

Roby Medical Centre

Quality Report

70-72 Pilch Lane East
Liverpool
Merseyside
L36 4NP
Tel: 01514491972
Website: www.robymedicalcentre.co.uk

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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	Good	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Roby Medical Centre on 6 December 2017 as part of our inspection programme.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Staff understood their responsibilities in relation to safeguarding children and vulnerable adults.
- Recruitment records did not contain all the necessary information to demonstrate the suitability of staff.
- All the required safety checks of the premises had not taken place.
- Some areas of the premises needed improvement to ensure they were suitable for use.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
 - The practice reviewed the effectiveness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a system in place to manage complaints.

Summary of findings

- Overall, there were systems in place to monitor and improve quality and identify risk.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure all premises and equipment used by the service provider are fit for use

The areas where the provider **should** make improvements are:

- Implement a recording system to check the medication in GP bags, to document who prescriptions are allocated to and to record that paediatric defibrillator pads and oxygen masks are available.
- Implement a system to enable safety checks of the premises to be undertaken at the required frequencies.
- Cleaning schedules should be put in place and checks of cleaning standards should be documented.
- Implement a system to monitor staffing levels to ensure they are appropriate to meet the needs of patients and allow staff sufficient time to undertake their roles.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Roby Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Roby Medical Centre

Roby Medical Centre is operated by Dr Nisha J Shah. The practice is situated at 70-72 Pilch Lane East, Liverpool, L36 4NP. The website address is www.robymedicalcentre.co.uk

The practice is responsible for providing primary care services to approximately 1940 patients. The practice provides a range of primary medical services including examinations, investigations and treatments and a number of clinics such as diabetes, asthma and hypertension. The practice is a teaching practice and has medical students from the University of Liverpool.

The staff team includes the provider who is a GP, a salaried GP, a regular locum GP, a practice nurse, a practice manager and administration and reception staff. There are both male and female clinical staff.

Roby Medical Centre is open from 8am to 6.30pm Monday to Friday. Patients requiring a GP outside of these hours are advised to contact the GP out of hours service, by calling 111.

The practice is in two semi-detached houses one of which has been converted in to a GP practice. There is limited space to offer further on-site services and parking is on the road outside the property. The building needs improvements to make this a more suitable environment for patients and staff. The practice is working with the Clinical Commissioning Group (CCG) to secure alternative premises however a definite date for this to take place has not been agreed.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including, learning disability health checks, childhood immunisations and vaccines and seasonal influenza and pneumococcal vaccines.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because staff records did not contain all the required information to demonstrate their suitability. Systems were also not in place to ensure checks of the safety and suitability of the premises were undertaken and addressed.

Safety systems and processes

The practice had systems in place to keep patients safeguarded from abuse. Improvements were needed to the systems for ensuring all the necessary staff recruitment checks were undertaken and to ensure the safety of the premises.

- Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Safeguarding policies and procedures were accessible to all staff. They outlined clearly who to go to for further guidance. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. They knew how to identify and report concerns. Staff told us they had received training on safeguarding children and vulnerable adults relevant to their role. Some staff needed training updates in safeguarding children and adults and a training plan was in place to facilitate this.
- Staff who acted as chaperones were trained for the role and had received a DBS check or had a risk assessment to indicate why a DBS check was not required. (DBS
- Staff told us how they worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- We reviewed the personnel files of four staff and found that improvements were needed to the recruitment records to demonstrate the suitability of staff employed. Evidence of physical and mental suitability of staff for

their role was not recorded. There were no references, photographic or identity records for the locum and salaried GP. No evidence of professional qualifications for the locum GP and the DBS check carried out for the salaried GP was not undertaken by the provider and was carried out in 2005.

- Overall the premises used by staff and patients appeared clean. The practice manager and the practice nurse acted as the infection control leads but both had limited time for this role and found it difficult to find time to meet with the infection prevention and control team (IPCT) to keep up to date with good practice in this area. The last audit by the IPCT was October 2015 and the practice was rated as 97% compliant. In-house audits were also undertaken. There were no cleaning schedules in place and although standards were reviewed by the practice manager these checks were not formally documented.
- Some areas of the premises needed improvement to ensure they were suitable for use. There was exposed wiring in the nurses room and marks on the wall behind the treatment couch. Following the inspection the practice manager confirmed the wires had been removed. The nurse's room had a glass roof which meant it was cold in the winter and could be very warm in the summer which may not be comfortable for all patients. Following the inspection the provider told us that another consulting room could be used by the nurse if necessary. There was a small step down into the nurse's room. This was marked with hazard tape to warn staff and patients. The room next door to the nurses room which was used to store records and was only accessible to staff had discoloured floor covering which was lifting in some areas. The practice was located in a semi-detached house. The adjoining house was used to store cleaning products but other than this we were told it was inaccessible to patients and staff. The room where cleaning products were stored had a sloping floor and building debris on the floor. This had been reported to the landlord. In the interim the provider was advised that this room should not be accessible to cleaning staff. The provider agreed that a more suitable area would be identified. The practice was working with the Clinical Commissioning Group (CCG) to secure alternative premises however there was not a definite date for this to take place.

Are services safe?

- The practice had ensured that equipment was safe and that equipment was maintained according to manufacturers' instructions.
- Improvements were needed to the systems in place to ensure the safety of the premises. The gas safety inspection was overdue and there was no legionella risk assessment. There were no fire alarms or emergency lighting at the premises and no fire risk assessment to indicate that the fire safety systems that were in place (fire extinguishers and smoke detectors) were satisfactory. Following the inspection a certificate to indicate the gas installation was safe was sent to CQC. We were advised that a legionella risk assessment had taken place on 15th December 2017 and that no concerns were identified. A company specialising in fire risk assessments had been scheduled to carry out this assessment at the earliest opportunity which was 11 January 2018.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. The system to monitor and plan for the number of staff needed should be reviewed to ensure it is effective.

- The practice manager and the provider told us there were arrangements for planning and monitoring the number and mix of staff needed. A member of administrative staff had been absent from the service since February 2017 and the remaining administrative staff were covering their duties. For example, the practice manager was covering her own role but also undertaking reception and administrative duties.
- The practice nurse worked 5 hours a week. They told us they were very busy and offered ten minute appointments for some appointments that should take longer, for example, for long term conditions and health checks. They said that they felt able to undertake these assessments in a shorter time but would like more time inbetween patients for reflection and preparation. We discussed this with the provider who told us that following the inspection breaks to allow for preparation and reflection had been allocated to the nurse's schedule and the length of appointment times was being reviewed. The GPs at the practice currently carried

out tasks that a practice nurse would normally undertake such as long term condition reviews due to the difficulty of recruiting practice nurses in the area and the current nurse being unable to offer more hours.

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

Overall, the practice had reliable systems for appropriate and safe handling of medicines. We identified that some records should be improved.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- There was no recording system to check the medication in GP bags, to document who prescriptions were allocated to, or to record that paediatric defibrillator pads or oxygen masks were in place. We found that paediatric defibrillator pads or oxygen masks were not available. The practice manager confirmed that they had been obtained following the inspection.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal

Are services safe?

requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

- The practice monitored and reviewed activity such as significant events, patient safety alerts, referral and prescribing practices. This helped it to understand risks and gave a basis on which to make safety improvements.

- There was a system for receiving and acting on safety alerts.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The registered manager and practice manager supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, following incorrect patient details being recorded on a patient sample, a new system had been introduced to ensure that two staff carried out a check of patient details.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance.

- Our discussions with clinicians and review of patient records showed patients' needs were appropriately assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff told us that they advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or vulnerable received an assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice kept registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles.

People with long-term conditions:

- Patients with long-term conditions had an annual review to check their health and medicine needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. The uptake rates for some vaccines given were in line with the target percentage of 90% or above, however some uptake rates fell below this threshold. The practice was aware of this. They had identified that some patients were difficult to engage and as a result had taken action to improve immunisation uptake. For example, in addition to sending reminder letters, opportunistic vaccinations were offered for patients attending the practice for an unrelated matter and telephone calls were made to parents/guardians after a missed appointment.
- Information about pregnancy, baby and child health was available on the practice website and in leaflets displayed in the waiting area.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80.5% (women aged 25-64 with a record of cervical screening in the last 5 years) which was in line with the Clinical Commissioning Group and national average and met the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The GPs told us there was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate support. A member of staff acted as a carer's link and they were working to identify carers and promote the support available to them.
- The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the well-being service. The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Are services effective?

(for example, treatment is effective)

People experiencing poor mental health (including people with dementia):

- The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above to the CCG average of 85% and the national average of 83%.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had a record of alcohol consumption (practice 92%; CCG 93%; national 92%); and the percentage of patients experiencing poor mental health who had received a blood pressure test in the preceding 12 months (practice 92%; CCG 92%; national 90%) were comparable to local and national averages.

Monitoring care and treatment

The practice undertook quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. For example, we saw that audits of clinical practice were undertaken. Examples of audits included audits of medication, such as high risk medication to ensure appropriate prescribing and to ensure changes were made if necessary. We also saw an audit of cancer diagnosis to determine if any changes to practice were necessary. The GPs told us that the results of audits were discussed to ensure a consistent approach to patient care.

The most recent published Quality Outcome Framework (QOF) results were 96.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.8% and national average of 95.5%. The overall exception reporting rate was 8.7% compared with the CCG average of 9.5% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is

the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality as well as employment related matters. Newly employed staff worked alongside experienced staff to gain knowledge and experience.
- Staff told us that their learning need were identified through appraisals, meetings and reviews of practice development needs. Some non-clinical staff had not received an appraisal within the last 12 months. A plan was in place for these appraisals to take place within the next two months. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Staff received training that included: safeguarding adults and children, fire procedures, basic life support, infection control and information governance awareness. The training records showed that a number of training updates were needed. A training plan was in place to address this.
- Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology, diabetes management and immunisations.
- The practice manager told us there were procedures in place for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- The practice encouraged its patients to attend national screening programmes for cervical, bowel and breast cancer and promoted these services to inform patients about their importance. The practice was either in line with or above local and national averages for uptake of this screening.
- Staff told us how they discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

Clinicians supported patients to make decisions. Where appropriate, they assessed and told us they recorded a patient's mental capacity to make a decision.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The waiting area which contained the reception was small which made it difficult to promote privacy. However, staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A radio was also on to promote privacy.
- All of the 28 patient Care Quality Commission comment cards we received were positive about the standard of care received. We spoke with two patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and sixty surveys were sent out and 90 were returned. This represented about 4.6% of the practice population. The results for the practice were in-line with local and national averages. For example:

- 90% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients who responded said the GP gave them enough time; CCG - 87%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.

- 90% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.
- 89% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 97% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 92% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, some written information could be made available in large print. We noted that an audio loop was not available at reception which would assist communication with patients who experience difficulty with hearing.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 40 patients as carers (2% of the practice list).

- A member of staff had acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available for carers in the reception area.
- Staff told us that if families had experienced bereavement, they were contacted and sent a sympathy

Are services caring?

card. This 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.

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:

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 84%; national average - 82%.

- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.

87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of treating patients with dignity and respect.
- The practice protected patient confidentiality by providing staff training in information governance and confidentiality and having procedures to support this training. We identified that some staff needed refresher training in this area. The practice manager had a plan in place to address this.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments).
- The practice improved services where possible in response to unmet needs.
- Reception staff sign posted patients who did not necessarily need to see a GP to local support groups or other health care professionals.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Parts of the premises needed improvement to make them suitable for staff and patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked with other agencies and health providers to provide support and access specialist help when needed. For example, we met with the community matron who told us how they worked closely with the practice to identify patients at risk of hospital admissions and with complex needs to support their care at home.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local community nursing teams to discuss and manage the needs of patients with complex medical issues.
- The practice worked with other agencies and health providers to provide support and access to specialist help when needed.

Families, children and young people:

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Contraception services were provided and patients were sign posted to services to promote their sexual health.
- There were systems to identify vulnerable children and alert staff to any extra support that may be required.

Working age people (including those recently retired and students):

- Telephone consultations, on-line appointment booking and repeat prescription ordering were available which supported patients who were unable to attend the practice during normal working hours.
- The practice website provided information around self-care and local services available for patients.
- The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, contraceptive services, smoking cessation advice, NHS health checks and family planning services.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability.
- A flexible appointment system was in place to meet the needs of patients with a learning disability and a system to ensure these patients received an annual health check.
- An alert system was in place to identify patients who were vulnerable so that their needs could be appropriately responded to.

Are services responsive to people's needs?

(for example, to feedback?)

People experiencing poor mental health (including people with dementia):

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- The practice told us how they worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice referred patients to appropriate services such as memory clinics, psychiatry and counselling services. Patients were also signposted to relevant services such as Age UK and the Alzheimer's Society.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.
- Patients also had access to a local GP primary medical service operated by the Clinical Commissioning Group established to support local practices through the winter period.

Telephone appointments and home visits were offered. We checked when the next available GP and nurse appointments were available and found there were appointments available on the same day and for later in the week with a GP. There were appointments available for the next two Tuesdays with the practice nurse (the practice nurse worked at the practice on a Tuesday).

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. Two hundred and sixty surveys were

sent out and 90 were returned. This represented about 4.6% of the practice population. The results for the practice were above or in-line with local and national averages. For example:

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 76%.
- 99% of patients who responded said they could get through easily to the practice by phone; CCG – 77%; national average - 71%.
- 89% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 83%; national average - 84%.
- 93% of patients who responded said their last appointment was convenient; CCG - 81%; national average - 81%.
- 90% of patients who responded described their experience of making an appointment as good; CCG - 75%; national average - 73%.
- 64% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

We received 28 comment cards and spoke to two patients. Feedback from patients indicated that overall they were satisfied with access to appointments and opening hours. However, two said that prescription requests had not been appropriately managed. This was brought to the attention of the practice manager.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance. Two complaints were received in the last year. We reviewed both complaints and found that they had been investigated and appropriate action identified.

Are services responsive to people's needs? (for example, to feedback?)

- The practice learned lessons from individual concerns and complaints and also reviewed complaints to identify trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Overall, leaders had the capacity and skills to deliver good quality care.

- Overall, leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. We identified improvements were needed to the systems to ensure the suitability of staff and to ensure checks of the safety and suitability of the premises were undertaken and addressed.
- Leaders were visible and approachable. They worked closely with staff and others to make sure they prioritised inclusive leadership. Staff told us the provider and practice manager were approachable and asked for their opinion on the operation of the service.

Vision and strategy

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

- There was a clear vision and set of values. The practice developed its vision, values and strategy jointly with patients and staff.
- The practice told us how they worked with the CCG to ensure their strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

Overall, the practice had a culture of good-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- Staff and patients described the clinicians as dedicated professionals who were focused on the needs of patients.
- The practice manager told us there were policies and procedures to enable leaders and managers to act on behaviour and performance that did not adhere to the vision and values of the service.

- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff learning requirements were identified through appraisals, meetings and reviews of practice development needs. Some non-clinical staff had not received an appraisal within the last 12 months. A plan was in place for these appraisals to take place within the next two months. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including the practice nurse, were considered valued members of the practice team. For example, the practice nurse told us that practice meetings were arranged for the day that they worked at the practice.
- A clear system to review the number of staff to ensure this met the needs of the service was not in place.
- The practice promoted equality and diversity. Some staff had received equality and diversity training and a plan was in place to ensure all staff completed this training.
- There were positive relationships between staff and teams. We spoke to a community matron and medicines manager from the CCG who supported this.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- There were clear systems to enable staff to report any issues and concerns.
- Staff were clear on their roles and accountabilities and the roles and responsibilities of others.
- Meetings took place to share information, look at what was working well and where any improvements needed to be made.
- Audits of consultations, referrals and prescribing was undertaken but not formally recorded.

Managing risks, issues and performance

Are services well-led?

Good 

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

Overall, there were clear and effective processes for managing risks, issues and performance.

- There was a system in place to identify, understand, monitor and address current and future risks including risks to patient safety. However improvements were needed to the systems to ensure the suitability of staff for employment and to ensure checks of the safety and suitability of the premises were undertaken and addressed.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given.
- The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.
- The practice had a business continuity plan which covered major incidents such as power failure or building damage and included emergency contact numbers for staff. This was discussed at staff meetings to familiarise staff with the plan.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to monitor performance. The practice monitored how it performed in relation to local and national practice performance. There were plans to address any identified weaknesses.
- Quality and sustainability were discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- The provider informed us that they submitted data or notifications to external organisations as required.
- The practice manager told us that there were arrangements in place for data security standards to be maintained that promoted the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice encouraged and valued feedback from patients, staff and external partners.

- The views and concerns of patients', staff and external partners' were encouraged and acted on to shape services and culture. For example, the practice gathered feedback from staff through staff meetings and informal discussion. The practice had a system for the management of complaints. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results from September to November 2017 showed there had been 150 responses completed and 137 (91%) of the respondents were either extremely likely or likely to recommend the practice.
- There was an active patient participation group (PPG). We met with representatives of the PPG who told us they were kept informed about any changes at the practice and worked with the practice to find solutions to issues raised by patients. They said they felt they were listened to and changes had been made to the practice as a consequence.
- The service was collaborative with stakeholders about improving performance.

Continuous improvement and innovation

- The practice reviewed incidents and complaints. Learning was shared and used to make improvements.
- Regular staff meetings were held to discuss the operation of the service and where improvements could be made.
- The practice was aware of the challenges it faced such as workforce, finance and workload challenges and it had introduced solutions to address them. For example, by providing signposting training to staff for patients who may not need to see a GP. The provider was aware of the limitations of their current premises in terms of suitability and space and was working with the CCG to identify alternative accommodation however there was no agreed timescale for this.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purposes of carrying on a regulated activity must be fit and proper persons.</p> <p>Regulation 19(1)(3)</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <p>References, proof of identity, DBS check undertaken by the provider, evidence of qualifications and health assessments were not available for all staff where applicable to demonstrate their suitability for employment.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>All premises and equipment used by the service provider must be suitable for the purposes for which they are being used and must be properly maintained. Regulation 15(1)</p> <p>How the regulation was not being met</p> <p>The registered person had failed to ensure that all premises used by the service were suitable for the purpose for which they are being used. In particular:</p>

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Requirement notices

The nurse's room had a glass roof which meant it was cold in the winter and could be very warm in the summer which would not be comfortable for all patients.

The room next door to the nurses room which was used to store records and was only accessible to staff had discoloured floor covering which was lifting in some areas.

The room where cleaning products were stored had a sloping floor and building debris on the floor.

How the regulation was not being met

The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:

There was no fire risk assessment in place to determine what action the service needed to take to protect staff and patients from the risk of fire.