

Chapel Lane Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Requires improvement 
Are services well-led?	Inadequate 

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 Chapel Lane Surgery on November 17 2016. Overall the practice is rated as Requires Improvement.

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

- There was an open and transparent approach to clinical safety. There was an effective system in place for reporting and recording significant events.
- The practice was delivering family planning services, a regulated activity that they were not registered for.
- There were a number of governance issues that could adversely impact on patient safety. For example, all required staff checks had not been undertaken. There was a lack of monitoring of cleaning. Water temperature checks had not been consistently carried out, in line with the risk assessment on Legionella control. There was no evidence of an electrical safety certificate for the building or that the provider had requested a copy of this from the landlord.
- Staff training and appraisals were not being delivered as required.
- The practice did not have a system in place to ensure that any abnormal results from screening programmes were followed up.
- Staff meetings were in place and were minuted.
- Information documented on Patients Specific Directions was insufficient.
- Only seven staff had been appraised since 2012.
- Housekeeping issues required attention, for example cleaning and premises checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said it was not easy to make an appointment with a named GP but this could be done if they were prepared to wait several weeks to see that GP. There was continuity of care, if patients needed it.

Summary of findings

- Urgent appointments were available the same day.
- Common themes and cause for complaint in patient feedback had not been effectively addressed by the practice. An action plan detailing how improvements would be made lacked appropriate detail.
- Staff felt supported by management. However clear leadership which followed governance processes to support the practice was lacking.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas where the provider must make improvements. The provider must:

- Ensure information required by nurses when administering ongoing care and treatment is sufficient for purpose.
- Ensure that any abnormal results from screening programmes are tracked to ensure each patient is followed up.
- Have governance systems in place to ensure:

- patient feedback is acted upon and areas requiring improvement are addressed; and
- that all buildings and premises checks are in place.
- Ensure that all staff receive the training required to deliver their duties effectively and are regularly appraised and monitored.
- Ensure that all recruitment checks as required by the regulations are taken up and held on record.

There were also areas where the provider should make improvements. The provider should

- Develop and maintain a carer's register.
- Ensure staff know what the protocol is for handling requests for safeguarding reports and that the safeguarding register for the practice is up to date.

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.

- The practice had systems in place for reporting, recording and investigation of significant events. We saw that all staff were familiar with these systems and learning from events was shared.
- Information on patient's consultation notes were insufficient to inform nurses delivering on-going treatment to patients, on how long a treatment should continue, relevant dosage, injection site etc.
- There were no failsafe systems in place to review patients who had received abnormal results from screening programmes.
- Some staff had not received mandatory safeguarding training for both children and adults.
- All required recruitment checks were not in place.

Requires improvement



Are services effective?

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

- The practice had a system in place for receipt, review and discussion of NICE guidance updates.
- MHRA alerts and other safety alerts were well managed within the practice.
- QOF performance was good across all areas, with overall low rates of exception reporting.
- There was no effective system in place to ensure all staff training and appraisals were up to date. Only seven staff appraisals had been conducted since 2015. Two of the practice nurses and the advanced nurse prescriber had not been appraised.
- We saw some evidence of clinical meeting agendas but there were no minutes from these meetings. We could see that communication between the partners was in place but there was a lack of evidence that communication across the practice was effective.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in the provision of phlebotomy services.
- Patients said they could make an appointment with a named GP but that this was difficult. There could be and there was continuity of care for those patients who requested this.
- A number of appointment slots were kept for urgent, on the day appointments.
- Patients requesting urgent appointments for the same day when no further slots were available, had their clinical needs triaged by GPs.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.
- We saw that patients gave feedback consistently on the same issues, those being availability of appointments, waiting time to see the GP when at the surgery, and getting through to the practice by phone. Although the practice had responded to this in part measures in place did not address these issues.

Requires improvement



Are services well-led?

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

- The practice had a vision and a strategy but there was a lack of management of tasks and processes to support this.
- Housekeeping and governance issues in most areas required attention. Examples included buildings and premises checks

Inadequate



Summary of findings

not in place; for example, evidence of electrical safety for the building had not been checked by the practice. There was a lack of effective monitoring of cleaning in place, record keeping in respect of staff records required attention.

- The practice was delivering family planning services, which they were not registered for, as required by regulations.
- The practice could show us two sets of minutes from clinical meetings in April and June of 2016. These lacked action points, who would lead on these, updates on outcomes of previous action points and other mechanisms to drive governance and improvements within the practice
- Staff were engaged and managers were accessible to staff.
- An action plan on how services would be improved following the last NHS England GP Patient survey results had been drawn up. However, there were no action points assigned to particular staff, no time bound tasks to drive the improvements or a timeline for when improvements would be implemented.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff.

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 requires improvement for the care of older people. The rating of inadequate in the domain of well-led and requires improvement in the safe, effective, responsive domains impact on all population groups. However:

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice reviewed patients over 75 years of age to check the risk of frailty and where required, put care plans in place to better support these patients.
- The practice had a priority telephone line for older patients and their carers for use in an emergency.
- The practice had an advanced nurse prescriber who could visit older patients in their home to deliver health checks and review long term conditions.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The rating of inadequate in the domain of well-led and requires improvement in the safe, effective and responsive domains impact on all population groups. However:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- QOF performance for diabetes care was good, with the practice achieving higher than average scores in the majority of indicators, with low rates of exception reporting.
- Longer appointments and home visits were available when needed.
- Call and recall systems for review of patients were good and well managed by nursing staff that had a lead role in chronic disease management.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The rating of inadequate in the domain of well-led and requires improvement in the safe, effective and responsive domains impact on all population groups. However:

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice were delivering family planning and maternity and midwifery services whilst they were not registered for these regulated activities.
- There was evidence that the safeguarding register for the practice required updating. We were unable to establish whether the practice met all requests for safeguarding reports.
- Some essential training for staff had not been completed, for example safeguarding training.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- GPs and nurses' understanding of Gillick competence and application of this in their work was good.
- Rates of cervical screening were slightly below both CCG and national averages, but with lower rates of exception reporting than CCG and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The rating of inadequate in the domain of well-led and requires improvement in the safe, effective and responsive domains impact on all population groups. However:

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

Requires improvement



Summary of findings

- The practice ran early morning surgeries two mornings each week, when appointments were available from 7am.
- Patients told us that the electronic prescribing system worked well and that they did not experience problems ordering repeat prescriptions.
- The practice could offer a choice of male and female clinicians for those who expressed a preference.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of vulnerable people. The rating of inadequate in the domain of well-led and requires improvement in the safe, effective, responsive and well-led domains impact on all population groups. However:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice could not show us a carers register and said this was still being developed.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children. Although staff were aware of their responsibilities regarding information sharing, we were unable to confirm that the practice met its responsibilities to provide reports for use at safeguarding review boards.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The rating of inadequate in the well-led domain and requires improvement in the safe, effective and responsive domains impact on all population groups. However:

- QOF data showed 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is 10% below the national average and 7% lower than the CCG average.
- QOF data for patients with mental health conditions showed the practice performed well in the care and management of these patients.

Requires improvement



Summary of findings

- The practice was working to update all patients' records to show accurately whether patients had been diagnosed with dementia or had been diagnosed with more minor memory problems.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results were mixed. For the survey 221 forms were distributed and 122 were returned. This represented the views of 1.5% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 69%.
- 72% 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 79% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 77.5% 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 85% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards, 30 of which were all positive about the service. We had 11 comment cards where people had said they found it very hard to get an appointment with the doctor and found it very difficult to get through to the practice by phone.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the practice Friends and Family Test showed that between April and October of 2016, of 366 people asked if they would recommend the practice to friends and family, 253 patients said they were extremely likely to recommend the practice, 105 patients were likely to recommend the practice, three were neither likely or unlikely to recommend the practice, and four patients said they were unlikely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure information required by nurses when administering ongoing care and treatment is sufficient for purpose.
- Ensure that any abnormal results from screening programmes are tracked to ensure each patient is followed up.
- Have governance systems in place to ensure:
- patient feedback is acted upon and areas requiring improvement are addressed; and
- that all buildings and premises checks are in place.

- Ensure that all staff receive the training required to deliver their duties effectively and are regularly appraised and monitored.
- Ensure that all recruitment checks as required by the regulations are taken up and held on record.

Action the service **SHOULD** take to improve

- Develop and maintain a carer's register.
- Ensure systems in place for the sharing, discussion and implementation of updated NICE guidance for clinicians are effective.
- Ensure staff know what the protocol is for handling requests for safeguarding reports and that the safeguarding register for the practice is up to date.

Chapel Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Chapel Lane Surgery

Chapel Lane Surgery is a partnership GP practice, run by five GP partners, three male and two female. The combined working hours of the GPs give the whole time equivalent (WTE) of 4.75 doctors. The practice provides GP services to approximately 8,000 patients. All services are delivered under a PMS contract. Chapel Lane Surgery is part of Southport and Formby Clinical Commissioning Group (CCG). The practice is a training practice, hosting medical students. The practice is also a registered Yellow Fever Vaccination Centre.

The partner GPs are supported by an Advance Nurse Prescriber (ANP), five practice nurses and two health care assistants.

The practice administration and reception team are led by the practice manager.

Physiotherapy, counselling and midwifery services are delivered from the practice premises by community based clinicians.

The opening hours of the practice are Monday to Friday, 8am to 6.30pm. The practice offers extended hours surgeries two mornings each week between 7am and 8am and on one evening each week between 6.30pm and 8.30pm. The practice closes on one Wednesday afternoon per month for staff training.

The practice premises provide patient services on ground and first floor level. The building is fully accessible at ground floor level for those with limited mobility. The consulting rooms on the first floor are used when medical students are placed with the practice, and an additional room is rented out to a physiotherapist who delivers services from the building. The services of the physiotherapist are not linked to the practice and were not inspected as part of this inspection. Car parking is available at the back of the practice and there are clearly marked disabled parking spaces at the rear of the surgery. There are automatic entrance doors at the front of the building and part of the reception desk has been lowered to accommodate wheelchair users when speaking with reception staff. The disabled toilet on the ground floor of the building also has baby change facilities.

The practice has eleven consulting rooms, seven of which are on the ground floor. There is also a fully equipped treatment room. The disabled toilet in the building also has baby change facilities.

At the time of our inspection, the practice was seeking to recruit a salaried GP, either part time or full time to further support the clinical team. This advert had failed to attract any suitable candidates and there were plans to place the advert again. The practice were looking at new ways of working, including employment of a practice clinical pharmacist. We also noted that the practice was delivering family planning services, a regulated activity that it is not registered for, as required by regulation. Practice partners said they would address this immediately. We noted that family planning services had actively been provided since 19 July 2016.

When the practice is closed, patients ringing the surgery are directed by a phone message to ring NHS 111. Following review of patients, NHS 111 can refer patients to the locally commissioned out of hours service, Go to Doc.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2016.

During our visit we:

- Spoke with a range of staff including three GP partners, a practice nurse and an advanced nurse prescriber. We also spoke with the practice manager, a reception manager and an administrator.
- We spoke with patients who used the service.
- Observed how patients were being cared for and how staff interacted with patients when arriving at the practice.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We also met with the practice patient participation group (PPG).

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 the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and patient safety alerts. We saw that systems to receive and distribute these worked well. We saw from the write up of significant events that they had been discussed and learning points from the event were detailed.

Overview of safety systems and processes

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

- Policies were in place to safeguard children and vulnerable adults from abuse. These reflected relevant legislation and local requirements.
- Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Not all administrative support staff had received safeguarding training relevant to their role. The health care assistants had not received safeguarding training

relevant to their role. When we brought this to the attention of the practice manager, it was confirmed that this was the case and steps were taken to deliver e-learning on safeguarding to these staff members.

- GPs were trained to child protection or child safeguarding level 3.
- When we reviewed the practice safeguarding register, we saw that some of the information may have been out of date. It was unclear as to when a safeguarding status had been changed from 'at risk', to a 'child in need'. We were unable to establish whether requests for safeguarding reports had been responded to. Staff were unable to locate any requests on the practice system and did not know where these would be stored within the patient's record. When GPs were asked about this they said they actioned these whenever possible.
- 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)
- We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice manager acted as a deputy. We noted when looking at training records, these recorded that only one of the nurses had received infection control training; again the practice manager was unable to say whether it was records that were incorrect or that staff still required this training.
- There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- When we walked around the building and made cleanliness checks on rooms, we saw some rooms had not been cleaned to the required standards. When we checked monitoring of cleaning, we saw that this had not been done consistently.
- 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

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow practice nurses to administer medicines in line with legislation. However, in the case of Patient Specific Directions, we saw examples where nurses were to rely on notes of GPs made in patient's consultations. These consultation notes were insufficient, and did not contain all information required on dosage of medication, site of administration, how long to continue treatment and at what dose.
- Health Care Assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber, for example, flu vaccines.
- We reviewed five personnel files and found all recruitment checks required had not been conducted for these staff. For example, none of the staff files we checked showed that references had been taken up for those staff. In the case of one directly retained locum GP, no checks had been undertaken. Following inspection we gave the practice 24 hours to carry out these checks and send evidence these has been completed to us, which the provider did.

Monitoring risks to patients

Risks to patients were insufficiently managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We noted that in the reception foyer at the front of the building, the carpet was torn and this required attention to reduce the risk of trips and falls.
- The practice had up to date fire risk assessments and carried out 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. However, the practice were unable to show us an electrical safety certificate for the building, which should be in place for any rented premises.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, when we checked, the practice had a legionella certificate but as required by the risk assessment, water temperature checks were not consistently being undertaken. We saw several two week gaps and one gap from October 2015 to the beginning of March 2016 where no checks had been conducted.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw that all booked holiday dates were recorded in advance to ensure planning was sufficient to meet patient needs.

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 was available in the reception area of the practice.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice GPs told the inspection team they had systems in place to keep all clinical staff up to date. Staff told us they had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice showed us how they subscribed to 'Hot Topics' for updates on NICE guidance.
- The practice GPs did not have any system in place to ensure that any abnormal results from national patient screening programmes were followed up. We were advised that this was left to the administrators of screening programmes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 100% of the points available, with an overall exception reporting rate of 6.5%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

Performance for diabetes related indicators was better than CCG and national averages, for example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 95.5%, compared to the CCG average of 90% and national average of 89%.

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 59mmol/mol or less in the preceding 12 months was 80%, compared to the CCG average of 71% and national average of 70%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64mmol/mol or less in the preceding 12 months was 86%, compared to the CCG average of 76% and national average of 78%.
- Performance for mental health related indicators was better than CCG and national averages. For example:
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed, comprehensive care plan documented in their record in the preceding 12 months was 91%, compared to the CCG average of 86% and national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with a record of alcohol consumption in the preceding 12 months was 94%, compared to the CCG average of 83% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits in the last two years, two of which were completed audits where the improvements made were implemented and were being monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit highlighted further training needs and guidance on use of combined oral contraceptives. Ultimately, this benefited patients who required advice on whether this form of contraception is suitable for them and whether it will meet their needs.

Information about patients' outcomes was used to make improvements such as in the call and recall of patients with signs of chronic kidney disease.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as buildings familiarisation, fire safety, health and safety and confidentiality. When we reviewed the staff file of the

Are services effective?

(for example, treatment is effective)

most recently recruited staff member, we saw they had received a full induction on starting at the practice but records did not demonstrate that all required training, such as safeguarding to the required level and infection control training had been received. Following inspection the practice started to address this by delivering e-learning training on mandatory topics to those staff that required this.

- Records held by the practice did not show role-specific training and updating for all relevant staff. For example, for those reviewing patients with long-term conditions. We were able to review the training record of one of the practice nurses. The training records for the other four practice nurses were not held by the practice manager. Much of this training would have been delivered by the CCG lead nurses or on specialist courses arranged by the CCG. Although nurses appeared competent in their roles the lack of formal records held by the practice made checking on staff training difficult. We have since asked the practice to provide the training records for the practice nurses and for healthcare assistants.
- Staff administering vaccines and taking samples for the cervical screening programme said they 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, attendance a CCG organised annual immunisations update and discussion at practice meetings.
- We were told that staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice said they were in the process of moving over to another e-learning system. Information held on a staff training matrix showed gaps in training for staff. From staff records it was not possible to say if all mandatory training for staff had been delivered. For example, safeguarding training for health care assistants, infection control training for health care assistants, in house fire safety and equality, diversity and human rights training for nurses and health care assistants. Following our inspection, we were told that nurses had all received safeguarding training to level three on CCG led events. We have since received evidence of this. We have also received evidence that the practice are now training health care assistants to safeguarding level one.

- Only seven staff had received an appraisal since 2012. These seven staff had been appraised from the end of 2015. The advanced nurse prescriber and two of the practice nurses had not been appraised.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We were able to confirm that multi-disciplinary team palliative care meetings were taking place regularly.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care and those at risk of developing a long-term condition. Patients were signposted to relevant services. The practice had not developed and maintained a carer's register.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 79%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available, and providing information in different languages and formats for those that required this. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 98% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 41 patient Care Quality Commission comment cards. Thirty of these were positive about the service experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. Eleven comment cards expressed less positive views, commenting on appointment availability, the length of time patients had to wait to see the doctor on arriving at the practice, and the ability to get through to the practice by phone.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 94.5% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.5% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 thirty positive comment cards we received aligned with these views. We also saw that care plans were personalised.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format, and could be printed off for patients in another language if required.
- A hearing loop was available for those with hearing difficulties.

Patient and carer support to cope emotionally with care and treatment

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

The practice had not developed and maintained a carers register. We saw that in waiting and reception areas, written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice ran an admissions avoidance scheme and enhanced services such as joint injections, cryotherapy and travel health immunisations.

- The practice offered an early morning clinic on Tuesday and Wednesday each week from 7am until 8am, when a GP was available for pre-bookable appointments.
- The practice also provided a further, late evening surgery on Tuesday of each week, between 6.30pm and 8.30pm, when an Advance Nurse Prescriber was available for pre-booked appointments. We noted that this was not advertised on the practice website and the NHS Choices website had not been updated to show any of the extended surgeries available at the practice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and telephone translation services available.
- The practice reception area had a section of desk that was lowered to provide easier communication for disabled patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesday and Wednesday mornings between 7 and 8am. In addition to this there was a late evening surgery between 6.30pm and 8.30pm on Tuesday evening. Pre-bookable

appointments could be booked up to four weeks in advance. Urgent appointments were also available for people that needed them. GPs also provided pre-bookable telephone consultations each day.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and national average of 79%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However feedback on comment cards that was less positive (approximately 25%) showed patients were not satisfied with access to appointments.

We reviewed patient feedback from the practices Friends and Family Test results, and comments made by patients, between October 2015 and October 2016. This showed that of those patients responding to the Friends and Family Test between April and October of 2016, of 366 people asked if they would recommend the practice to friends and family, 253 patients said they were extremely likely to recommend the practice, 105 patients were likely to recommend the practice, three were neither likely or unlikely to recommend the practice, and four patients said they were unlikely to recommend the practice. The practice had kept a log of comments made by patients. We saw that in the space of 12 months, the practice had received fifty eight negative comments. We noted that 58 positive comments had been received for the same period. There were common themes in the comments, with the most repeated comment being that there was 'nothing to improve'.

When we analysed the negative comments we saw that there were common themes. One of the most repeated comments was about waiting time when at the surgery for appointments, which had been made 15 times. Equally, comments about availability of appointments and access to these attracted 15 negative comments. We reviewed plans the practice had for improvements to the service. We saw that an Advanced Nurse Prescriber had been recruited in July of 2015, but the impact of this had not been

Are services responsive to people's needs?

(for example, to feedback?)

measured. The practice said it had advertised for a salaried GP but had not been successful in recruitment. Following our visit, we were told that further advertisements were to be placed for a salaried GP. The practice had produced an Action Plan on 16 November 2016 (the day before our inspection), in response to the NHS England GP Patients Survey, (results published July 2016) saying it was to introduce a new telephone message to better deal with telephone traffic, and a new call handling system. The practice had not identified what this system would be, how it would work, when it would be introduced and who would be responsible for monitoring improvements. The Action Plan stated that a practice pharmacist would be recruited, but there was no timeline for this. Similarly, there was no plan in place as to what the practice would do if they were unable to recruit a new salaried GP. There was no action or ongoing monitoring on the waiting time of patients when at the practice, to see if this had improved since the recruitment of the nurse prescriber.

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.

We saw that all requests for home visits were recorded. GPs reviewed these requests and prioritised the visits accordingly.

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

Listening and learning from concerns and complaints

The practice had 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 and this was prominently displayed in the reception area of the practice.

We looked at three complaints received in the last 12 months and all had been handled in line with the practice complaints policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients. The practice patient list has remained open to new patients and the partners are seeking to develop new practice premises locally, subject to funding. The practice had a strategy and supporting business plans which reflected the vision.

Governance arrangements

The practice had a governance framework designed to support delivery of the strategy and quality care. However, governance processes were weak and not always adhered to.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- We noted that the majority of staff had not been appraised since 2012 and this included nurses, HCA's and administrative staff. The advanced nurse prescriber started working at the practice in July 2015 but had not been appraised since then.
- Practice specific policies were available to all staff. However, several of these were not followed in practice, for example, in relation to recruitment, infection control, staff training and appraisal and in record keeping.
- Safeguarding training for all staff had not been completed. We also noted that administrators were unable to identify any requests for safeguarding reports on patient records, or where these would be stored. There was evidence that the practice safeguarding register required updating. There was no oversight of these duties by the practice manager.
- A good understanding of the performance of the practice was maintained but effective and well-led action to address areas that required improvement needed strengthening.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks and practice issues but follow-up of these required improvement.

- The practice were delivering the regulated activity of family planning without registration with CQC, as required. This service had been delivered to patients since July 2016.

Leadership and culture

On the day of inspection we saw that clinically the partners in the practice demonstrated they had the experience, capacity and capability to deliver quality care. They told us they prioritised safe and compassionate care. Staff told us the partners were approachable and took the time to listen to all members of staff. However, we saw there was a disconnect between 'back room' processes and the running of the practice. There was insufficient evidence of steps taken to improve services for patients, for example, in waiting time for appointments, access to appointments and in patients being able to get through to the practice by phone. When we spoke with the practice partners, a lot of emphasis was placed on the possible move to new premises, but this was not a certainty and more work was required to improve patient access in the intervening period.

We did note that when we delivered feedback at the end of the inspection, the leadership team viewed this constructively. In the time following the inspection, the practice has started to deliver necessary staff training to all staff and is updating recruitment records.

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

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

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

- Staff told us the practice held regular team meetings and we saw minutes of these.

Are services well-led?

Inadequate 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The practice encouraged feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service, through the practice patient participation group (PPG).

- The practice had gathered feedback from patients through the (PPG) and through surveys and complaints

received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, on the type of service they would like to see if the practice moved to new premises

- The practice had gathered feedback from staff through staff meetings, and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- More work was needed on acting on the feedback of patients, with time bound tasks assigned to specific leaders in order to deliver tangible improvements to the service.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2008</p> <p>Safe care and treatment</p> <p>Regulation 12(2)</p> <p>The provider did not do all that was reasonably practical to mitigate risks.</p> <p>The provider did not have systems in place to ensure that any abnormal results from screening programmes were followed up.</p> <p>Information contained within patient consultation records was insufficient to instruct nurses on how to deliver on-going care and treatment.</p> <p>All required premises checks were not in place. Water temperature checks as required by the risk assessment on the management of risk of Legionella were not consistently carried out.</p> <p>The provider could not show evidence they had asked for or seen an electrical safety certificate for the building.</p> <p>The provider did not carry out regular buildings safety checks. We saw that frayed carpet in the entrance to the practice had not been taped down to avoid accidents.</p>
Family planning services	<p>Section 10 HSCA Carrying on a regulated activity without being registered</p> <p>Section 10 of the Health and Social Care Act 2008 (Registration) Regulations 2009.</p>

This section is primarily information for the provider

Requirement notices

The practice were delivering the regulated activity of family planning without the correct registration required to deliver this service. This was in breach of the provider's registration with The Care Quality Commission.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2008</p> <p>Good governance</p> <p>The provider did not establish and effectively operate systems or processes to improve the quality and safety of services. There was no measurement in place to check whether access to appointments with GPs had increased since the recruitment of an advanced nurse prescriber.</p> <p>There was no action plan in place to address further patient concerns raised such as waiting times when arriving at the practice and getting through to the practice by phone.</p> <p>The provider failed to ensure that all staff were supported to undertake training, learning and development. We saw there were a number of gaps in training for several staff, for example, in safeguarding and infection control.</p> <p>Staff had not received annual appraisal since 2012. This included four out of five of the practice nurses as well as administrative staff.</p> <p>The provider did not undertake all employment checks as required by Schedule 3 of the regulations. Staff records we checked did not have evidence of health screening or reference checks. For one locum GP used there were no recruitment checks in place.</p> <p>The provider did not ensure that cleaning at the practice met required standards. There was no evidence of cleaning audits or checks in place. When we checked the standard of dusting, we found dust on curtain rails and in the corner of one of the treatment rooms.</p>