

Didcot Health Centre Practice

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

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

We carried out an announced comprehensive inspection at Didcot Health Centre Practice on 6 July 2016. Overall the practice is rated as good.

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. However, lessons learnt were not always shared with staff quickly and there were inconsistent records of completed actions.
- There was an unreported breach of the cold chain and prescription forms were inconsistently managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- There was limited support for carers and not all identified carers had a system alert on their medical record to alert GPs and nurses to this.
- 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 did not always find it easy to make an appointment with a named GP although urgent appointments were 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.

Summary of findings

The areas where the provider must make improvements are:

- Ensure the cold chain policy for vaccine storage is adhered to.

In addition the provider should:

- Ensure lessons learnt from serious incidents are shared with staff in a timely way and completed actions are recorded.

- Ensure there is a system in place for tracking and monitoring the use of blank prescription forms and pads, in line with national guidance.
- Ensure all medicines for emergencies are stored correctly in accordance with manufacturer's recommendations.
- Review what active support could be offered to carers.

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, as there are areas where improvements should be made.

- There was an effective system in place for reporting and recording significant events.
- 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.
- Lessons were shared to make sure action was taken to improve safety in the practice, although this could take a long time to disseminate to staff and there were not always records of completed actions taken as a result.

However,

- A cold chain breach in relation to vaccines had not been investigated or escalated according to the practice's cold chain policy.
- An emergency medicine used to treat low blood sugar had not been stored correctly.
- Prescription security was inconsistent. The system in place for tracking blank prescription forms and pads or monitoring their use, was inconsistent and not in line with national guidance.

Requires improvement



Are services effective?

The practice is rated as good 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care.
- 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.
- However, there was limited support for carers by the practice and not all patients identified as carers had a flag on their medical record to alert GPs and nurses to their carer status. We did note written information was available and the practice had an emergency telephone number for some carers to contact the practice urgently.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- 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.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although if needed, urgent appointments were usually available the same day.

Are services well-led?

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

Good



- The practice had a vision and strategy to deliver good quality care and promote positive outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a governance framework in place which supported the delivery of the strategy and good quality care. This included

Summary of findings

arrangements to monitor and improve quality and identify risk. Although prescription security was inconsistently managed and a cold chain breach went unidentified by management for 11 days.

- 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. However, communications regarding learning from incidents and complaints often took time to be shared with all staff.
- 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 good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older patient in its population.
- The practice was responsive to the needs of older patient, and offered home visits and urgent appointments for those with enhanced needs.
- There was a dedicated emergency contact number for older patients with complex or end of life care needs. This ensured a GP was contactable quickly without the patient needing triage. The number was also given to other healthcare professionals and carers who were looking after patients in the community.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 81% of patients with diabetes had achieved a target blood level of 64mmol or below compared to the CCG average of 79% and national average of 78%.
- 86% of patients with chronic obstructive pulmonary disease (COPD) had received a review including an assessment of breathlessness compared to the CCG average of 91% and national average of 90%.
- 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.

Families, children and young people

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

Good



Summary of findings

- 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.
- 81% of women aged between 25 and 64 had a record of a cervical screening test performed within the previous five years compared to the CCG average of 83% and 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, health visitors and district nurses.

Working age people (including those recently retired and students)

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

- The 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 and flexible. However, the addition of a third duty doctor has reduced continuity of care as patients will see or speak to whichever GP is available on the day.
- 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.
- 78% of female patients aged between 50 and 70 had been screened for breast cancer in the preceding 36 months compared to the CCG average of 75% and national average of 72%.
- 56% of patients aged between 60 and 69 had been screened for bowel cancer in the preceding six months compared to the CCG average of 57% and national average of 55%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those

Good



Summary of findings

with a learning disability. The practice held a register of carers, but did not offer any proactive support for them. Some did not have a flag on the computer system alerting GPs to their carer status.

- 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 good for the care of people experiencing poor mental health (including people with dementia).

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 85% and national average of 84%.
- 86% of patients with a diagnosed severe mental health condition had a care plan compared to the CCG average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 similar to or below local and national averages. 276 survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

The practice were aware of their scores for patient satisfaction and had installed a new telephone system with additional lines in March 2016. They had discussed the appointments with staff and the patient participation group and added a third duty GP for same day appointments. The changes had not been in place long enough to gauge impact or determine if improvements had been made. The practice had reviewed and changed the appointments system many times in the past few

years to attempt to accommodate as many patients as possible. There had been a large increase in patients during this time and local housing developments were further increasing the population. The practice were aware this could take them to over 20,000 patients by 2020 and were working on a strategy to support the increase in demand.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 103 comment cards which were mostly positive about the standard of care received. 78 cards expressed overall satisfaction with the practice and described staff as helpful, friendly and caring. There were many comments about the cleanliness of the environment and 11 cards advised patients were able to get appointments when they needed them. We also received 25 cards with a mixture of positive and negative views. Of these, 11 suggested there had been problems with getting appointments and long waiting times, whilst others cited some concerns with staff attitude and perceived shortage of staff.

We did not speak with any patients during the inspection. However, we did speak with one member of the patient participation group who told us the practice offered an overall good service to patients and were actively working to improve telephone access and the appointment system. The latest friends and family test results showed 74% of patients would recommend this practice to someone new to the area. This was comparable with other local practices.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the cold chain policy for vaccine storage is adhered to

Action the service **SHOULD** take to improve

- Ensure lessons learnt from serious incidents are shared with staff in a timely way and completed actions are recorded.

- Ensure there is a system in place for tracking and monitoring the use of blank prescription forms and pads, in line with national guidance.
- Ensure all medicines for emergencies are stored correctly in accordance with manufacturer's recommendations.

Summary of findings

- Review what active support could be offered to carers.

Didcot Health Centre Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Didcot Health Centre Practice

Didcot Health Centre Practice provides primary medical care services to more than 17500 patients in Didcot and the surrounding villages of semi-rural Oxfordshire. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. The population is predominantly white British with only 2.5% registered patients being of Asian descent, just over 1% of mixed race background and 1% originating from other non-white ethnic groups. There is a larger than average population of young patients (from birth to four years) and working age adults (up to age 60) with a lower number of older working patients and elderly (60 to 75+). Employment is high in the area with very low unemployment figures reported.

The practice has 11 GP partners (three male, eight female) and one salaried GP (female). The GPs offer 66 sessions per week between them which equates to a whole time equivalent (WTE) of 7.4 full time GPs. There is also a regular locum GP (female) and two GP ST3 trainees (a GP ST3 trainee is a qualified doctor who is undergoing their final year of study and exams to become a GP). The nursing team

consists of an Advanced Nurse Practitioner (female), a Practice Nurse Team Leader (female), six practice nurses (all female) and two healthcare assistants (both female). There are 6.1 WTE full time nurses.

The practice is supported by a practice manager, a personal assistant, a data quality manager, a finance assistant, an administration and secretarial manager, a secretary, six administration staff, two summarisers, four reception team leaders and eleven receptionists.

Didcot Health Centre Practice is located in a purpose built, two storey building in a semi-rural area. There is ample parking available and designated disabled parking spaces. The entranceway has automatic entrance doors which lead to the reception and waiting room area. There are ten GP consultation rooms and four nurse treatment rooms which are accessible from the waiting area on the ground floor. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

Didcot Health Centre Practice is open between 8am and 6.30pm Monday to Friday. Appointments vary daily depending on the GP available. Morning appointments start from 8am to 8.30am and finish between 12pm and 12.30pm. Afternoon appointments commence between 2.30pm and 3pm and finish between 5.10pm and 5.40pm. Extended hours appointments are offered on Mondays and Thursdays from 6.30pm until 7.30pm and alternate Saturdays from 9am to 12pm.

Out of hours cover is provided through the NHS 111 telephone service.

All services are provided from:

Britwell Road, Didcot, Oxfordshire, OX11 7JH

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants, receptionists, administration staff and practice manager. We also gained feedback from 11 non-clinical members of staff.
- Spoke with a representative of the patient participation group.
- 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 with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared, although some staff told us this could take a long time to disseminate to them and action was taken to improve safety in the practice. The practice were unable to evidence all actions had been completed as there were no paper trail records. However, we did see evidence of actions taken. For example, a new patient registration was received by the practice and details scanned into the computer system. The named GP was not informed of the new registration and the patient required a medicines review. The practice instigated a new system where a note was sent to the GP on the computer system to advise them of a new patient. This ensured the GP was informed of any new patient registrations that required GP action were followed up in a timely way.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 and 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 did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- We found a breach in the cold chain for one of the five fridges which stored vaccines. The log recorded an 11 day consecutive period where the temperature exceeded 8 degrees Celsius. The nursing team had not actioned this. When this was highlighted to them they raised a significant event and contacted the manufacturer of the fridge. Following this the practice determined there was no risks to patients from the vaccine storage concern.

Are services safe?

- 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. However, the system in place for tracking blank prescription forms and pads or monitoring their use, was not consistently applied in line with national guidance.
- 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Most of the medicines we checked were in date and stored securely. However, there was an emergency medicine used for treating low blood sugar that should usually be stored in a fridge. The practice had decided to place one of each of these into the emergency GP bags. Best practice for this type of medicine is to note the date of removal from the fridge and amend the expiry date to 18 months from that date. The practice had not done this for all the medicines of this type and so there was no assurance the medicine was fit for use in an emergency. Once this was brought to the attention of the nursing team, they removed all the affected medicines and ordered replacements within 48 hours of the inspection.
- 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 99% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97% which was higher than the clinical commissioning group (CCG) average of 94% and national average of 89%.
- Performance for mental health related indicators was 91% which was similar to the CCG average of 95% and national average of 93%.

We noted there was high exception reporting for atrial fibrillation, heart failure and cancer indicators. The practice were unaware of this and were unable to find the same data on their own system. The practice showed us their QOF exception data for 2015/16 which showed reporting was greatly reduced from the previous year.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years; many of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included additional training for GPs in correct documentation of a babies' six week check led to improvements in coding and entries into the personal child health record. This ensured all babies attending for a six week check had the correct documentation and coding on the practice computer system, to enable continuity of care and review of key developmental stages of a child's life.

Information about patients' outcomes was used to make improvements such as: a rehabilitation programme for patients suffering from chronic obstructive pulmonary disease (COPD – a lung condition) had only been offered to 46% of patients suffering the condition. After discussing with the respiratory leads (including the nursing team who performed the reviews) a re-audit showed an improvement to 100% of patients being offered the rehabilitation. However, many of these patients were of working age and were unable to attend due to the sessions being held during working hours. The practice had fed these findings back to the provider for consideration.

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.
- 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. For example, the nurses were updated on managing patients with respiratory conditions through attendance at study days, conferences and events.
- 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

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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 understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- 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, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the practice as well as a local support group.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 78% of female patients aged 50 to 70 had been screened for breast cancer in the preceding 36 months, compared to the CCG average of 75% and national average of 72%. 57% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months compared to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example,

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 98% (CCG average 90% to 97%) and five year olds from 95% to 99% (CCG average 92% 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.

78 of the 103 patient Care Quality Commission comment cards we received offered positive views about staff and 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. 25 cards offered a mixture of positive and negative views with some concerns over staff attitude (5 cards), lack of staffing (4 cards) and one issue with a clinical consultation.

We spoke with one member 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 similar to or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice was aware of the patient survey results and had undertaken their own patient representative group survey in March 2015. The results showed 83% satisfaction with treatment by a GP or nurse.

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 with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Are services caring?

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. We saw notices in the reception areas informing patients this service was available.
- 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, although we found not all identified carers had a flag. The practice had identified 481 patients as carers (3% of the practice list). There was minimal support offered to carers proactively by the practice. They had no carers champion or dedicated lead for carers. We did note the Alzheimer's carers group were offered facilities to meet at the practice and 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.

- The practice offered extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30pm every morning and 2.30pm to 5.40pm daily. Extended hours appointments were offered at on Monday and Thursday evenings until 7.30pm and every alternate Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.

The practice had reflected on the survey results and reviewed access to appointments for their patients. Actions taken as a direct result of the survey included;

- The installation of a new telephone and call monitoring system in March 2016.
- Regular reviews of appointment availability and demand.
- Monday appointments protected for GPs to book to ensure sufficient capacity.
- Three duty GPs every day to ensure demand for on the day consultations (by telephone and face-to-face) was met.

The new telephone system and processes were being regularly reviewed but it was too early to gauge impact. In addition to the advanced nurse practitioner, one of the practice nurses was undergoing further training as a minor illness nurse and was due to undertake the prescribers course in September 2016. This would offer patients with simple illnesses, such as coughs and sore throats the opportunity to be seen by one of the nurses which would free up some GP appointments.

We observed the practice televised information screen in the patient waiting room also offered information to patients regarding appointments. The practice cited increased demand for appointments, reduced staffing numbers and reduced government funding for GPs as reasons for delays in getting appointments.

78 of the 103 patient Care Quality Commission comment cards we received offered positive views about staff and the service experienced, including staff being friendly and helpful, a clean and safe environment and general positive comments about the overall service. 25 cards offered negative views with some aspects of care they felt were not being undertaken so well, mixed with positives about the service. The negative points included lack of staffing (4 cards), waiting times (7 cards) and one issue with the telephone consultation system. Of the 103 cards, 11 described issues with accessing appointments and 11 specifically expressed no concerns with getting 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.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had installed a dedicated emergency line for selected patients with high risk or complex problems. The number was also given to ambulance personnel, care home staff and other health care professionals (HCPs) who may require the assistance of a GP during a home visit. The system ensured a GP was available quickly without patients or HCPs having to hold for a receptionist on the main automated telephone line.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We observed no information was on display in the practice to help patients understand the complaints system, but forms were available at the reception desk and information was available on the practice website.

We looked at 22 complaints received in 2015/16 and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaints. 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 was referred for a specialist consultation and the GP had discussed the referral with the specialist. The patient arrived at the hospital to find no appointment had been made and the referral letter had not been sent through to the hospital. Learning outcomes included informing the patient of a sit and wait system for this particular clinic and to ensure letters were faxed immediately they had been typed up with a "dictated, but not checked by" annotation added.

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 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. The practice were looking ahead to the future of the practice and it's sustainability as the population was increasing and housing developments were expanding locally. The practice currently offer a whole time equivalent (WTE) of 7.4 full time GPs which equates to over 2,300 patients per full time GP. This is above best practice guidelines of 1,900 patients per full time GP. In addition, one of the GPs is due to retire very soon. The practice had recruited additional GPs to join the practice. From September, the WTE for GPs will increase to 8.72 which equates to just over 2,000 patients per full time GP.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, the cold chain policy had not been adhered to and management had not identified a concern over one of the fridges which had exceeded the maximum temperature on a number of days.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice also participated in research projects
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although communication of learning and changes made could take time to get through to staff.

Leadership and culture

The practice told us they prioritised safe, good quality and compassionate care and were keen to learn from incidents. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected patient 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. We noted team away days were held every 12 months.
- 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.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met

Are services well-led?

Good 

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

regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, issues around the telephone lines and messaging system were discussed during a PPG meeting. The practice had additional telephone lines installed and a new message added. As this was implemented in March 2016, it was too early to gauge how the changes had affected patient care.

- The practice had gathered feedback from staff through staff away days, 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. For example, the reception team requested a list of illnesses and issues the advanced nurse practitioner could deal with so they could book patient appointments appropriately. Staff told us they felt involved and engaged to improve how the practice was run, although many commented on how long it could take for suggested changes to be made or new ideas implemented.

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. They participated in local and national research and one of the nurses had undertaken the research ready certificate. The practice dedicated some clinical sessions to nurses, healthcare assistant and GPs to participate in research projects. There were many notices in the waiting room encouraging patients to sign up to research studies. The practice used research methods in their audits and had found this improved the quality of the audits they undertook.

To support the increasing demand on services the practice had introduced a duty nurse role to facilitate same day access for blood tests, blood pressure testing, electrocardiogram recording and dressing changes. One of the nurses was due to commence the prescribing course in September 2016 which would mean the duty nurse role would include undertaking on the day appointments for minor illness.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with a cold chain breach of vaccine storage and escalate appropriately.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>