

Gardiner Crescent Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gardiner Crescent Surgery on 27 April 2016. Overall the practice is rated as good. Gardiner Crescent Surgery is part of one large provider (Middle Chare Medical Group) who have four locations. All patients can be seen at any of the locations; however, most attend one of two for continuity of their care. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, we found that some of the systems to keep patients safe had not been implemented effectively.
- The standard operating procedures did not cover all processes for example there were no procedures for the safe dispensing of high risk medicines.

Arrangements were not in place to ensure that vaccines and other medicines in the refrigerators were stored at the correct temperatures and appropriate records were not maintained. Governance systems and processes were not adequate in the dispensary to ensure that patients were safe from harm.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a 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 of outstanding practice:

The practice worked in collaboration with the Ear Nose and Throat department from the local hospital and provided a room for consultations. This collaborative way of working had led to improved knowledge in this area and had reduced practice referrals to secondary care, providing care closer to home.

The practice provided a dermoscopy service to its patients and this had led to a reduction in referrals to secondary care.

The area where the provider must make improvement is:

Ensure there are effective arrangements in place to ensure that vaccines and medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.

Governance systems and process are to be developed further to monitor and assess the whole service in relation to risk and improvement, including training of staff in the dispensary, quality assurance of internal processes, checking of emergency medicines and the safe storage of vaccines.

The areas where the provider should make improvement are:

To monitor that all staff are able to access policies and procedures.

To monitor clinical audit as a continuous process to demonstrate quality improvement.

To monitor recording of significant events in the dispensary and detail action taken and lessons learned.

To monitor prescription forms after they have been received into the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events however this was not in place in the dispensary.
- Governance systems and processes were not adequate in the dispensary to ensure that patients were safe from harm.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Some staff on the day of inspection said that policies and procedures were difficult to access.
- We found some concerns relating to vaccine fridge safety. This was immediately attended to and all actions noted by Public Health England were being implemented across the whole group with immediate effect.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although no audits had been completed in the last 12 months.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- The practice worked in collaboration with Ear Nose and Throat (ENT) department from the NHS Trust, providing facilities at the practice for consultations and triage by an ENT consultant. This had led to a reduction in referrals to ENT by the practice due to shared knowledge.
- The practice provided a dermatology service to its patients and one of the GPs had undertaken extra training in this area. This had led to a 54% drop in dermatology referrals to secondary care and provided care closer to home for patients registered at the practice.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice held a register of patients who were at risk of unplanned emergency admission to hospital and these patients were offered an additional weekend service. By being identified as potentially needing extra weekend support, patients were given a dedicated mobile number for telephone consultation or a pre-booked appointment in a nearby surgery.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Their governance framework spanned across the four practices within the Middle Chare Medical Group, we found some of the systems and processes required further improvement.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had developed an Executive meeting process which enabled decisions to be made without delay regarding clinical care provision and operational issues. The executive team consisted of two nominated members.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A named GP did weekly visits at nursing homes assigned to the practice, providing continuity of care and information sharing.
- As part of the 'Improving outcomes scheme' in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital. These patients were assessed by the practice nurse and care provided accordingly.
- Frail elderly patients were able to access a GP at weekends from a rota provided by six local practices. This was from 8am until 6pm on Saturday and Sunday and included telephone consultations and home visits. Any patients identified as possibly needing the service during the week were given a mobile contact number to talk direct to a GP. This service had also been extended to care homes in the area.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less was 81% which was comparable to the national average of 79%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term condition who were at risk of unplanned admission to hospital were able to access a GP at weekends from a rota provided by six local practices. This was

Summary of findings

from 8am until 6pm on Saturday and Sunday and included telephone consultations and home visits. Any patients identified as possibly needing the service during the week were given a mobile contact number to talk direct to a GP. This service had also been extended to care homes in the area.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 78% which was comparable to the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice had achieved the Investors in Young People award to ensure that the services they provided were appropriate to this age group.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- Dermoscopy and ENT appointments were offered by the practice to allow patients to be seen closer to home. This had reduced referrals to secondary care and improved patient care by reducing the need for biopsy due to the investment in a dermoscope.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results relate to Gardiner Crescent Surgery and the Lavender Centre. The results showed the practice was performing in line with local and national averages. 322 survey forms were distributed and 115 were returned. This represented 6% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. A common theme in the comments cards was that patients felt listened to and that staff were very approachable.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family test score for the practice was that 80% were highly likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

Ensure there are effective arrangements in place to ensure that vaccines and medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.

Governance systems and process are to be developed further to monitor and assess the whole service in relation to risk and improvement, including training of staff in the dispensary, quality assurance of internal processes, checking of emergency medicines and the safe storage of vaccines.

Action the service **SHOULD** take to improve

To monitor that all staff are able to access policies and procedures.

To monitor clinical audit as a continuous process to demonstrate quality improvement.

To monitor recording of significant events in the dispensary and detail action taken and lessons learned.

To monitor prescription forms after they have been received into the practice.

Outstanding practice

The practice worked in collaboration with the Ear Nose and Throat department from the local hospital and provided a room for consultations. This collaborative way of working had led to improved knowledge in this area and had reduced practice referrals to secondary care, providing care closer to home.

The practice provided a dermoscopy service to its patients and this had led to a reduction in referrals to secondary care.

Gardiner Crescent Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser and a pharmacist inspector.

Background to Gardiner Crescent Surgery

Gardiner Crescent Surgery is part of Middle Chare Medical Group. The Medical Group consists of four separate practices. Gardiner Crescent and the Lavender Centre practices predominantly share the same staff and patients and Middle Chare and Woodlands practices do the same. This is due to the proximity of each practice for patients to access.

Gardiner Crescent Surgery is a GP premises in Pelton Fell, Chester-Le-Street, County Durham. The practice is in an area of relative deprivation as it is in the fourth most deprived decile (one being most deprived and ten least deprived). The practice is in a former house and is currently going through a period of redecoration and rewiring to bring it up to date. As a consequence of the inherited building there are only two consulting rooms and a dispensary downstairs and the upstairs area is used as a kitchen, meeting room and staff toilet facilities. They have a Personal Medical Services (PMS) contract and also offer enhanced services for example; minor surgery. The practice covers the area of Pelton Fell, Chester-Le-Street and is situated approximately one and a half miles from the town centre. Car parking facilities are limited. Transport links are satisfactory.

There are 2047 patients on the practice list (this is the combined figure in conjunction with the Lavender Centre) and the majority of patients are of white British background. Patient survey and QOF (Quality Outcomes Framework) results are reported in a combined figure between the two locations and therefore it is not possible to report data on specific locations.

The practice is a partnership with five partners, three male and two female. There are two salaried GPs, both female, four practice nurses, a nurse practitioner and three health care assistants (all female). There is a practice manager and a team of reception, dispensing and administration staff. The practice is a teaching and training practice and regularly has GP Registrars (qualified Doctors in training to become GPs) and undergraduates.

The practice is open between 8.30am and 3.30pm on Mondays and Wednesdays and between 8am and 6pm on Tuesdays, Thursdays and Fridays.

Extended hours are offered at the Middle Chare location on Mondays and Tuesdays until 8pm.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hours service (111) commissioned by North Durham CCG.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 April 2016. During our visit we:

- Spoke with a range of staff including a GP, practice nurse, reception and dispensary staff. and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 and also includes data relating to the Lavender Centre location.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events, however this was not seen in the dispensary.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice implemented a system to invite social workers to the safeguarding meeting in order to improve information sharing.

Overview of safety systems and processes

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

- 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 and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level 3.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed for patients who did not live near a pharmacy. The practice had a limited number of standard operating procedures (these are written instructions regarding safe dispensing). The procedures did not cover all processes for example there were no procedures for the safe dispensing of high risk medicines.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary, and there was a named GP for the dispensary team. Annual appraisals were completed and as part of this process dispensing competency was assessed by the practice manager. However staff had not received recognised training in dispensing.
- Near miss dispensing errors were not recorded so there was a risk learning from these errors would not happen. Medicines alerts were received by the practice manager however during our visit the practice were not able to show the log of actions they had taken to safely monitor these alerts.

Are services safe?

- A limited amount of stock was held within the dispensary to prevent waste. Medicines were not stored in line with good dispensing guidance for example; we found loose strips of medicines on the dispensary shelves and two boxes of medicines with no name, expiry or batch numbers recorded. No formal systems were in place to check expiry dates of medicines and we found one patient returned medicine on the dispensing shelf that was out of date.
- Staff told us how medicines review dates were actioned however we found prescriptions with outstanding review dates from October 2013 and from June, October and December 2015. Staff told us how prescriptions were monitored within the practice including those that had not been collected. However we found two prescriptions had not been collected from June 2015 and one from December 2015.
- We checked the medicines refrigerator; maximum minimum and actual temperatures were not accurately recorded. This meant that medicines stored could not be guaranteed as fit for use. The practice contacted the relevant organisations during our visit for advice about how to manage this safely.
- We checked Patient Group Directions (PGDs) were used within the practice. PGDs are written instructions which allow specified healthcare professionals to supply or administer a particular medicine in the absence of a written prescription. The PGDs were not authorised for use and one was out of date. We were told that the healthcare assistants (HCAs) in the practice administered medicines using Patient Specific Directions (PSDs). PSDs are written instructions for a specific patient allowing a specified professional to supply or administer a medicine. We did not see evidence of PSDs during our visit. Staff were not working under the accepted definition of a PGD or PSD, current practice does not comply with legal requirements.
- Receipt of blank prescription forms were handled in accordance with national guidance and the practice kept them securely. However no procedure was in place to track prescription forms after they had been received into the practice. No procedure was in place to record receipt or distribution of blank prescription pads.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

Are services safe?

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available with an exception reporting rate of 16% which was 7% higher than local figures and 6% higher than national figures. (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). The information shown included Gardiner Crescent and the Lavender Centre data.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators were similar to the national average.

The percentage of patients with diabetes, on the register, who had had the influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% compared to the national average of 94%.

The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 78% compared to the national average of 81%.

Performance for mental health related indicators was better than the national average:

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 88%.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last two years, although none of these were within the last 12 months.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of the appointment system included the recruitment of a nurse practitioner and implementation of clear guidance with regard to individual clinician's roles so that patients were seen by the correct clinician.

Information about patients' outcomes was used to make improvements such as: the practice had seen a reduction in referrals to dermatology in secondary care following further training in dermoscopy.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff with the exception of staff working in the dispensary.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice were supporting one member of staff to do a nursing degree.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff had also received extra training in customer care.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those who were at risk of unplanned admission to hospital. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and results for five year olds ranged from 94% to 100%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients said that they felt at ease and listened to by all staff.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The results reviewed also included the Lavender Centre. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

These results were aligned with the patient comment cards and views from patients we spoke with on the day of the inspection.

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice had registered for a food bank scheme which meant that patients in need of this service were given a voucher and signposted to the appropriate place.

There was a 'veteran pack' available for armed forces veterans and the practice told us they were given priority as detailed in the Armed Forces Covenant, (all veterans are entitled to priority access to NHS hospital care for any condition, as long as it is related to their service and subject to the clinical need of others).

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 194 patients as carers (2% of the group practice list). Carers were offered a flu vaccination and health check. New patients who were carers were given an information pack. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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 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. In response to patient survey results regarding problems with making appointments the practice had done an audit of their appointment system to help them become more accessible and flexible.

- The practice offered a 'Commuter's Clinic' on a Monday and Tuesday evening until 8pm for working patients who could not attend during normal opening hours. This was available at the Middle Chare practice.
- The practice offered a triage system by the nurse practitioner and this helped ensure that all patients were seen appropriately by the correct clinician.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a weekend service for the Frail Elderly patients, including those with palliative care needs, housebound patients and care home patients. This was a joint initiative between the CCG and the Federation (which consisted of six local practices in the area). This was available from 8am to 6pm Saturday and Sunday and the local GPs were on a rota system to provide telephone consultations and appointments to these patients if required. This scheme was in its infancy but the aim was to help prevent any unnecessary hospital admissions. Patients identified by clinicians as needing the service were given a mobile contact number to talk direct to a GP.

- One of the female GPs had undertaken training in coil fitting as the practice had recognised that they only had a male GP offering this service.

Access to the service

The practice was open between 8.30am and 3.30pm Monday and Wednesday and 8.30am and 6pm Tuesday, Thursday and Friday. Extended hours appointments were offered on Mondays and Tuesday from 6pm to 7.45pm at the Middle Chare practice. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent and telephone appointments were also available for people that needed them. Patients requiring advice before 8.30am were able to telephone the Middle Chare Surgery. Patients requiring help after 6pm were able to ring the out of hours service as the practice had an agreement with the CCG that out of hours would provide the care.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a poster displayed in the waiting area and a patient leaflet was also available.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

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

timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a

result to improve the quality of care. For example, the practice had changed the wording in a letter to patients regarding test result in order to alleviate concerns and had also implemented a patient pack for new patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

There was an overall governance framework for the four practices within the Middle Chare Medical Group. We found some of the systems and processes required further improvement. We

found that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- GP partners had set roles within the practice for example, for finance and human resources.
- The practice had an executive team of two members of staff who had been delegated responsibility to sort out any problems arising in the practice. For example, a new paper scanner had been arranged without the need to wait for a practice meeting.
- Practice specific policies were implemented and were available to all staff, although some staff said they found it difficult to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements, although there was no evidence of clinical audit over the last 12 months.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The GPs and nurse practitioner attended consultation skills training annually to improve patient experience.
- We found that governance within the dispensary required improvement. For example with regard to safe systems and processes and staff training.

Leadership and culture

The leadership of the four locations was provided by Middle Chare Medical Group but on the day of the inspection we found that some staff who worked at Gardiner Crescent did not attend whole group meetings and supervision.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us the practice held regular team meetings, but not all staff attended these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that protected learning time was held every month.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a new practice leaflet was introduced and this was added to the practice website and advertised. Picture boards were also made available in the waiting area to convey health messages.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice

participated in a weekend initiative for frail elderly patients, the outcomes of this were not yet available as it was a new initiative but the aim was to reduce unplanned admissions to hospital.

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 How the regulation was not being met: The registered person did not do all that was reasonably practicable in managing medicines safely; medicines were not stored safely in the dispensary and the refrigerator. The registered person did not ensure that persons providing care or treatment to service users had the qualifications, competence, skills or experience to do so safely in the dispensary. The Patient Group Directions were not authorised for use and one was out of date. Staff were not working under the accepted definition of a Patient Group Direction or Patient Specific Direction, current practice did not comply with legal requirements. Guidance for the security of blank prescriptions was not being followed. This was in breach of regulation 12 (1)(2)(b)(c) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

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.