

Blakenall Family Practice

Quality Report

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Date of inspection visit: 08 September 2015
Date of publication: 28/01/2016

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blakenall Family Practice on 8 September 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective, caring, and well led services. We found the service to be good for providing responsive services. The areas for improvements that led to these ratings also applied to all of the six population groups that we inspected which 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).

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

- Staff understood and fulfilled their responsibilities to raise safety concerns, and to report incidents and near misses. Risks to patients were assessed and managed, with the exception of the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place. Not all significant events were recorded to ensure a detailed analysis of the event.
- There were arrangements in place to identify, review and monitor patients with long term conditions. Patients' needs were assessed and care was planned and delivered following best practice guidance. However, procedures in place for reviewing patients' test results were not effective. There was scope to improve the uptake of childhood immunisations.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However,

Summary of findings

data showed the practice was performing significantly below local and national averages in a number of areas including being treated with care and concern. The practice had not taken effective action to address the improvements identified.

- The practice was responsive to the needs of its patient population. There were services aimed at specific patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about services and how to complain was available and the practice responded quickly to issues raised. However, data showed the practice was performing significantly below local and national averages in a number of areas including access to appointments and getting through on the telephone.
- There was clear leadership and staff felt supported by management. The practice had a number of policies and procedures to govern activity and there were regular meetings to share information with staff. However, the governance arrangements at the practice were not robust as not all risks were assessed and managed. The practice had not acted on feedback from patients to improve the quality of the service.

The areas where the provider must make improvements are:

- Review the procedure in place for acting on patients test results to ensure that it is effective.
- Act on feedback from patients to improve the quality of the service. This includes areas of improvement identified in the 2015 national GP patient survey.

The areas where the provider should make improvements are:

- Consider how significant events are recorded to enable a detailed analysis to take place.
- Consider further action to improve the uptake of childhood immunisations.
- Develop a system to ensure a clear audit trail for paper prescriptions taken for home visits.
- Risk assess staff who do not have a disclosure and barring service (DBS) check in place.
- Complete clinical audit cycles in order to demonstrate improvements made to patient outcomes.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. However, there was no system in place to ensure a clear audit trail for paper prescriptions taken for home visits. Risk assessments were not in place for staff who did not have a disclosure and barring service (DBS) check in place. Not all significant events were recorded to ensure a detailed analysis of the event.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff told us that they had received training appropriate to their roles although staff training records were not well maintained. There was evidence that appraisals were in progress for staff. Staff worked with multidisciplinary teams. However, the procedure in place for acting on patients test results was not effective. There was scope to improve the uptake of childhood immunisations.

Requires improvement



Are services caring?

The practice is rated as requires improvement for providing caring services. Feedback from patients on the day of the inspection and from completed CQC comment cards demonstrated that patients 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. However, data from the 2015 national GP patient survey showed the practice was performing significantly below local and national averages in a number of areas including being treated with care and concern. The practice had not taken effective action to address the improvements identified.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, data from the 2015 national GP patient survey showed the practice was performing significantly below local and national averages in a number of areas. This included access to appointments and getting through on the telephone. Two completed CQC comment cards received on the day of the inspection included feedback about difficulty getting through to the practice by telephone.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. It had a vision and strategy and staff were aware of their responsibilities in relation to this. There was clear leadership and staff felt supported by management. The practice had a number of policies and procedures to govern activity and there were regular meetings to share information with staff. There were continuous professional development (CPD) meetings which provided an opportunity for learning and development for clinical staff. Staff had received inductions and performance reviews were in progress.

However, the governance arrangements and systems in place to monitor the quality of the service at the practice was not robust. Not all essential risks had not been assessed and managed such as the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place. The procedure in place for reviewing patients test results was not effective. There was scope to improve the uptake of childhood immunisations.

The practice had a patient participation group (PPG) and there was evidence from meeting minutes and discussion with a PPG member that the PPG was trying to generate interest, promote itself and engage with patients. However, the practice had not acted on feedback from patients to improve the quality of the service. This included areas of improvement identified in the 2015 national GP patient survey which showed that the practice was performing significantly below local and national averages in a number of areas.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing safe, effective, caring and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older patient in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs. The practice had a high number of patients living in care homes and provided services to these patients as part of a locally commissioned service (LCS). We spoke with managers of two care homes who provided very positive feedback on the service provided by the practice.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective, caring and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and followed up after an admission to hospital. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had effective systems in place to review and recall patients with long term conditions to ensure an assessment of their needs.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing safe, effective, caring and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of families, children and young people. There were systems in place to identify and follow up

Requires improvement



Summary of findings

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. This included liaising with health visitors. Appointments were available outside of school hours and children were given appointments as a priority. The premises were suitable for children and babies. Immunisation rates for some childhood vaccinations were below the national average; although the practice followed up children who did not attend their appointments, there was further scope to improve the uptake of childhood immunisations.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective, caring and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement 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 reflected the needs of this age group. This included, smoking cessation advice, cervical cytology and NHS health checks for people aged 40 to 74 years. The most recent data showed that the practice had completed 44% of NHS checks for eligible patients. The practice's uptake for the cervical screening test was 75%, which was lower than the national average of 81.8%. However, there were system in place to follow up patients who did not attend for their cervical screening test.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective, caring and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice held a register of patients with a learning disability. It carried out annual health checks for patients with a learning disability. However, the template used to record the health check lacked sufficient detail and was not based on good practice guidance set out by the Royal College of General Practitioners.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff

Requires improvement



Summary of findings

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. There were arrangements for people with no fixed address to be seen or to register at the practice.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective, caring and well-led services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group. Therefore the practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

The practice had care plans for patients experiencing poor mental health and 56 out of the 80 patients on the register had received an annual physical health check. The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and provided an enhanced service for dementia care. It 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. It had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The response rate to the national GP patient survey published in July 2015 was 15% (457 surveys were sent and 69 were completed and returned).

The survey results showed the practice was performing above local and national averages in the following areas:

- 96.7% said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92.2% and a national average of 91.9%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 97.3% and a national average of 97.2%.

However, there were a number of areas where the practice was performing significantly below local and national averages. For example:

- 54% found it easy to get through to this surgery by phone compared with a CCG average of 75.5% and a national average of 74.4%.
- 35.6% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 60% and a national average of 60.5%.
- 71.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82.8% and a national average of 85.4%.
- 75% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 91.8%.
- 53.6% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73.8%.
- 41.6% felt they did not normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards of which nine were positive about the standard of care received. Patients described staff who were helpful, kind and professional. However, two comments also stated that getting through to the practice by telephone was difficult and one comment stated that the amount of medication they were prescribed on a repeat prescription was not enough to last a month and this had resulted in a shortage.

On the day of the inspection we also spoke with seven patients including one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Patients described staff as caring and helpful and said that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

The practice participated in the NHS Friends and Family Test. Patients were asked 'How likely they were to recommend the practice to their friends and family'. The most recent data showed that 88% of patients said that they would recommend the practice.

We spoke with managers of two care homes who provided very positive feedback on the service provided by the practice. They told us that there was effective communication and regular meetings took place to review people's needs. Flu vaccinations were offered at the home and the GPs acted on any concerns in a prompt manner.

Areas for improvement

Action the service MUST take to improve

- Review the procedure in place for acting on patients test results to ensure that it is effective.
- Act on feedback from patients to improve the quality of the service. This includes areas of improvement identified in the 2015 national GP patient survey.

Summary of findings

Action the service **SHOULD** take to improve

- Consider how significant events are recorded to enable a detailed analysis to take place.
- Consider further action to improve the uptake of childhood immunisations.
- Develop a system to ensure a clear audit trail for paper prescriptions taken for home visits.
- Risk assess staff who do not have a disclosure and barring service (DBS) check in place.
- Complete clinical audit cycles in order to demonstrate improvements made to patient outcomes.

Blakenall Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Blakenall Family Practice

Blakenall Family Practice is a purpose built surgery located within a large community building, called Blakenall Village Centre which is shared with health and social care professionals and local community services. The practice has approximately 5454 patients registered at the practice.

The practice is part of a corporate provider known as Phoenix Primary Care Limited. The provider has a total of 11 GP practices and one walk in centre registered with Care Quality Commission (CQC). This inspection focused on Blakenall Family Practice.

The practice employs four salaried GPs (two male, two female), one advance nurse practitioner (ANP), one nurse practitioner, one practice nurse a health care assistant and a practice manager. They are supported by a team of administrative/ reception staff.

The practice holds an Alternative Provider Medical Services (APMS) contract. APMS is a contractual route through which NHS England can contract with a wide range of providers to deliver services tailored to local needs. APMS can be used to provide essential services, additional services where GMS/PMS practices opt out, enhanced services, out-of-hours services or any one element or combination of these services.

The practice is open from 8am to 6.30pm Tuesdays, Wednesdays, Thursdays and Fridays. There is extended opening hours on Mondays when the practice is open from 8am to 8pm. The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. When the practice is closed during out of hours patients can access general medical by contacting Primecare which is an out-of-hours service provider.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area with a high deprivation score and a high practice population who are unemployed compared to other practices nationally. Data also showed that the practice has a higher than average practice population aged 0 to 4 years in comparison to other practices nationally. The practice has a number of patients with caring responsibilities which is similar to the national average.

The practice achieved 99.8% points for the Quality and Outcomes Framework (QOF) for the financial year 2013-2014. This was above the national average of 94.2%. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes.

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.

Detailed findings

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. This inspection was planned to check whether the provider was 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 our inspection we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the local Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

During our inspection we spoke with a range of staff that included GPs, the management team, nursing and reception staff. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients who visited the practice and spoke with six patients who visited the practice during the inspection. We reviewed 10 comment cards where patients and members of the public shared their views and experiences of the practice.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to monitor safety and used a range of information to identify risks and improve patient safety. For example, for reporting incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

The practice had a system in place for reporting and recording clinical significant events, incidents and accidents. There were 15 significant events that had occurred during the last 12 months. We saw that significant events were discussed at monthly clinical meetings which included all staff. Minutes from the meetings were also circulated to staff who were not in attendance. We reviewed records of clinical significant events that had occurred during the last 12 months and saw that the system was not always followed appropriately. We identified two events that had been acted on and discussed with staff however, they were not recorded as significant events. One related to the prescribing of warfarin (a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries) and another related to a backlog in reviewing blood test results. This could result in a lack of overall analysis of the event which would help prevent reoccurrence.

The practice was recording significant events and complaints but the recording system at the practice did not allow for themes and trends to be easily identified. However, these were sent to the head office as part of a monthly management reporting system where any themes and trends would be identified and discussed with the practice manager.

Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. There was a lead member of staff for safeguarding and staff knew who this was if they needed advice or support. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. There were policies in

place and contact details were accessible to staff for reporting safeguarding concerns to the relevant agencies responsible for investigating. The GPs did not routinely attend safeguarding meetings but provided reports when needed for other agencies. Any concerns were also discussed with the health visitors who undertook weekly clinics at the practice.

- There was a chaperone policy in place and notices were displayed in all of the consulting rooms, advising patients that a chaperone service was 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice was not owned by the practice and there was a buildings manager who was the lead for overseeing of health and safety within the premises. As a result some records were not stored by the practice. However, the practice was able to provide evidence to support that risk assessments were in place. A fire risk assessment was in place and regular fire drills were carried out to ensure staff were aware of what to do in the event of a fire emergency. Fire equipment and alarms were checked to ensure they were in good working order. All electrical equipment was checked to ensure the equipment was safe to use. Risk assessments were in place to monitor safety of the premises such as legionella. The practice had data log sheets for the control of substances hazardous to health which were in day to day use such. However, products used by the cleaner were not available to view as these were stored by the cleaning company although the practice assured us that appropriate records were kept.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There were cleaning schedules for equipment used in clinical rooms however, records for cleaning of the general environment were not available as these were stored by the external cleaning contractor. The practice nurse was the infection control clinical lead and liaised with the local infection prevention teams to keep

Are services safe?

up to date with best practice. An infection control policy was in place. There was a contract in place for the safe disposal of clinical waste. An infection control audit was undertaken in March 2015 and we saw evidence that most of the actions identified had been addressed although two actions were still in progress. One action related to the need for elbow taps in all clinical areas and the other the need for a specific type of hand wash basin. However, we saw that the practice was actively trying to address these outstanding actions. We saw evidence that some staff had received infection control training but were unable to verify whether all staff had received training as the system for recording staff training were not well maintained. Staff we spoke with told us that they were up to date with training. The management team told us that training records were being updated to a new system.

- There were arrangements in place for managing medicines, including emergency medicines and vaccinations. We checked medicines for use in a medical emergency and medicines in refrigerators and found they were stored securely, in date and were only accessible to authorised staff. Records showed that fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. The practice used cool bags to transport vaccines to ensure they maintained the correct temperature.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. There was an alert system which informed patients and staff that medication reviews were due. All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were held in securely. However, the serial numbers for paper prescription pads taken on home visits were not recorded to ensure a clear audit trail. We also saw that some of the paper prescriptions had the details of the previous practice and had not been updated to show the current practice.
- National prescribing data showed that the practice was similar to the national average for medicines such as antibiotics and hypnotics.
- The nurses used Patient Group Directions (PGDs) to administer flu vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistants used Patient Specific Directives (PSD) for flu vaccinations which were undertaken for a group of named patients who had been individually assessed and reviewed by the GP.
- There was system in place for the prescribing of high risk medicines such as warfarin which requires regular blood monitoring in accordance with national guidance. The practice was an 'Any qualified provider' (AQP) for anti-coagulation services. This enabled both patients registered at the practice and patients registered elsewhere to receive anti-coagulation monitoring at the practice in a dedicated clinic where warfarin prescription could also be issued. The practice had acted on concerns and made changes to the process for prescribing warfarin to patients who did not have a recent blood test recorded. For example, some patients had anti-coagulation monitored in a secondary care service such as a hospital but received their warfarin prescription at the practice. As a result of the concern warfarin prescriptions were only issued as an acute prescription instead of a repeat prescription. This ensured when a prescription was requested it was reviewed by a GP who would look for the blood results on the patient's practice records or access secondary care records to ensure the correct dosage was prescribed. The practice also had a policy in place and the issue was highlighted to staff via emails and discussed at a clinical meeting to ensure safety and consistency in practice.
- The practice had a recruitment policy that set out the standards it followed when recruiting staff. We looked at the recruitment records for four staff including clinical, non clinical staff and recently appointed staff. Records we looked at had no structure and information was difficult to access. We saw evidence of references, photographic identity, medical health questionnaire and a disclosure and barring service (DBS) check for clinical staff. (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). There were systems in place to check the professional registration and indemnity insurance for clinical staff. However, we

Are services safe?

saw that a member of non clinical staff had started working without a DBS check but this had since been requested. Although this member of staff was not undertaking chaperone duties, no written risk assessments were in place in the interim to assess for example, if the member of staff would be left unattended with patients.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. As the practice was part of a corporate provider staff could be mobilised across the practices when needed to cover any shortages.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received

training in basic life support and anaphylaxis. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Home visits bags for the GPs contained relevant medication that may be required.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice such as power failure and loss of telephone system. The plan included emergency contact numbers for staff. On the day of the inspection the practice was experiencing difficulties with the telephone system and we saw the plan in operation on the day. However, we identified that the plan was not stored off site so that it could be accessed remotely in the event that this was required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. We saw minutes of clinical meetings which showed where guidance had been discussed and implications for patients were identified and required actions agreed. As the practice was part of a corporate provider there were regular continuous professional development (CPD) meetings which provided an opportunity for learning and development for clinical staff including updating best practice.

The GPs told us they led in specialist clinical areas such as safeguarding, diabetes and elderly care and the practice nurses supported this work. Staff described how they carried out assessments which covered health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice proactively reviewed its QOF figures and recalled patients when necessary for reviews. Each clinician was a lead for a particular area of QOF which enabled them to focus on the target in more detail. The practice performance in relation to QOF was discussed with staff at monthly meetings. The practice manager was responsible for overseeing QOF and regular management reports were sent to head office.

The practice had a policy in place for exception reporting which ensured consistency. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The most current published data from 2013/14 showed that the practice had achieved 99.8% of the total number of QOF points available, with 9.8% exception reporting. Data from 2013/14 showed that the practice was above the national average for some QOF indicators, for example:

- Performance for diabetes related indicator for foot examinations was 98% which was higher than the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was higher than the national average of 83%.
- The percentage of patients with a mental health need who have comprehensive agreed care plan was 98% which was higher than the national average of 86%.

The practice had made use of the gold standards framework for end of life care (GSF). It had a palliative care register and at the time of our inspection there were 37 patients on the register. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. There were regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. Feedback from GSF meetings were shared with staff at monthly clinical meetings.

The practice told us that they had undertaken two clinical audits, one related to the prescribing of warfarin (a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries) the other the management of diabetes. However, only the diabetes audit was a completed cycle. The warfarin audit was a review and, although it was evident that action had been taken as a result. This was not a completed two cycle audit. The management team told us that they had identified the need to strengthen clinical audits at the practice although we did not see any formal plans in place.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- There was a good skill mix of staff which included a number of established administrative staff, an advanced nurse practitioner, and health care assistants who had received additional training. There were four salaried GPs to provide continuity in care and when locums were used these were GPs who had previously worked at the practice.
- Staff received an induction period when they joined the practice which consisted of an induction plan and employment handbook.
- The systems for recording staff training were not well maintained. Training records were in place but had not been updated to reflect all training that staff had received. This included those completed by the advanced nurse practitioners and not all training certificates were readily available. It was therefore difficult to verify whether all staff had received training and were up to date. However, our discussion with staff suggested that they had received training relevant to their roles. Following the inspection we were also provided with training certificates that showed staff had undertaken training in areas such as safeguarding and basic life support. The management team told us that training records were being transferred on to a new system and due to the change in the practice manager the system had not yet been implemented but was due to be.
- The learning needs of staff were identified through a system of appraisals which we saw were in progress due to a change in management. Staff discussed with us training opportunities they had been given to develop skills in line with their roles and responsibilities.
- The GPs we spoke with confirmed they were up to date with their yearly continuing professional development requirements and had recently been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- There were regular continuous professional development (CPD) meetings which provided an

opportunity for learning and development for the GPs and nurses including updating best practice. Staff we spoke with commented on the usefulness of these meetings which also supported their appraisal process.

- Staff undertook various lead roles within the practice to support the management of patients. These included QOF, diabetes, elderly care, mental health and safeguarding.
- Regular clinical meetings provided the opportunity to share important information with staff. The minutes showed that these meetings were detailed and covered a number of areas including significant events, complaints and feedback from multidisciplinary meetings.

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 blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service. All relevant information was shared with other services in a timely way.

All blood tests results were sent to a generic inbox. Initially each GP was allocated time to review these on a regular basis however, due to the number of patients living in care homes there were often a high number of results to review which had resulted in a back log. We saw evidence that it was flagged in a clinical meeting in May 2015 that there were 300 results awaiting review. The issue was again mentioned in another clinical meeting on 8 June 2015, where it was noted that there were still outstanding blood tests to be reviewed dating back to 22 May 2015. As a response to this a locum was employed to review these results but this meant the requesting GP was not reviewing the results. The most recent data on the day of the inspection showed that there were 150 results outstanding and some results were dated 3 September 2015. However, a GP was working through the results and had reviewed 104 out of the 150 results. Our discussions with clinical staff suggested that whilst they were managing them the volume of incoming results meant that backlogs were possible and the procedure in place to manage these consistently was not effective.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. We saw evidence that the practice held multidisciplinary team meetings to discuss patients with complex needs and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The practice provided GP services to a number of residential care homes, as a result staff were very knowledgeable and 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, assessments of capacity to consent were also carried out in line with relevant guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A healthcare assistant was available on the premises to provide some of the identified support.

The practice provided in house smoking cessation services and referred patients who needed support to reduce their weight. Travel advice and vaccines were also available including yellow fever.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. The most recent data showed that the practice had completed 44% of checks on eligible patients. Any concerns identified were referred to the GPs for follow up.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening test was 75%, which was lower than the national average of 81.8%. Staff told us that patients who were eligible for screening programmes were flagged on the patient record system so that they could be reminded when they attended the practice. Patients who did not attend for their cervical screening test were also followed up by letter.

Published data for childhood immunisation rates for 2014/2015 showed that the practice was mostly below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 53.9% to 97.4% and five year olds from 87.6% to 99%. There was one exception, in which the uptake was 100%. The practice was able to provide us with more recent data which showed a higher uptake of the meningitis c vaccination for children under two year olds. However, other vaccinations remained lower than the CCG average. Although the practice followed up children who did not attend their appointments, there was scope to improve the practice's performance in this area.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

The layout of the reception area meant that patients' confidentiality was not always maintained. Staff taking incoming calls could be overhead. There was no information on display informing patients that they could discuss any issues in private, away from the main reception desk. However, we saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private and staff told us that a room would be provided on request. We saw that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 10 completed cards. Patients described staff who were helpful, kind and professional and said that their privacy and dignity was maintained. On the day of the inspection we also spoke with seven patients including one member of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Patients described staff as caring and helpful.

Results from the national GP patient survey published in July 2015 showed the practice was performing above local and national averages in the following areas relating to consultations with nurses:

- 96.7% said the last nurse they saw or spoke to was good at giving them enough time compared with a CCG average of 92.2% and a national average of 91.9%.
- 100% said they had confidence and trust in the last nurse they saw or spoke to compared with a CCG average of 97.3% and a national average of 97.2%.

However, patients' responses were significantly lower than local and national averages in the following areas:

- 73.5% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 88.6%.
- 62.3% said the GP gave them enough time compared to the CCG average of 84.7% and national average of 86.8%.
- 78.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.2% and national average of 95.3%.
- 59.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

The practice had completed its own GP Patient survey in 2014 which showed more favourable results. However, we did not see examples of actions taken from the practice's 2014 survey in which 40 respondents rated clinician as being as poor at listening. The practice told us that they had not yet analysed the findings of the 2015 national GP patient survey but had planned to do another practice survey in the next month which had been developed by the PPG.

Care planning and involvement in decisions about care and treatment

All of the patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was aligned with these views.

Results from the national GP patient survey from July 2015 showed that patients responses were significantly lower than local and national averages in the following areas for satisfaction scores on consultations with doctors and nurses:

- 61.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.4% and national average of 86.3%.
- 55.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78.3% and national average of 81.5%.

Are services caring?

- 68.9% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85.9% and national average of 84.9%.

We saw that self-check in service allowed patients to check in other languages. Staff told us that translation services were available for patients who did not have English as a first language and one member of staff was trained in sign language. On the day of the inspection we saw that an interpreter had been booked for a patient attending an appointment.

Patient and carer support to cope emotionally with care and treatment

The practice also had a register for identifying people who were carers to ensure their needs were identified and support could be offered.

Staff told us that if families had suffered bereavement, a condolence card was sent to family members. This was followed up by either a call or 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. An alert system was also placed on computerised records to ensure that all staff were aware of recent bereavements. The system was checked to ensure any hospital appointments were cancelled. This reduced the risk of inappropriate communication being sent and avoided unnecessary distress to family members.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for people with a learning disability and long term conditions. It carried out annual health checks for people with a learning disability. However, the template used to record the health check lacked sufficient detail and was not based on good practice guidance set out by the Royal College of General Practitioners.
- A GP could also request a longer appointment for patients with complex needs and there was an alert for some patients to ensure that staff were aware that longer appointment was needed.
- Home visits were available for older patients and patients who would benefit from these. The practice provided GP services to eight care homes with around 300 patients between them as part of a locally commissioned service (LCS). The GPs and the advanced nurse practitioner (ANP) undertook regular visits the homes to review patients. We spoke with managers of two homes who provided very positive feedback on the service provided by the practice.
- Urgent access appointments were available for children and those with serious medical conditions. Patients we spoke with told us that they could usually obtain a same day appointment if they needed one urgently.
- There were extended opening hours on a Monday evening and patients could book appointments and order repeat prescriptions on line which the practice was trying to promote to patients.
- Touch screen registration was available in multiple languages and translation services were available if needed.
- The practice had a patient participation group (PPG) although membership was low. There was evidence from meeting minutes and discussion with a PPG member that the PPG was trying to generate interest,

promote itself and engage with patients. For example, discussions were in place for a newsletter and the PPG had developed its own patient survey to be distributed to patients to obtain feedback.

- There were accessible facilities, hearing loop and translation services available including sign language.
- The practice operated various services from the premises reducing the need for patients to attend hospital. These included anticoagulation clinic, replacement hearing aid battery service and the only practice in the area to provide H.Pylori service. This service provides patients the opportunity to have a breath test used to detect an active H.Pylori infection which is a bacteria that can infect the stomach or duodenum (first part of the small intestine).

Access to the service

The practice was open from 8am to 6.30pm Tuesdays, Wednesdays, Thursdays and Fridays. There was extended opening hours on Mondays when the practice was open from 8am to 8pm. The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice is closed. When the practice was closed during out of hours patients could access general medical by contacting Primecare which is an out-of-hours service provider.

Routine appointments could be booked in advance and there were around 10 appointments that were available on the day. Urgent appointments were available on the day for people that needed them and children were seen as priority. The practice also offered a telephone consultation service and there was an on call GP system which allowed patients to be reviewed face to face if needed. Patients could book appointments and order repeat prescriptions on line.

Patients with no fixed address could be seen or registered at the practice without any form of identity which would enable easy access to the service. New patients registering at the practice were offered a health check.

Results from the national GP patient survey published in July 2015 showed that patients satisfaction with how they could access care and treatment was significantly lower than local and national averages in the following areas:

Are services responsive to people's needs?

(for example, to feedback?)

- 54% of patients said they could get through easily to the surgery by phone compared to the CCG average of 75.5% and national average of 74%.
- 53.6% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73.8%.
- 71.6% Were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82.8% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority were positive about access to appointments. However, two comment cards also stated that getting through to the practice by telephone difficult.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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. The practice leaflet contained information about complaints. However, the leaflet did not contain any details of where patients should direct their complaint within the practice but included details of where they could escalate complaints such as the local CCG and the Parliamentary Health Ombudsman. However, patients we spoke with were aware of the process to follow if they wished to make a complaint. The practice had received 25 complaints in the last 12 months and we saw evidence that complaints were handled satisfactorily and resolved. There was evidence that lessons learned from complaints were shared with staff in meetings.

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 vision and strategy of the service were shared with staff as part of the induction process as well as during corporate days. Staff spoken with were clear about their responsibilities in relation to the vision and demonstrated a commitment to providing a high quality service.

Governance arrangements

The practice had an overarching corporate governance framework to support the delivery of good quality care.

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at some of these policies and procedures and found they had been reviewed and were up to date. However, we saw that some of the policies were generic corporate policies and had not been personalised to the practice. For example, the safeguarding, fire and infection control policy did not include details of identified leads.

The practice had a whistleblowing policy which was also available to all staff in the staff electronically on any computer within the practice.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and a lead for safeguarding. Staff we spoke with were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. However, there was no named clinical lead at practice level although an informal arrangement was in place which involved the GP who had been in post the longest assuming this role.

The practice manager was new in post and at the time of the inspection were familiarising themselves with the role supported by the senior management team. The practice was using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed that it was above then national average for some QOF indicators. We saw that QOF data was regularly discussed at weekly team.

However, the governance arrangements and systems in place to monitor the quality of the service at the practice was not robust. Not all essential risks had not been assessed and managed such as the management of prescriptions taken for home visits and risks associated with staff who do not have a disclosure and barring service (DBS) check in place. We identified two events that had been acted on and discussed with staff however, they were not recorded as significant events. This could result in a lack of overall analysis of the event which would help prevent reoccurrence. The procedure in place for reviewing patients test results was not effective. There was scope to improve the uptake of childhood immunisations. We saw that the practice had completed two audits however, one audit was not a completed cycle. The management team told us that they had identified the need to strengthen clinical audits at the practice and were looking at ways to make improvements.

The registered manager at the practice had recently left their post and the appointment of a new registered manager was in progress to ensure the provider was meeting a condition of their registration.

Leadership, openness and transparency

The senior management in the practice told us that they prioritised safe, high quality and compassionate care. Regular staff meetings provided staff with the opportunity to be involved in discussions about how to run the practice and how to develop the practice. Staff we spoke with told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, were confident in doing so and felt supported if they did. There were corporate days which enabled senior management to share important information with staff. However, some of the feedback from staff suggested there could be better staff engagement when decisions to expand services took place. For example, increasing the number of care homes that the practice supported as this potentially impacted on their workload.

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

The practice had a patient participation group (PPG) and there was evidence from meeting minutes and discussion with a PPG member that the PPG was trying to generate interest, promote itself and engage with patients. However, the practice had not acted on feedback from patients to improve the quality of the service. This included areas of

Are services well-led?

Requires improvement 

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

improvement identified in the 2015 national GP patient survey which showed that the practice was performing significantly below local and national averages in a number of areas including being treated with care and concern, access to appointments and getting through on the telephone. PPG meeting minutes dated March 2014 also identified that telephone access was an issue. Two completed CQC comment cards received on the day of the inspection included feedback about difficulty getting through to the practice by telephone. We saw that patient feedback on the NHS choices website also included comments about access to appointments and getting through on the telephone. The practice had completed its own GP Patient survey in 2014 which showed more favourable results. However, we did not see examples of actions taken from the practice's 2014 survey in which 40 respondents rated clinician as being as poor at listening. The practice told us that they had not yet analysed the findings of the 2015 national GP patient survey but had planned to do another practice survey in the next month which had been developed by the PPG.

The practice was also participating in the NHS Friends and Family Test. Patients were asked 'How likely they were to recommend the practice to their friends and family'. The most recent data showed that 88% patients said that they would recommend the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Innovation

There were regular continuous professional development (CPD) meetings which provided an opportunity for learning and development for the GPs and nurses including updating best practice. Staff we spoke with commented on the usefulness of these meetings which also supported their appraisal process.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was not taking action to mitigate risks relating to the health and safety of patients of receiving care and treatment.</p> <p>The procedure in place for acting on patients test results was not effective.</p> <p>This was in breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.</p> <p>The provider had not acted on feedback from patients including the national GP survey and the practices own survey.</p> <p>This was in breach of Regulation 17 (1) (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>