Kirkby Health Centre

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kirkby Health Centre on 29 September 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events however the actions and lessons learned recorded were brief.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patient survey figures were consistently above average when compared with CCG and national averages.
- Comments about the practice and staff were wholly positive.
- 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. We saw this to be the case on the day of inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice offered extended hours Tuesday morning from 7am for working patients who could not attend during normal opening hours this was for GP and nurse appointments

Summary of findings

- The practice operated a walk in service daily 9am to 11am for phlebotomy or a review with one of the nursing team for dressings, advice or monitoring.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons. However, we saw no evidence the practice carried out reviews and completed searches on the patient record system to ensure action was taken against the alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However training records did not provide assurance that mandatory training for all staff was up to date.
- There was evidence of appraisals and personal development plans for all staff however staff had not had an appraisal within the last 12 months.
- The practice did not hold governance meetings, and governance was not an item on the practice meeting agenda.
- Clinical meetings were informal and not always minuted.

The areas where the provider must make improvement are:

- Ensure clinical meetings with the nurse, GP and long term locums take place.
- Ensure governance issues such as significant events, complaints and safety alerts are discussed at practice meetings.
- Ensure training records are maintained that provide assurance that training for all staff is up to date.
- Ensure staff receive an appraisal every 12 months.

The areas where the provider should make improvement are

- Review all policies, protocols and procedures to ensure they are up to date.
- Document action taken in relation to safety alerts received.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events however the actions and lessons learned recorded were brief.
- Risks to patients were assessed and well managed.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However training records did not provide assurance that training for all staff was up to date.
- Staff were able to tell us of lessons learned to make sure action was taken to improve safety in the practice however we did not see that these were discussed in any formal practice or clinical meetings.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, however staff had not had an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified over 3% of their patients as a carer and had a designated area with information and support services for patients to contact if they wished.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a 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.
- 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 however this was not documented in any practice meetings.

Are services well-led?

Requires improvement

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

- 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 clear leadership structure and staff felt supported by management.
- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Policies, protocols and procedures were not all dated and most of those that were had not been reviewed for over a year. Due

Summary of findings

to recent staff changes all policies and procedures needed to be reviewed and updated as staff that had left were still named as contacts and leads. This had been identified by the practice before our inspection.

- The practice did not hold governance meetings and governance were not items on the practice meeting agenda.
- Training records were not kept that provided assurance that training for all staff was up to date.
- The practice had identified actions to be completed, such as updating policies and procedures and setting up a training matrix for staff however there were no timescales or people named as action owners to ensure completion.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The nursing staff and GPs visited patient's homes to provide flu vaccinations for those that could not attend the surgery.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better compared to the national and CCG average. (93% compared to 82% CCG average and 89% national average).
- Longer appointments and home visits were available when needed.
- Patients that were identified as at risk of diabetes were coded to create a register to enable lifestyle advice to be given and prevent patients from developing diabetes.
- The practice used systems to enable patients to self-care such as tele health and provided self-management plans.
- All 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.

Summary of findings

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above CCG averages 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 practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 81% and the national average of 77%.
- 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.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided appointments with the GP and nurse from 7am on Tuesdays.
- The practice offered walk in appointments held at a neighbouring practice on Wednesday evening and Saturday morning.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The register was monitored to ensure patients were attending for their annual reviews.
- The practice offered longer appointments for patients with a learning disability or those patients that feel they may need more time for example those that require an interpreter.
- The practice offered an immediate appointment for people that are not registered with the practice for example the homeless or travellers.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. Although not all the non clinical staff had completed formal safeguarding training.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 91% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 83% and the national average of 84%.
- 80% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was lower than the CCG average of 85% and the national average of 89%.
- 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.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 265 survey forms were distributed and 114 were returned. This represented 2.9% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and 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 CCG average of 84% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were highly positive about the standard of care received although four, whilst been positive included some negative comments. Patients said they felt the practice offered an excellent and efficient service and patients were able to get an appointment quickly. They said that staff were helpful, caring and treated them with dignity and respect. The negative comments mentioned that there were times when patients had waited due to the clinicians running late and not been informed and that there was at times a wait to see your preferred doctor.

Areas for improvement

Action the service MUST take to improve

- Ensure clinical meetings with the nurse, GP and long term locums take place.
- Ensure governance issues such as significant events, complaints and safety alerts are discussed at practice meetings.
- Ensure training records are maintained that provide assurance that training for all staff is up to date
- Ensure staff receive an appraisal every 12 months.

Action the service SHOULD take to improve

- Review all policies, protocols and procedures to ensure they are up to date.
- Document action taken in relation to safety alerts received.

Kirkby Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Kirkby Health Centre

Kirkby Health Centre is a two partner practice which provides primary care services to approximately 4000 under a General Medical Services (GMS) contract.

- The practice is situated in Kirkby In Ashfield which is a former mining community.
- There is parking behind the practice in a supermarket car park with some designated disabled spaces for the practice patients.
- Services are provided from Health Centre, Lowmoor Road, Kirkby In Ashfield, Nottinghamshire, NG17 7LG
- The practice consists of two partners (one is a GP the other is a business partner). The practice is supported by two long term locums.
- The all female nursing team consists of one practice nurse and two health care assistants (HCA).
- The practice manager was recently appointed from the role of assistant practice manager, they are supported by five clerical and administrative staff to support the day to day running of the practice.
- The practice has a lower than average number of patients aged 20 to 39 years of age and higher than average number of patients over 40 years of age.
- The practice has high deprivation and sits in the fourth more deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice have applied for the regulated activity of family planning.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Nottingham Emergency Medical Service (NEMS) when the practice is closed.
- Walk in clinics are hosted by a practice nearby on a Wednesday evening and a Saturday morning. These can be used by patients who are registered with a practice within the locality group.
- The practice is open between 8.30am and 6pm Monday to Friday. Appointments are available between these times with extended hours appointments from 7am Tuesdays with the GP and Nurse.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 August 2016.

During our visit we:

- Spoke with a range of staff (GPs, nursing staff and administrative staff).
- Spoke with members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 review of the significant events. Due to the fact that there were only two incidents reported in 12 months there had not been sufficient to perform any analysis to identify trends and themes.
- The practice staff were all aware of significant events and were able to discuss the actions taken. However we did not see any minutes of meetings to show these were discussed.
- The practice had not recorded incidents of good practice and were looking to widen the awareness of incident reporting to the team.

We reviewed incident reports and we saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, processes had been changed and improved. However the documentation and recording of the actions and learning was brief.

Patient safety alerts had been received into practice, there was a process in place for dissemination and action. We were told actions that had been taken for recent alerts.However there was no recording process to evidence what had happened, if applicable and these were not mentioned in any minutes clinical or otherwise though we were told they were discussed. The practice were not receiving alerts in relation to estates however this was rectified on the day of the inspection.

Overview of safety systems and processes

The practice had some clearly 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 we spoke with demonstrated they understood their responsibilities however some of non-clinical staff had not completed safeguarding children and vulnerable adult training and some had not had an updated training since 2012. GPs, including the locums and the nurse were trained to child protection or child safeguarding level 3 and one of the health care assistants were trained to level 2 which was relevant to their role. We saw examples multi-disciplinary meetings that were held to discuss individual cases. The health visitor came to the practice each week and there was a communication book for the practice to raise any concerns in between the monthly meetings.
- Notices in the waiting room and in treatment rooms 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
- 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. The practice nurse made monthly checks for infection control in between the annual audits.

- The arrangements for managing medicines, including emergency medicines and vaccines, 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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.
- We reviewed seven personnel files and found appropriate recruitment checks had not been undertaken prior to employment for all staff. Whilst there was proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for some staff, they did not have any references nor a current DBS check in relation to the employment of the HCA that commenced in April 2016. We saw that recently three temporary staff had been employed to assist with staff shortages. We were told that these staff had been from neighbouring practices however the only information for the recruitment of these staff consisted of proof of identification, no copies of DBS, references or training and no risk assessments in place in relation to this. We spoke to the partner in relation to this who said that the HCA would not see any patients until the up to date DBS, which had been applied for, was received.

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 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). The Legionella risk assessment had been recently completed and therefore the report was not available to be viewed at the time of the inspection. However we did see evidence to show it had been done.
- 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. At the time of our inspection there were administrative vacancies and the existing staff were working extra hours to ensure cover alongside some temporary staff from neighbouring practices which had helped recently.

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.
- 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. The practice held a copy electronically and a paper copy was also held.

Good

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 95% of the total number of points available. Exception reporting for the practice was 7% which was lower than national and CCG averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national and CCG average. (93% compared to 82% CCG average and 89% national average).
- Performance for mental health related indicators was comparable to the national and CCG average. (88% compared with 91% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had audited on the monitoring of high risk medication to ensure that patients were monitored correctly in practice even those under the hospital. The reaudit that had been completed showed an improvement in this situation and lead to changes in process for the practice team.

Information about patients' outcomes was used to make improvements such as: working on a plan for improving diabetes care in practice.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However there was no clear system in relation to mandatory staff training.

- The practice had an induction programme for all newly appointed staff however this was not in place in each recruitment file we viewed. The checklist said that it covered such topics as fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Nursing staff were part of a wider group of practice nurses that met and supported each other through email and phone calls and the practice nurse planned to hold structured meetings with the health care assistants in the future.
- Staff had received training that included: fire safety awareness, basic life support and information governance. However, the provider's training records did not provide assurance that such mandatory training was up to date for all staff

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were not identified and it was not clear what training was required and what had been completed, by whom and when.
- Staff had not received an appraisal within the last 12 months however some staff had a date booked for October 2016 for this to be completed.

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.

- 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.

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group and was provided weekly in the practice.
- The practice was also able to refer to an exercise and weight management programme.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 81% and the national average of 77%. The practice demonstrated how they encouraged uptake of the screening programme and 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% which was comparable to the CCG average of 93% to 97% and five year olds from 97% to 100% which was better than the CCG average of 90% to 98%.

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. Patients health checks also included testing of blood sugars to identify anyone at risk of diabetes. These patients were then given advice on prevention and would then be added to a register that had been commenced by the practice nurse. The plans for the future were to monitor these patients, however this was in its infancy at the time of our inspection and therefore we were unable to see any improvements as yet.

Good

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; however conversations taking place in these rooms could be overheard at times. The practice had identified this as a problem since the television screen in the practice was no longer in use and was looking at getting a licence to allow them to play the radio. They were also looking to replace the doors to the consulting rooms.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was also a sign offering this at reception.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced although four of the comments included negative comments. Patients said they felt the practice offered an excellent and efficient service and patients were able to get an appointment quickly. They said that staff were helpful, caring and treated them with dignity and respect. The negative comments mentioned that there were times when patients had waited due to the clinicians running late and not been informed and that there was at times a wait to see your preferred doctor.

We spoke with three members of the patient participation group (PPG). They also told us they were very 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 practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% 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 CCG average of 80% and the national average of 82%.

Good

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and 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.
- The practice had a portable hearing loop and also arranged sign language interpreters to attend appointments for those patients that required this service.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 135 patients as carers (3.3% of the practice list). The new patient checklist asked if patients were carers and enabled them to be given information about a referral for support from social services if necessary. The practice had an information area designated to carers which gave details of various support groups available and ways to refer to social services for support. Leaflets were 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. Phone calls were either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice worked in collaboration with eight local practices (also referred to as JAKS federation) to improve access for patients with a weekly walk in service for patients on Wednesday (6.30pm to 8pm) and Saturday (9am and 12pm). This service was accessible to all patients registered with the eight local practices.
- Maternity services and antenatal clinics for pregnant women were hosted weekly with the community midwife.
- Ultrasound service for patients to be referred into so that patients did not have to wait and attend the hospital.
- There were longer appointments available if patients requested a double appointment and 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered extended hours so that appointments could be made up from 7am on a Tuesday morning for patients who could not attend during normal opening hours. The GP and nurse were available for these appointments.
- The practice operated a walk in service daily 9am to 11am for phlebotomy or a review with one of the nursing team for dressings, advice or monitoring.
- The practice had online booking facilities and patients could book on the day or up to six weeks in advance.
- The practice were to commence a range of in house services including family planning and sexual health.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available between these times with extended hours appointments from 7am Tuesdays with the GP and Nurse. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and 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 for example a complaints poster in reception.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Response letters that were sent included apologies were appropriate. Staff we spoke with were aware of the complaints received and actions taken to prevent reoccurrence. We were told that these were discussed at practice learning events and that they had discussed them at an annual review however the minutes that we were able to see did not include any complaints details.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement.
- The practice management had changed recently and the new practice manager was starting to look at the issues that needed completing.
- The practice had a list of actions they had identified to be completed, however there were no timescales or people named as action owners to ensure completion.

Governance arrangements

The practice was revisiting the existing governance framework which supported the delivery of the strategy and good quality care. Updates and amendments were required due to staff changes and to ensure they were all fit for purpose. The practice did not hold governance meetings and governance were not items on the practice meeting agenda.

There were structures and procedures in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the shared drive or in a folder.
- Policies, protocols and procedures were not all dated and most of those that were had not been reviewed for over a year. Due to recent staff changes all policies and procedures needed to be reviewed and updated as staff that had left were still named as contacts and leads. This had been identified by the practice before our inspection.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however these could be improved and more detailed.
- Training records were not kept that provided assurance that mandatory training for all staff was up to date.

Leadership and culture

The lead GP told us that they prioritised safe, high quality and compassionate care. Staff told us the partners and management 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). 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

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

- Staff told us the practice held regular team meetings however these were often informal and as such we did not see minutes of all meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All 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.

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.

Are services well-led?

Requires improvement

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

- 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.
- The PPG worked with the practice to look at ways to improve and had been actively involved in improvements to the building when it had been refurbished.
- The practice had gathered feedback from staff through staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, such as suggestions to have early morning appointments available. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Ensure recruitment arrangements include all necessary employment checks for all staff. This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not keep records as are necessary in relation to persons employed in the carrying on the regulated activities. Training records were incomplete and did not provide assurance that all staff had completed mandatory training including for example infection control, safeguarding adults at risk and safeguarding children. The practice did not have thorough governance systems in place. Complaints, significant events and patient safety alerts were not evidenced in any practice meeting minutes and governance was not a standing agenda item at clinical or practice meetings. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.