

Dr Price & Partners

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?

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 Dr Price and Partners on 2 August 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 safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, however some improvements are needed to ensure a range of risk assessments are carried out.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There were shortfalls in training provided for staff on areas such as basic life support and safeguarding children and adults.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The provider was actively involved in research studies.

The areas where the provider must make improvement are:

Summary of findings

- Ensure a comprehensive building and environmental risk assessment is carried out and any areas identified for improvement are actioned. Ensure actions from fire risk assessments are carried out fully.
- Ensure staff receive training to enable them to carry out their role, in particular on basic life support and safeguarding patients.
- Ensure all staff receive an induction programme and have regular ongoing appraisals.

The areas where the provider should make improvement are:

- Review arrangements for recruitment to make sure all necessary information is obtained prior to a member of staff commencing employment.

- Continue to implement the appraisal system, in order that all staff receive regular reviews.
- Continue to review policies and procedures to make sure they are relevant, current and easily accessible for staff.
- Consider reviewing the arrangements for reporting to complaints to provide information to patients on agencies they can contact if they are not satisfied with the practice response.

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.

- 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 practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, we found shortfalls in training provision for safeguarding.
- Risks to patients were assessed and well managed, but there was no overarching risk assessment of the building and environment.

Requires improvement



Are services effective?

The practice is rated requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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, shortfalls in the appraisal process were being addressed by the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



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 in line with others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Improvements were needed to make sure patients were aware of other agencies they could contact if they were not satisfied with the practice response to their concerns.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. Policies and procedures were being reviewed to make sure they were relevant, current and easily accessible for staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 provider was rated as requires improvement for safety and for effective and good for caring, responsive and well-led.

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for effective and good for caring, responsive and well-led.

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for diabetes indicators were similar to clinical commissioning group and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for effective and good for caring, responsive and well-led.

Requires improvement



Summary of findings

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 provider was rated as requires improvement for safety and for effective and good for caring, responsive and well-led.

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for effective and good for caring, responsive and well-led.

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

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

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 living with dementia). The provider was rated as requires improvement for safety and for effective and good for caring, responsive and well-led.

The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Indicators for mental health conditions were comparable to clinical commissioning group and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 those living with dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 317 survey forms were distributed and 108 were returned. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. All patients said they receive a good or excellent service. Some comments cards included names of staff they particularly thought were deserving of praise, which included GPs, nurses and reception staff. All patients said they were treated with dignity and respect and listened to.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Families and Friends test (June 2016), showed that 80% of respondents would recommend this practice to others.

Dr Price & Partners

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, an assistant CQC inspector, and a practice manager specialist adviser.

Background to Dr Price & Partners

Dr Price and Partners is situated near the sea front in a residential area of Portsmouth. The practice is also known as Osborne Road and is part of the Trafalgar Medical Group of GP practices. At the time of inspection the practice had merged with Ramillies Practice, whose location would be closing in November 2016. This meant that the practice had approximately 17000 patients registered with it. The other GP practice continues to operate as a separate location.

Dr Price and Partners has six GP partners four of whom are male and two of whom are female. There are two salaried GPs. The practice also employs five practice nurses and four healthcare assistants, who work across all three locations. The practice is a training practice and has registrars who are doctors training to become GPs. The clinical team are supported by an operations manager, a business manager and a team of reception and administration staff. The practice is actively involved in research projects, both locally and nationally.

Dr Price and Partners is situated in an area which is one of the fifth most deprived areas of England. The patients are from a mix of ethnic backgrounds and include White British

and migrants from countries such as Syria. The practice has higher numbers of patients aged between 25 to 54 years old, when compared with national averages. There is a high student population in the practice area.

The practice was open between 8.30am until 8pm on Mondays; 8.30am to 6.30pm Tuesdays to Fridays; and 8am until 12pm on Saturdays. Telephone lines opened at 8am each day. When the practice is closed, patients are advised to contact the out of doctors' via the NHS 111 service.

We inspected the location:

25 Osborne Road

Southsea

Portsmouth

PO5 3ND

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 August 2016. During our visit we:

- Spoke with a range of staff which included GPs, practice nurse, the business and operations managers and reception and administration staff. We spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living 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 their manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had two cold chain failures within three months. (A cold chain failure is when fridges do not work at the correct temperature, for example is too high, and vaccines are therefore not stored correctly and may not be fully effective if used). On both these occasions the practice followed their cold chain failure policy and they quarantined the vaccines, so they would not be used, and sought advice from the manufacturer. The manufacturer advised that the vaccines could be used, as long as patients were made aware that they may not be fully effective. Therefore the practice disposed of all vaccines which had been affected to ensure patients would receive effective treatment. As a result changes were made to the power supply to ensure that there was a separate electric box for vaccine fridges to ensure vaccine safety and effectiveness.

Overview of safety systems and processes

The practice had defined 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. We found that the children's safeguarding policy contained contact information for Primary Care Trusts, rather than clinical commissioning groups and therefore we could not be certain the details were correct. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nursing staff were trained to level 2 in child protection. We reviewed the training plan and noted that not all staff had received training on safeguarding. We were provided with information which showed that training had been planned for those staff in October 2016.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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. It was not clear from training records and our interviews with staff whether all staff who acted as chaperones had received training for this role.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place, however not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found recruitment checks had been undertaken prior to employment, but these were not fully complete. We found there was proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS, but two of the six files did not have the member of staff's full employment history.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had some other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had not carried out a full comprehensive building and environmental risk assessment. The

practice did not have an up to date fire risk assessment or a current electrical wiring certificate. The practice arranged for these to be carried out after our inspection and provided us with the dates and times when this would occur. We noted that records related to fire drills and the log book for checking of the fire alarm call points were incomplete. A review of fire safety arrangement carried out in June 2016, had outstanding actions, one of which was to improve record keeping.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff had received annual basic life support training. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises; however this only had adult pads and oxygen with adult and children's masks. Child size pads for the defibrillators were ordered on the day of inspection and were due to arrive the day after. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Overall QOF exception reporting for the clinical domains was 9%, compared with the clinical commissioning group (CCG) average of 15% and the national average of 11%. Overall exception reporting for public health domains was 14%, compared with the CCG average of 10% and the national average of 6%. (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).

- Performance for diabetes related indicators was similar to the national average. For example, 71% of patients diagnosed with diabetes had their average blood sugar levels within an acceptable range; compared to the CCG average of 75%; and the national average of 78%. A total of 86% of patients with diabetes had a blood pressure reading within acceptable limits. This compared to the CCG average of 82% and the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 92% of

patients with schizophrenia, bipolar affective disorder and other psychoses had an agreed care plan; compared with the CCG average of 91% and the national average of 88%.

- There was evidence of quality improvement including clinical audit.
- We looked at a sample of audits completed over the past two years. GPs told us that they all have to carry out clinical audits for their revalidation, and these are shared with the practice. The practice is also part of Commissioning for Quality and Innovation (CQUIN) payment framework and each GP is required to undertake audits of their referrals in five different health areas such as neurology and rheumatology each year.
- We looked at three completed clinical audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. One piece of research currently in progress was related to the use of Chinese medicine for treating urinary tract infections. Another piece of research also underway involved working with an external provider to review the physical health needs of patients diagnosed with mental health diagnosis.

Findings were used by the practice to improve services. For example, findings were used by the practice to improve services, with recent action taken including the review of prescribing protocols for antibiotics to ensure their use was necessary and effective.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed six staff files and found that only two members of staff had recorded their induction checklist completed in full.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.

Are services effective?

(for example, treatment is effective)

- 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; however these showed that not all staff had received an appraisal. The practice was aware of this and had put plans in place to complete the schedule of appraisals. The practice said that they had experienced high staff turnover in the past six months which had affected the programme. Staff managers were able to tell us about how they planned to ensure the appraisal schedule was completed. For example the nurse manager said that they had introduced one to one supervision sessions with nurses and health care assistants every two months and had planned session for appraisals and nurse revalidation. Learning needs were also identified through meetings and reviews of practice development needs.
- Staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance, but this was not consistent. We found that training records in the six staff files examined had gaps where training had not been completed on infection control, safeguarding children and adults, fire training and basic life support. Other gaps in training included sessions on the Mental Capacity Act and information governance.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation and patients were signposted to the relevant service.
- Smoking cessation advice was available from healthcare assistants who worked at the practice and had been trained for this role.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the clinical commissioning group (CCG) average of 81% 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. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

Are services effective?

(for example, treatment is effective)

bowel and breast cancer screening. A total of 69% of patients eligible between the ages of 50 to 70 years old, had been screened for breast cancer. This compared with the CCG average of 65% and the national average of 73%. A total of 55% of patients aged 60 to 69 years had been screened for bowel cancer. This compared with the CCG average of 57% and the national average of 58%. 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 vaccines given were comparable to CCG. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 97% to 99% and five year olds from 90% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

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

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 92% 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%.

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

Care planning and involvement in decisions about care and treatment

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

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

- 78% 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%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice was aware of less positive comments received from patients during the period September 2015 to March 2016 and had identified the issues which affected this. During this time some staff were dissatisfied with working at the practice and were under performing. Advice was sought from a human resources consultancy and appropriate action was taken. Staff said that there had

Are services caring?

been a high turnover of staff, but considered issues had been dealt with and the practice was now able to move forward and develop. Recent feedback from patients was positive about the service provided.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Carers were signposted to a local centre which held support sessions. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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.

- There were longer appointments available for patients with a learning disability. One of the healthcare assistants had responsibility for reviewing the needs of patients with a learning disability. They had received training on this role and were able to use a range of aids to assist with communication, such as easy read leaflets and picture cards.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients with limited mobility were able to be seen in a ground floor room when needed, as the practice did not have a passenger lift and the design of the building did not lend itself to one being installed.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice worked with pain consultants and substance misuse services to provide care to patients who were addicted to strong pain medicines and misused drugs.
- The practice had funding to provide an outreach nurse to carry out home visits to undertake reviews for patients who were unable to attend the practice.
- The practice worked with the local mental health team to provide care and treatment to patients who had been discharged after long stays in specialist mental care hospitals and were being rehabilitated to live in a community.
- The practice supports patients who were undergoing gender reassignment and ensure that they received care and treatment from the same GP throughout their treatment as far as possible.

- The practice were aware of other vulnerable groups within their practice area, such as patients of no fixed abode and appropriate arrangements were in place for these patients to access care and treatment.

Access to the service

The practice was open between 8.30am until 8pm on Mondays; 8.30am to 6.30pm Tuesdays to Fridays; and 8am until 12pm on Saturdays. Telephone lines opened at 8am each day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients 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.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in their website, practice leaflets and in the practice.

We looked at 20 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the

quality of care. For example, a patient had requested that they collected their prescription from the practice, but it was sent to a pharmacy in error. The practice apologised and amended the patient's records to reflect their choice. We noted that complaint responses did not include information on other agencies, such as the Parliamentary Ombudsman, patients could contact if they were not satisfied with the response to their concerns.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place; however these were not consistently followed. We found that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, however not all areas had been identified and not all actions taken to mitigate risks. For example some improvements were needed with managing overarching health and safety risks in the environment. Not all staff had received up to date mandatory training.
- Policies and procedures were available for staff to refer to on their computer system. We found that on occasion there was more than one policy for a particular area, for example, children's safeguarding. The business manager and operations manager were in the process of working through all policies and procedures to review them and ensure they were stored and named appropriately. In addition they were making sure there was the version number on the policy to show which was the most current policy.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We observed there was open and positive communication by all staff during our inspection and it was clear that where improvements were needed staff had been informed and were taking appropriate action.

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. This was evidence throughout our inspection and GPs said they were willing to learn and improve where needed. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients 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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had been working with the practice on the closure of the Ramilies practice site; the new telephone system and monitoring of the appointments system. One member of the PPG had presented a paper on Men's Health and keeping well, this had been shared with the practice and the wider patient group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The nurse manager said that they had been able to introduce nurse only meetings and

provision had been made for protected supervision time for nurses and healthcare assistants. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice implemented training on domestic abuse awareness, which was rolled out to the wider CCG area. The practice actively recruited for clinical trials and liaised with universities and other agencies in this area. The practice had an outreach nurse who was able to undertake home visits and carry out medicines reviews. Three of the healthcare assistants employed by the practice were working towards or had gained a place to train as a qualified nurse.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure that care and treatment was provided in a safe environment.</p> <ul style="list-style-type: none">• The practice had not carried out a comprehensive building and environmental risk assessment to identify any areas for improvement.• The practice did not have an up to date fire risk assessment or a current electrical wiring certificate.• We noted that records related to fire drills and the log book for checking of fire alarm call point was incomplete. A review of fire safety arrangement carried out in June 2016, had outstanding actions, one of which was to improve record keeping. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider did not ensure that staff received suitable training to enable them to carry out the regulated activities.</p> <ul style="list-style-type: none">• We found that training records in the six staff files examined had gaps where training had not been completed on infection control, safeguarding children and adults, fire training and basic life support. Other gaps in training included sessions on the Mental Capacity Act and information governance.• Staff did not consistently receive an induction and regular appraisals.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.