

King Street Health Centre

Quality Report

47 King Street
Wakefield
WF1 2SN
Tel: 01924 882350
Website: www.kingstreethealthcentre.nhs.uk

Date of inspection visit: 12 April 2016
Date of publication: 19/08/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at King Street Health Centre on 12 April 2016. Overall the practice is rated as good.

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

- The provider was not registered with the Care Quality Commission for all of the regulated activities carried out at the practice. When this was pointed out to the provider they took immediate steps to rectify this, and applications for additional regulated activities to be added to the location have been made.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- Results from the national GP patient survey showed the practice was rated below average for its satisfaction scores on consultations with GPs and nurses.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and 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 GP and there was continuity of care, with urgent appointments available the same day.
- Overall the practice had good facilities and was well equipped to treat patients and meet their needs.
- Child immunisation rates were significantly below the Clinical Commissioning Group average for five year olds.

There were areas where the provider should make improvement:

- The provider should review their stock control processes and make certain that all staff are aware of the location of emergency medicines within the practice.

Summary of findings

- The provider should continue to take steps to ensure they are registered with the Care Quality Commission for the appropriate regulated activities before these are carried out on site, in line with the current arrangements.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the health centre.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The health centre had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- We found that the provider had recently been unable to assure that they had sufficient staff available in the health centre. Whilst at the time of inspection there were enough staff to cover services, recruitment and retention remained a challenge.
- The provider should review their stock control processes and make certain that all staff are aware of the location of emergency medicines within the practice. During the inspection staff could not identify where a particular emergency medicine was stored and it appeared to be out of stock. We were told subsequent to the inspection, and shown evidence to support this, that the medicine was in stock within the practice.

Good



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Quality and Outcomes Framework (QOF) exception reporting within the practice was high at 28%.
- Clinical audits and peer reviews had been carried out within the practice. However it was noted that many of the audits discussed on the day of inspection were single cycle.
- Child immunisation rates were significantly below average for some age groups.
- The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 84% and the national average of 82%.

Requires improvement



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- Patients we spoke to on the day said they were treated with compassion, dignity and respect.
- Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the surgery and walk-in service met the health needs of a significant number of traveller families, migrant workers and their families, and asylum seekers.
- Patients were also able to access the walk-in service which was attached to the practice and which was open 8am to 8pm 365 days per year.
- 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 health centre 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 health centre responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Due to the number of Polish patients who used the practice a leaflet had been translated into Polish which outlined services that were available in the practice, this was given to patients on registration.

Good



Summary of findings

Are services well-led?

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

- The practice was not registered with the Care Quality Commission for all the regulated activities carried out within the practice. The provider was not registered to carry out in activities in relation to surgical procedures, maternity and midwifery and family planning when these were being delivered within the practice. When this was raised with the provider they took immediate steps to rectify this, and applications for additional regulated activities to be added to their conditions of registration have been made.
- The practice did not have an operational patient participation group (PPG) and therefore had a limited ability to fully engage with patients. At the time of inspection the practice was establishing a “virtual PPG” to try to stimulate more effective engagement.
- The provider was aware of and complied with the requirements of the duty of candour. The provider encouraged a culture of openness and honesty. The health centre had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- Local Care Direct Limited had developed a set of internal key performance indicators. It monitored these on a monthly basis and used the information to assess progress in important aspects of service delivery, for example staffing levels and appointment availability.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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. For example, practice nurses made home visits to administer flu vaccinations to older patients who struggled to attend the surgery.
- Care plans had been developed for older patients who were identified as being at risk.

Good



People with long term conditions

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

- Staff had lead roles in chronic disease management, which included diabetes, chronic obstructive pulmonary disease (COPD) and asthma, and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 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 multidisciplinary packages of care.
- The practice offered 24 hour blood pressure monitoring and in-house spirometry.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- We were told by the practice that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice uptake for the cervical screening programme was 76%, which was below the CCG average of 84% and the national average of 82%.
- Child immunisation rates were significantly below the Clinical Commissioning Group average for five year olds.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Additionally, patients could access the walk-in centre out of the practice core hours.
- All staff had received safeguarding training and were aware how to follow up concerns.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services, which included appointment booking and repeat prescription requests.
- A range of health promotion and screening was offered that reflected the needs for this age group, this included weight management advice and smoking cessation support.
- Telephone consultations were available to those unable to attend the surgery.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances and used this information to coordinate services. For example, it used the mental health register to recall patients for regular reviews and a carers register to offer winter flu immunisations.
- The practice and walk-in centre provided regular services for members of the nearby traveller community.
- The practice offered longer appointments for patients with enhanced needs such as those with a learning disability or the frail elderly, and offered health checks and care planning.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults. 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.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked closely with other health professionals in the case management of patients experiencing poor mental health, including those with dementia. Practice staff told us they also worked closely with relatives of patients who had poor mental health including dementia when this was appropriate.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Of 397 survey forms which were distributed 58 were returned for a response rate of 15%. Whilst the actual numbers returned were low this represented over 1% of the practice's patient list. This low response rate could be due to the social and demographic characteristics of the practice population, as the practice had high numbers of patients with whom it was difficult to engage because of their personal circumstances and temporary living arrangements.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 85% 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% national average of 85%.

- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 75% 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 79% 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 11 comment cards which were all positive about the standard of care received. Patients commented on the friendly attitude of the reception staff and the caring and professional attitude of clinical staff.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received at the practice and walk-in centre and thought staff were approachable, committed and caring.

King Street 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 second CQC inspector, a GP specialist adviser, and a practice manager specialist adviser.

Background to King Street Health Centre

King Street Health Centre comprises a GP practice for registered patients and a walk-in service for non-registered patients. The centre is operated by Local Care Direct Limited which is a community owned healthcare provider which delivers a range of health services including 111 services across West Yorkshire. The health centre has been open since 2009 and is located on the upper floor of a building located at 47 King Street, Wakefield WF1 2SN. At the time of inspection the surgery had a registered patient population of around 3,500 and shows growth of around ten new patient registrations per week. The building is accessible to those with a disability and is served by a staircase and passenger lift. Being located in the centre of Wakefield there is no on-site parking although there are public car parks nearby. The practice is a member of the NHS Wakefield Clinical Commissioning Group (CCG).

The population age profile shows that it is significantly below the CCG and England averages for those over 65 years old (3% of the practice population is aged over 65 as compared to the CCG and England averages of 17%). Correspondingly, the health centre has a high number of patients aged under 18 years at 20% compared to CCG and England averages of 15%. Average life expectancy for the

practice population is 76 years for males and 80 years for females (England average is 79 years and 83 years respectively). Due to the patient age distribution the health centre has lower than average numbers of patients with long term conditions such as diabetes, chronic obstructive pulmonary disease and dementia. The health centre has higher numbers of non-white British patients and those who are transient. Deprivation in the area served by the health centre is relatively high, being ranked in the second most deprived decile.

The health centre provides services under the terms of Alternative Provider Medical Services (APMS) contracts for the surgery and the walk-in service. The health centre and walk-in service are registered with the Care Quality Commission (CQC) to provide treatment of disease, disorder or injury, diagnostic and screening procedures. At the time of inspection it was noted the provider was not registered to provide family planning, surgical procedures and maternity and midwifery services for services provided by the health centre. This was drawn to the attention of Local Care Direct Limited, who agreed to stop providing those services until the registration process was completed. In discussion with the provider, it was found this would not have a significant effect on patients as they generally accessed other agencies for family planning, maternity and midwifery services. The provision of surgical procedures including minor surgery was also suspended but, again, this wasn't a frequent occurrence.

The health centre surgery offers a range of enhanced local services including those in relation to;

- Childhood vaccination and immunisation
- Alcohol
- Dementia
- Improving online access

Detailed findings

- Influenza and Pneumococcal immunisation
- Rotavirus and Shingles immunisation
- Minor surgery
- Learning disability support
- Avoiding unplanned admissions
- Risk profiling and case management

As well as these enhanced services the health centre surgery also offers additional services such as those supporting chronic disease management including asthma, chronic obstructive pulmonary disease, heart disease and hypertension.

Additionally the practice delivers services in conjunction with health visitors, midwives and district nurses.

The walk-in centre delivers services for minor illness in relation to acute episodes and does not provide ongoing care for pre-existing conditions.

The health centre staff consists of two salaried GPs (female), one advanced nurse practitioner (male), one practice nurse (female) and two healthcare assistants (female). Clinical staff are supported by a practice manager and an administration/reception team. Wider support is available from Local Care Direct Limited. When required the health centre utilised locum staff to meet operational need.

The practice offers a range of appointments, these include:

- Routine pre-bookable appointments up to four weeks in advance
- Urgent appointments/on the day appointments
- Telephone appointments/consultations

Appointments could be made in person, via the telephone or online.

The walk-in centre is accessed via presentation by patients on the day and is staffed by an advanced nurse practitioner and GPs from the practice.

The health centre surgery is open Monday to Friday 8am to 6.30pm and the walk-in service operates from 8am to 8pm seven days a week over every day of the year.

In addition, staff from the practice participated in a local extended hours/out of hours service, known as Trinity Care, which was organised across the local network of GP practices.

Out of hours care is provided by the parent company, Local Care Direct Limited, and this can be accessed via the health centre telephone number or via NHS 111.

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 health centre and asked other organisations to share what they knew. We carried out an announced visit on 12 April 2016. Prior to and during our visit we:

- Spoke with a range of staff, which included a salaried GP, advanced nurse practitioner, nursing staff, senior managers from Local Care Direct Limited and members of the administration team.
- Spoke with three patients who were positive about the health centre and the care they received.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/family members were treated.
- Looked at templates and information the health centre used to deliver patient care and treatment plans.

Detailed findings

- Spoke with NHS Wakefield Clinical Commissioning Group.

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.

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 practice management or the duty GP of any incidents and complete a recording form which was available on the 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 and walk-in centre carried out investigations into events and analysed results.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety. For example, a past incident had involved a mother and baby being unable to access an appointment. The health centre had examined this in detail and had introduced a new appointment process whereby all babies under three months of age were to be given same day/urgent appointments.

Overview of safety systems and processes

The practice and walk-in centre had 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 were lead members of staff responsible for safeguarding. A GP attended monthly safeguarding meetings with the

midwife and health visitor and they were able to give examples of when safeguarding concerns had been raised in the past. Staff demonstrated they understood their responsibilities and all staff had received training on induction and on an annual refresh basis into safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child safeguarding level three, and non-clinical staff were trained to level one. However, we did note that certain areas of safeguarding documentation were slightly out of date. We raised this with managers from the provider, Local Care Direct Limited, who agreed to review this.

- The practice and walk-in centre used a prioritisation tool to identify patients who needed to be seen urgently by a clinician upon presentation at reception. Reception staff were trained in the use of the tool and would fast track patients for treatment if required.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted that DBS checks were updated on a three yearly basis.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GPs and the practice nurse were the infection prevention and control (IPC) clinical leads, and they liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A recent IPC audit carried out on 26 January 2016 showed an overall compliance score of 85% had been achieved.
- 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 medicines optimisation team, to ensure prescribing was in line

Are services safe?

with best practice guidelines for safe prescribing. At the time of inspection they were working with the team to reduce antibiotic prescribing. Overall the practice showed satisfactory performance in relation to prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. He received support from GPs within the practice when required.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed personnel files on the day and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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 on the computer system. The practice had up to date fire risk assessments and was subject to 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. The practice had a property maintenance agreement which covered other mandatory checks such as those in relation to passenger lift testing.
- The practice had in the past suffered as a result of an inability to recruit and retain staff. As a result of this there were incidents when there was insufficient GP cover for multiple sessions. The practice had responded to this by arranging long term locum cover and they had also developed an annex to their business continuity plan setting out steps to take should a GP be unavailable within the practice. At the time of inspection

the practice had adequate staffing arrangements in place. Local Care Direct Limited had also developed a number of internal key performance indicators which it reviewed on a monthly basis; these indicators included those in relation to clinical staffing levels and locum usage.

- Due to the regular use of locums the provider had developed a detailed locum pack and guide to give key information to new locums. In addition a locum checkout form had been instituted for locums to complete at the end of each session. This ensured the practice were aware of any referrals, outstanding issues or areas for follow up.
- There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example, the practice GPs delivered evening cover at the walk-in centre.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice held a stock of emergency medicines which were easily accessible to staff in a secure area of the practice. However, during the inspection staff could not identify where a particular emergency medicine was stored and it appeared to be out of stock. We were told subsequent to the inspection by the provider, and were shown evidence to support this, that the medicine was in stock within the practice.

The practice and walk-in centre had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice and walk-in centre 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 and walk-in centre 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 peoples' needs. Alerts and updates were emailed to all primary care staff and hard copies were available when required. Alerts and updates were also discussed at weekly team meetings.
- The practice and walk-in centre monitored that these guidelines were followed through risk assessments, audits and through the providers own internal performance monitoring system.

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 recently published results showed the practice had achieved 94% of the total number of points available. The practice had a high overall clinical exception reporting rate of 28% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The provider informed us the high exception rate was due in part to the demographic and socio-economic profile of its population. For example, the provider had high numbers of patients with whom it was difficult to engage because of their personal circumstances and temporary living arrangements. Prior to exception reporting the practice told us that it would attempt to contact patients via a variety of methods which included letters, telephone calls and text messages. These contact attempts were recorded in the patient notes.

Data from 2014/2015 showed mixed overall performance. Results may have been affected by the demographic characteristics of the patient population and the level of exception reporting:

- Performance with exception reporting for diabetes related indicators was 98% which was 8% above the CCG average and 9% above the England average.
- Performance with exception reporting for mental health related indicators was 100% which was 6% above the CCG average and 7% above the England average.
- Performance with exception reporting for dementia related indicators was 77% which was 17% below the CCG average and 18% below the England average.

There was evidence of quality improvement including clinical audit.

- The provider submitted evidence to show that clinical audits and peer reviews had been carried out in the last two years. However it was noted that many of the audits discussed on the day of inspection were single cycle.
- At the time of inspection the provider was developing a future audit programme for the coming year.

Effective staffing

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

- The provider had a two day induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice and walk-in centre could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff were prompted via the provider when update training was due to be retaken and monitored to ensure that this had been carried out.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. It was noted though that due to staffing issues meetings in the past had been subject to cancellation. At the time of inspection these had been reinstated.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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. When required, meetings took place with other health care professionals where care needs were considered and plans reviewed. Due to the age profile of the practice multidisciplinary working in relation to older people and palliative care was limited (only 3% of the population was aged over 65 years and at the time of inspection the practice had no patients on its palliative care register).

All patients who attended accident and emergency (A&E) or had an unplanned hospital admission were reviewed and their needs assessed. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission and coded on the electronic records to alert other clinicians.

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 and were aware of the Gillick/Fraser competencies. (These are used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol support
- who acted in the capacity of a carer and may have required additional support

The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

We were told the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were worse than CCG averages. For example, childhood immunisation rates for the vaccinations given to those under two year olds ranged from 84% to 98% (CCG averages ranged from 95% to 98%) and five year olds from 48% to 68% (CCG averages ranged from 92% to 97%). We discussed the variation in figures with the provider who felt that this was due to the difficulty the practice had at

Are services effective? (for example, treatment is effective)

successfully engaging with some families, due to language or cultural issues. The practice told us that it tried to contact the parents/carers of children who had missed vaccinations and worked closely with health visitors to improve immunisation rates.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in the practice consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, curtains were not available in the walk-in centre consulting room and in this area the practice relied on the use of mobile screens and locking the door during examinations and treatments if this was appropriate and consented to by the patient.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

The practice did not have a current active patient participation group (PPG), but was in the process of developing a "virtual PPG". It was felt by the provider that with the practice patient demographics that a virtual approach would be more successful than a more traditional meetings based approach that had been tried in the past and had not flourished.

Results from the national GP patient survey showed the practice was rated slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 90% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day 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 mixed patient responses to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

The provider was aware of issues in relation to some of these satisfaction scores being relatively low. It had discussed these scores with staff to raise awareness, and had recently taken staff out of practice to attend an externally facilitated customer care training session.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The needs of the growing Polish population in the area had been recognised and a leaflet had been translated into Polish which outlined services provided by the practice, this was given to patients on registration.
- A hearing loop was available to support those patients with a hearing impairment.

- The practice was wheelchair accessible and the practice was served by a passenger lift to assist those with mobility issues.

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.

There was a carers' register in place and the practice's computer system alerted GPs if a patient was also a carer, at the time of inspection the practice had 22 carers on the register (under 1% of the practice population). Carers were eligible for the winter flu immunisation and a personalised care plan. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced a bereavement that the practice was able to offer either support or signpost to other bereavement agencies.

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.

- Practice patients were also able to access the walk-in centre which was open 8am to 8pm 365 days per year.
- There were longer appointments available for patients with a learning disability or those who had other needs which necessitated longer time spent with a clinician.
- 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 young babies and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpretation services were available.
- Both the practice and walk-in centre provided services for traveller families, migrant workers and their families and asylum seekers.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, and the walk-in centre was open between 8am and 8pm seven days a week every day of the year. The practice offered pre-bookable appointments, urgent/ on the day appointments and telephone consultations. The walk-in centre dealt with patients on an urgent/on the day basis.

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

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 75%.

The three patients we spoke to on the day told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

When requests for home visits were made reception staff had been informed to gather as much information as possible to allow for an informed decision to be made. The request would be put through to the duty GP who would call the patient and make a decision as to whether a home visit could be made based on the clinical need of the patient.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

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, the practice website contained details of how to make a complaint.

We looked at four complaints received in the last 12 months and found they had been investigated and dealt with in a timely manner. In responses to complaints the practice explained the investigation findings and when necessary had made an appropriate apology. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a complaint that incorrect information had been given concerning a delay in referral led to the correct information being provided to the complainant with an apology, and work taking place to improve communication with regard to the referral process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The provider had specified aims and objectives with regard to the delivery of the services it provided and staff knew and understood the values.
- The provider had a strategy and supporting business plans, which included an annual plan which reflected the vision and values and these were regularly monitored.
- The provider was also aware of the challenges it faced in regard to contracts, staffing, and the recruitment and retention of staff and had put in place measures to overcome these. For example, previous staffing issues had been tackled through the employment of long term locums.

Governance arrangements

The provider had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a staffing structure and that staff were aware of their own roles and responsibilities.
- Specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice and walk-in centre was maintained and the provider had a rigorous approach to performance monitoring which included the development of internal key performance indicators.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The provider had developed a risk register which it monitored and which covered key areas of challenge including staff recruitment and retention.
- At the time of inspection it was noted the provider was not registered with the Care Quality Commission to provide family planning, surgical procedures and maternity and midwifery services. This was drawn to the attention of Local Care Direct Limited, who immediately

agreed to stop providing those services until the application for registration for these activities had been completed. Since the inspection the provider has made registration applications to the Care Quality Commission for the addition of these activities.

Leadership and culture

We were told on the day of inspection that Local Care Direct Limited prioritised safe, high quality care. We saw evidence that there was management and oversight of the operation of the practice and walk-in centre, however there were some issues such those related to registration, child immunisation rates and customer satisfaction.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty, and had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings, although staffing issues in 2015 meant that these had been subject to cancellation at times.
- 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.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. A PPG was not operating at the time of the inspection, however the practice was developing a "virtual PPG" and regular

Are services well-led?

Good 

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

emails had been sent to patients who had signed up as virtual members. Local Care Direct Limited felt that this approach would better meet the needs of its patient group.

- Local Care Direct Limited analysed survey feedback and told us that this was used plan service improvement. For example, some low patient satisfaction survey results had led to additional staff training with regard to customer care.
- The practice had gathered feedback from staff through meetings and annual appraisals. Staff told us on the day that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The provider had developed some specific approaches to improving services and outcomes, and safeguarding patients. For example they had:

- Developed a handover form for completion by locums to ensure that key information was recorded and could be picked up by others.
- Worked closely with the CCG medicines optimisation team to improve prescribing performance.
- Developed a risk register which was discussed and updated each month at management meetings.