who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions was 69.6%, compared to the national average of 75.3%.

Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice's uptake for the cervical screening programme was 78.9%, which was slightly below the CCG average of 81.6% and the national average of 81.8%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Although the practice did not have any extended opening hours; patients were able to access a GP at a local health centre between 6pm and 8pm Monday to Friday, and on Saturday mornings.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.
- Additional services were provided such as health checks for the over 40s and travel vaccinations.

People whose circumstances may make them vulnerable

Good



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 those with a learning disability.
- Patients with learning disabilities were invited to attend the practice for annual health checks and were offered longer appointments, if required.
- The practice engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. A team of health quality checkers visited the practice, looked at the premises and spoke with staff. They provided a report on their findings. The report was positive but also made some suggestions, including changing the layout of the chairs in the waiting room. All actions were immediately undertaken.
- The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people.
- 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 and out of hours.
- Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

Summary of findings

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 worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for patients with dementia.
- Staff had been trained as dementia friends to help support patients and their carers and families.
- Patients experiencing poor mental health were sign posted to various support groups and third sector organisations.
- The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Good



Summary of findings

What people who use the service say

We spoke with 11 patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 23 CQC comment cards which had been completed by patients prior to our inspection.

Patients were generally complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were caring and helpful. Most also told us they were treated with respect and dignity and they found the premises to be clean and tidy. Some patients were not satisfied with the appointments system, and felt they had to wait too long for a routine appointment.

The National GP Patient Survey results published in July 2016 showed the practice was performing below local and national averages in several areas. There were 114 responses (from 294 sent out); a response rate of 39%. This represented 1.1% of the practice's patient list. Of those who responded:

- 82% said their overall experience was good or very good, compared with a CCG average of 86% and a national average of 85%.
- 77% found it easy to get through to this surgery by phone, compared with a CCG average of 79% and a national average of 73%.
- 88% found the receptionists at this surgery helpful, compared with a CCG average of 90% and a national average of 87%.
- 69% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 82% and a national average of 85%.

- 94% said the last appointment they got was convenient, compared with a CCG average of 94% and a national average of 92%.
- 67% described their experience of making an appointment as good, compared with a CCG average of 75% and a national average of 73%.
- 30% usually waited more than 15 minutes after their appointment time to be seen, compared with a CCG average of 20% and a national average of 27%.
- 51% felt they normally have to wait too long to be seen, compared with a CCG average of 29% and a national average of 34%.

However, patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example, of those who responded:

- 96% said the GP was good at listening to them, compared to the CCG and the national average of 89%.
- 92% said the GP gave them enough time, compared to the CCG and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average and the national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average and the national average of 82%.
- 94% said the last nurse they spoke to was good listening to them, compared to the CCG average of 94% and the national average of 91%.
- 97% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 92% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

Areas for improvement

Action the service MUST take to improve

Establish systems and processes to assess, monitor and improve the quality and safety of services; including ensuring arrangements are in place to record and investigate all significant events, implement processes to

ensure all relevant staff are aware of patient safety alerts and any subsequent action to be taken. Put plans in place to develop the clinical audit programme and ensure clinical audit cycles are completed. Ensure there are systems in place to record and monitor staff training.

Summary of findings

Action the service **SHOULD** take to improve

Take steps to ensure that all relevant recruitment checks are carried out for all staff before they commence employment.

Improve arrangements for dealing with verbal complaints; take action to ensure that replies to complaints include advice on what to do if the complainant was unhappy with the practice's response.

Continue to monitor capacity and demand to ensure the appointments structure meets the needs of the patient population.

Pallion Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Pallion Family Practice

Pallion Family Practice is registered with the Care Quality Commission (CQC) to provide primary care services. It is located in the Pallion area of Sunderland.

The practice provides services to around 10,100 patients from one location: Pallion Health Centre, Hylton Road, Sunderland, Tyne and Wear, SR4 7XF. We visited this address as part of the inspection. The practice has two GP partners (both male), three salaried GPs (two female and one male), three nurse practitioners (two female and one male) and three practice nurses (all female), two healthcare assistants, a practice manager, and 12 staff who carry out reception and administrative duties.

Due to the retirement of one of the former partners, the partnership arrangements in the practice were different to those registered with CQC. The practice is in the process of registering the new partnership.

The practice is part of Sunderland clinical commissioning group (CCG). The age profile of the practice population is broadly in line with CCG and national averages. Information taken from Public Health England placed the area in which the practice is located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in a purpose built two storey building. All patient facilities are on the first floor. There is on-site parking, disabled parking, a lift, a disabled WC, wheelchair and step-free access.

Opening hours are between 8.00am and 6.00pm Monday to Friday. Patients can book appointments in person, on-line or by telephone. There is an open access clinic every morning between 8.00am and 10.00am. Pre-bookable appointments are available from 1pm to 3.45pm, then from 4pm to 5.30pm.

A duty doctor is available each afternoon until 6pm. The service for patients requiring urgent medical attention out of hours (after 6pm) is provided by the NHS 111 service and Vocare, which is also known locally as Northern Doctors Urgent Care Limited

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the registered 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.

Detailed findings

How we carried out this inspection

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

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

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

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

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

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 20 September 2016. We spoke with 11 patients and 12 members of staff from the practice. We spoke with and interviewed three GPs, a trainee GP, an advanced nurse practitioner, a practice nurse, a healthcare assistant, the practice manager and four staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 23 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

There was limited use of systems to record and report safety concerns and incidents.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However, only those incidents which also involved other organisations or services were formally recorded. The practice reported these on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- Lessons were shared to make sure action was taken to improve safety in the practice, for example, following one incident the practice developed pathways for staff to follow, for urgent referrals.
- Managers acknowledged that incidents which occurred solely within the practice were discussed informally at clinical meetings but were not formally documented or investigated.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Any alerts were initially received by the practice manager; information was then forwarded to clinicians and other staff where necessary. A log was maintained of the alerts, detailing when they were received and any action taken. The practice manager and nursing staff were able to give examples of recent alerts, but some of the clinical staff were unaware of recent patient safety alerts. Managers told us that going forward they would add a standing agenda item to clinical meetings to ensure all relevant clinical staff were aware of any necessary action from safety alerts.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, although these could be improved:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs were trained to child protection or child safeguarding level three but it was not clear whether nurses or administrative staff had all received the required training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken in most cases prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. However, one of the recruitment files, for GP employed within the previous two years did not contain any references or evidence that an interview had taken place.

- The lead nurse carried out regular checks on the nursing team's professional registrations to ensure these were up to date, however, there were no similar checks carried out for the GPs. Managers told us they would put a system in place to ensure these checks are carried out in future.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

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

Arrangements to deal with emergencies and major incidents

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. Staff had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 92.3% of the total number of points available, which was below the national average of 94.7% and the local clinical commissioning group (CCG) average of 95.7%.

At 8.9%, the clinical exception reporting rate was below the England average of 9.2% and the CCG average of 10.8% (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where medicines cannot be prescribed due to a contraindication or side-effect).

The data showed:

- Performance for diabetes related indicators was lower than the national average (86.5% compared to 89.2% nationally). However, performance in some sub-categories was above average. For example, the percentage of patients with diabetes, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 88.8%, compared to the national average of 80.5%.

- Overall performance for asthma related indicators was better than the national average (99.3% compared to 97.4% nationally). However, performance in some sub-categories was below average. For example, the percentage of patients with asthma who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions was 69.6%, compared to the national average of 75.3%.
- Performance for mental health related indicators was above the national average (96.4% compared to 92.8% nationally). For example, the percentage of patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding four months was 100%, compared to the national average of 91%.

Managers were aware of the areas for improvement and had implemented a clinical action plan which set out the activities to improve performance. This included registering to take part in a national diabetes audit and improving diagnosis and treatment of patients with dementia.

Clinical audits were not routinely carried out to improve care, treatment and people's outcomes. We saw a number of reviews of data (or first cycles of audits) had taken place; however only two of these had been repeated, and only one showed an improvement.

An audit of patients taking two particular types of medicine which new guidance suggested shouldn't always be taken together had been completed. An initial audit was carried out in 2015. This demonstrated that 200 patients required adjustments to their prescriptions. Measures were put into place to contact patients and the audit was repeated the following year. This demonstrated that all patients had been reviewed; 178 had changed their medicines, it was deemed the remaining 22 were being appropriately prescribed the combined medicines.

A palliative care audit had also been undertaken to determine the proportion of patients on the palliative care register (the practice benchmarked themselves against the national target of 1%); the initial audit in 2015 showed that 0.5% of the practice population were on the palliative care register. A review was undertaken and changes implemented, including nominating a member of staff to lead on co-ordinating the register. A further audit carried out in 2016 showed that the list size remained the same at 0.5% of the population.

Are services effective?

(for example, treatment is effective)

The practice should aim to demonstrate an on-going audit programme where they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Effective staffing

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff were supported to develop their careers; some had achieved qualifications and were continuing their studies. One member of staff had been employed as an apprentice, they had subsequently completed their care certificate to qualify as a healthcare assistant and were about to start training to become a nurse. Some of the practice nurses were working towards becoming nurse practitioners. Staff told us they were encouraged to develop and were supported to do so.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- The practice could not demonstrate how they ensured role-specific training and updates for relevant staff. For example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice had a detailed schedule which outlined what training was classed as mandatory for each job role. This showed that many staff had either not received training or their training had expired. This included training on information governance, fire safety, infection control and safeguarding (for nurses and administrative staff). The practice manager told us some of the training had taken place but they were unable to provide evidence of this they were about to implement a new management system which would allow them to more effectively monitor and record staff training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and

accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people 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 weekly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. For example:

- 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 . Patients were then signposted to the relevant service.
- Smoking cessation advice was available on the premises and patients could be referred to a dietician for support and advice.

The practice's uptake for the cervical screening programme was 78.9%, which was slightly below the CCG average of 81.6% and the national average of 81.8%. There was a

Are services effective?

(for example, treatment is effective)

policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

year olds ranged from 96.5% to 99.1% (compared to the CCG averages of between 96.2% and 98.9%). Rates for five year olds ranged from 95.9% to 99% (compared to the CCG averages of between 94.5% and 98.7%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

All of the 23 patient CQC comment cards we received were positive about the service experienced. We spoke with 11 patients during our inspection. Most of the patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey, published in July 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice's scores on consultations with doctors and nurses and in relation to reception staff were in line or slightly above average. For example, of those who responded:

- 98% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 86% and the national average of 85%.
- 98% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.
- 95% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 93% and the national average of 91%.
- 88% said they found the receptionists at the practice helpful, compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Most 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 most said they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views.

Results from the July 2016 National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally above local and national averages. For example, of those who responded:

- 96% said the GP was good at listening to them, compared to the CCG and the national average of 89%.
- 92% said the GP gave them enough time, compared to the CCG and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average and the national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average and the national average of 82%.
- 94% said the last nurse they spoke to was good listening to them, compared to the CCG average of 94% and the national average of 91%.
- 97% said the nurse gave them enough time, compared to the CCG average of 94% and the national average of 92%.
- 92% said the nurse was good at explaining tests and treatments, compared to the CCG average of 92% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Are services caring?

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. For example, carers and young carers support groups, a local wellbeing network and a mental health organisation.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were also carers; 132 patients (1.3% of the practice list) had been identified as carers. They were offered health

checks and referred for social services support if appropriate. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

One of the nurse practitioners was the executive nurse for the CCG, the practice manager and one of the practice nurses were locality leads. This allowed the practice to help shape primary care in the area. For example, the nurse practitioner was part of a CCG wide review of palliative care services and managers were involved in the development of a 'hub' for homeless patients within the locality.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example;

- Although the practice did not have any extended opening hours; patients were able to access a GP at a local health centre between 6pm and 8pm Monday to Friday, and on Saturday mornings. This service was a joint project between 15 local practices which the practice manager had been instrumental in setting up.
- There were longer appointments available where necessary, for example for people with a learning disability or those who needed an interpreter.
- Staff had been trained as dementia friends to help support patients and their carers and families.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a lift, hearing loop and translation services available.
- The practice was keen to promote self-help to patients with long term conditions, the practice website had a comprehensive set of guides and links to support organisations.
- The practice engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. A team of health quality checkers visited the practice, looked at the premises and spoke with staff. They provided a report on their findings. The report was positive but also made some suggestions, including changing the layout of the chairs in the waiting room. All actions were immediately undertaken.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. There was an open access clinic every morning between 8am and 10am. Patients could choose which GP they saw when they registered for an appointment. Pre-bookable appointments were available from 1pm to 3.45pm, then from 4pm to 5.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent on the day appointments were also available for people that needed them.

Patients were also able to access GP services at a local health centre between 6pm and 8pm each weekday, and on Saturday mornings.

Patients could book appointments in person, on-line or by telephone.

Results from the National GP Patient Survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was below local and national averages. For example:

- 76% of patients were satisfied with the practice's opening hours, compared to the CCG average of 79% and the national average of 76%.
- 69% of patients were able to get an appointment, compared to the CCG average of 82% and the national average of 85%.
- 77% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 79% and the national average of 73%.
- 67% of patients described their experience of making an appointment as good, compared to the CCG average of 75% and the national average of 73%.
- 30% of patients said they usually waited more than 15 minutes after their appointment time, compared to the CCG average of 20% and the national average of 27%.
- 51% of patients felt they usually had to wait too long after their appointment time to be seen, compared to the CCG average of 29% and the national average of 34%.

The practice had also carried out an in-house survey during 2016; 174 patients responded, not all forms were complete but all data was collated. The results were similar to the National GP Patient Survey, for example, 66% said they waited over 20 minutes for their consultation to begin. We discussed the results with managers; they told us that the survey did not differentiate between those patients

Are services responsive to people's needs?

(for example, to feedback?)

attending the open access clinic or who had a booked appointment so did not necessarily give a complete picture of patient opinion. The practice manager said they were going to ensure that the next patient survey would be more specific to how the practice operated.

Most patients we spoke with on the day were able to get appointments when they needed them. On the day of the inspection there were no pre-bookable routine appointments with a GP within the following two weeks. The next available pre-bookable appointment with a nurse was more than eight weeks later. Managers told us further routine appointments were released each day and urgent appointments were available everyday. The next available urgent appointment was on the afternoon of the inspection.

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.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, although this could be improved.

- The complaints procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was in the process of revising the complaints policy.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.
- Managers told us that only written complaints were recorded; any verbal complaints were addressed but not logged. They were aware of this weakness and had recently agreed that all complaints would be recorded and discussed at practice meetings to review and share learning.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. However, some of the responses did not give the complainant advice on what to do if they were unhappy with the response to their complaint. The NHS complaints policy states that the response 'should also include details of your right to take your complaint to the relevant ombudsman'.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about the order in which patients were seen during the open access clinic, a ticketing system was implemented.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed throughout the practice. This was 'It is our mission to improve the health of those we serve with a commitment in excellence in all that we do. Our goal is to offer person centred quality care, exceed patient expectations and services which are provide in a convenient, cost effective and accessible manner'.
- Staff knew and understood the values of the practice.
- The practice had supporting business and clinical action plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Managers had a comprehensive understanding of the performance of the practice.
- There was limited use of systems to record and report safety concerns and incidents. Only those incidents which also involved other organisations or services were formally recorded, therefore opportunities to learn from incidents and improve practice were lost..
- The lead nurse carried out regular checks on the nursing team's professional registrations to ensure these were up to date, however, there were no similar checks carried out for the GPs.
- Clinical audits were not used to drive service improvement. We saw a number of reviews of data (or first cycles of audits) had taken place; however only two of these had been repeated, and only one showed an improvement.
- Some of the clinical staff were unaware of recent patient safety alerts, it was not clear how the practice ensured that all relevant staff discussed, understood and learnt from patient safety alerts

- The arrangements for recording and monitoring staff training needs were not effective. The practice manager told us they were about to implement a new management system which would improve these arrangements.

The arrangements for ensuring patients had appropriate access to appointments were not always effective. The practice operated an open access clinic and had urgent on the day appointments available each day. However, on the day of the inspection there were no pre-bookable routine appointments with a GP within the following two weeks.

Leadership, openness and transparency

Staff told us the partners were approachable and always took the time to listen.

The provider was aware of and had some systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- However, the practice did not record verbal complaints in the same way as written complaints.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- There was a high level of staff satisfaction. Staff spoke highly of managers; several staff had worked at the practice for many years.

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

The practice encouraged feedback from patients, through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and

Are services well-led?

Requires improvement 

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

submitted proposals for improvements to the practice management team. For example, the PPG were regularly asked to comment on the appointments system to identify improvements. PPG representatives had also been involved in improving the patient information on the noticeboards throughout the practice and putting a clearer message on the telephones to direct patients to the right service.

The practice had also gathered feedback from staff through staff meetings, appraisals and general discussions. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, there was a team approach to deciding on a new name for the practice and staff were involved in the development of new policies and procedures.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. One of the nurse practitioners was the executive nurse for the CCG, the practice manager and one of the practice nurses were locality leads. This allowed the practice to help shape

primary care in the area. For example, the nurse practitioner was part of a CCG wide review of palliative care services and managers were involved in the development of a 'hub' for homeless patients within the locality.

Patients were able to access a GP at a local health centre between 6pm and 8pm Monday to Friday, and on Saturday mornings. This service was a joint project between 15 local practices which the practice manager had been instrumental in setting up.

The practice had engaged with a group of patients with learning disabilities to carry out a 'health quality check' of the practice. The results were positive but action was taken immediately to address the concerns raised.

Staff were supported to develop their careers; some had achieved qualifications and were continuing their studies. One member of staff had been employed as an apprentice, they had subsequently completed their care certificate to qualify as a healthcare assistant and were about to start training to become a nurse. Some of the practice nurses were working towards becoming nurse practitioners.

Practice staff had been nominated by patients for and had won local health awards over the past few years, for example, the practice nurse won nurse of the year in 2014 and one of the GPs was GP of the year in 2015.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities.</p> <p>There were no arrangements in place to record and investigate significant events which occurred within the practice. Some of the clinical staff were unaware of recent patient safety alerts and there was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions. Clinical audits were not used to drive service improvement. The systems in place to record and monitor staff training were not effective.</p> <p>Regulation 17 (1)</p>