# Rosebank Health

## Quality Report

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Date of inspection visit: 29 June 2017
Date of publication: 31/08/2017

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

## Ratings

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

# 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 Rosebank Health on 29 June 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- All patients requesting urgent care were triaged by an advanced nurse practitioner or a doctor who would assess their needs and direct them appropriately.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control and legionnaires disease.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, patients expressed concern over the availability of routine appointments and the ability to book an appointment with a named GP.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety, apart from the storage of blank prescription forms once distributed to a clinician's room.
- The majority of patients said they were treated with compassion, dignity and respect.
- Not all staff had received essential training.
- The practice had a number of policies and procedures to govern activity but these did not always operate effectively. For example those relating to recruitment checks.

The areas where the provider must make improvements are:

- Ensure arrangements in respect of staff support and training are reviewed.
- Ensure systems and processes are reviewed to ensure safe care and treatment for service users.
- Ensure there are effective systems and processes to seek and act on feedback received about the services provided.

# Summary of findings

- Ensure the practice assess the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have plans that ensure adequate measures are taken to minimise those risks.

In addition the provider should:

- Continue to monitor and evaluate their system for exception reporting.
- Continue to encourage all patients who are carers to register as such to enable the practice to offer the additional support available for this group of patients.

**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?**

**Requires improvement**

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding however the practice could not evidence that all staff had received up to date safeguarding training for children and vulnerable adults.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal) apart from the storage of blank prescription forms once distributed to a clinician's room.
- Although risks to patients were assessed, the systems to address these risks were not implemented well enough to ensure patients were kept safe. For example, the practice did not have a detailed infection control policy or a legionella risk assessment.
- Not all equipment was in date or hygienically stored. We found two pieces of equipment which were out of date, one expired June 2015 and the other had expired July 2016 and lubricant jelly which had been stored without a lid.
- Appropriate recruitment checks had not always been undertaken prior to employment.

**Are services effective?**

**Requires improvement**

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

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients diagnosed with dementia whom had their care reviewed in a face to face meeting in the last 12 months (04/2015 to 03/2016) was 74% which was lower than the clinical commissioning group average of 86% and the national average of 84%.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- The practice could not evidence that all essential training had been carried out and so were unable to be sure that staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans. However not all staff had received an appraisals in the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably to others for several aspects of care. For example 100% of patients said they had confidence and trust in the last nurse they saw compared with the clinical commissioning group (CCG) average of 98% and the national average of 97%.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had only identified 0.6% of their practice list as carers.

**Are services responsive to people's needs?**

Requires improvement

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

- The practice participated in a clinical commissioning group led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local centre.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. For example, longer appointments were available for patients with complex needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs. All patients requesting urgent care were triaged by an advanced nurse practitioner or a doctor who would assess their needs and direct them appropriately.

# Summary of findings

- The practice had introduced an A to Z system of conditions which enabled staff to effectively direct patients to the most appropriate service or clinician.
- Information about how to complain was available and evidence from 6 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients told us that they were not always able to get appointments when they needed them and that appointments did not run to time.
- In response to complaints about telephone access, the practice had introduced a new telephone system in the two weeks prior to inspection. This had increased the number of telephone lines available at both practice sites.

**Are services well-led?**

**Requires improvement**

The practice is rated as requires improvement for providing well-led services.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- Practice meetings were held every two months which provided an opportunity for staff to learn about the performance of the practice.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- The practice did not have proper oversight of staff training as they were unable to evidence that all staff had received or were up to date for essential training.
- The practice were unable to evidence that their system for distributing and actioning MHRA alerts ensured the relevant checks were carried out.
- Not all staff had received appraisals in the last 12 months.

# 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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety, effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. The percentage of patients diagnosed with dementia whom had their care reviewed in a face to face meeting in the last 12 months (04/2015 to 03/2016) was 74% which was lower than the clinical commissioning group (CCG) and national averages.

### People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety, effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management.
- The percentage of patients with diabetes, on the register, in whom the last blood test was in target range in the last 12 months (04/2015 to 03/2016) was 84% which was comparable to CCG and national averages.
- The practice had recently changed the way they undertook diabetes reviews. Instead of requesting that all patients come in to the practice, a diabetes specialist nurse would review the patient information and determine if it would be more suitable for them to receive a telephone consultation.
- The practice had set up educational social evenings which focused on chronic conditions to help patients understand and manage those conditions more effectively.The practice followed up on patients with long-term conditions discharged from hospital.

# Summary of findings

- Longer appointments and home visits were available when needed.

**Families, children and young people**

**Requires improvement**

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety, effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- From the sample of documented examples we reviewed, we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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

**Requires improvement**

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safety, effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered extended hours between 7.30am and 8am four days a week and Saturday mornings to improve access to services for working age people.
- Data from the national GP patient survey showed that 63% of patients were satisfied with the practice's opening hours which was lower than the CCG average of 78% and the national average of 76%.

# Summary of findings

**People whose circumstances may make them vulnerable**

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety, effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances, for example, those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice used a traffic light system for patients on their palliative care register and if a patient highlighted as red called in, they would be fast tracked to speak to a clinician.
- The practice offered longer appointments for patients with a learning disability.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.
- There was a policy to allow people with no fixed address to register or be seen at the practice.

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

Requires improvement 

The practice is rated as requires improvement for the care of people who experience poor mental health (including people with a diagnosis of dementia). The provider was rated as requires improvement for safety, effective, responsive and well-led and good for caring. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average.
- 92% of patients with poor mental health had an agreed care plan documented in their record in the last 12 months which was comparable to the national average.

# Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Not all staff had received training on how to care for patients with mental health needs.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 256 survey forms were distributed and 115 were returned. This represented 0.5% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the CCG average of 89% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Out of 64 comment cards received, 61 had positive feedback about the standard of care received. Comments included, the practice staff are helpful and friendly and patients were treated with dignity. However other comments included, there are long waits for appointments, appointments do not run to time and it's difficult to get through to the practice by phone.

We spoke with 9 patients during the inspection. All 9 patients said they were satisfied with the care they received and thought staff were caring. Results from the most recent friends and family test showed that 90% of patients would recommend the practice.

# Rosebank Health

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

This inspection was led by a CQC Assistant Inspector, under the supervision of a second CQC inspector . The team included a GP specialist adviser, a practice manager specialist adviser.

## Background to Rosebank Health

Rosebank Health is a GP partnership offering services from one main site in Gloucester (Rosebank Health) and one branch location in Quedgeley (Severnvale Surgery). Patients can be seen at either surgery.

The practice is managed by six GP partners, four male and two female and supported by five female salaried GPs, as well as three advanced nurse practioners, eight practice nurses, five healthcare assistant and an administrative team led by the practice manager. Rosebank Health is a training practice providing placements for GP registrars and medical supervision for foundation doctors.

The practice is open 8am to 6.30pm Monday to Friday. Morning appointments are available between 8am and 12.30pm and afternoon appointments are available between 2pm and 6pm. Extended surgery hours are offered on weekdays between 7.30am and 8am as well as Saturday mornings. These alternate between Rosebank Health and their branch Severnvale Surgery. The practice phone lines are closed between 12.30pm and 2pm but the building and reception services remain open. During this time patients are asked to ring back or, if it is urgent, to continue to hold.

The practice provides services to approximately 23,700 patients under a general medical services (GMS) contract. (A GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.) The practice population demographic shows there is a higher than average patient population aged between zero and nine and a higher than average female population aged between 25 and 34. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fifth most deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas).

The practice delivers services from the following locations:

Rosebank Health, 153B Stroud
Road, Gloucester, Gloucestershire, GL1 5JQ

And

Severnvale Surgery, St James, Quedgeley, Gloucester, GL2 4WD

When the practice is closed patients are advised by answer phone message to contact the NHS 111 service for advice and guidance. Out of hours services are provided by Care UK.

This practice was previously inspected in 2015. The overall rating was good but the practice was rated as requires improvement for the provision of safe services. Specifically, the practice required improvement in its management of medicines as it was found the storage of medicines in fridges was unsatisfactory.The report for the 2015 inspection can be found by selecting the 'all reports' link for Rosebank health on our website at www.cqc.org.uk.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of Rosebank Health on 8 January 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good but the practice was rated as requires improvement for providing safe services.

The full comprehensive report for the January 2015 inspection can be found by selecting the 'all reports' link for Rosebank Health on our website at www.cqc.org.uk.

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 on 29 June 2017. 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 we carried out an announced visit on 29 June 2017. During our visit we:

- Spoke with a range of staff including three GP partners, a salaried GP, an advanced nurse practioner, two practice nurses, an HCA, a pharmacy adviser, administration and management staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a 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.
- Visited both practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Requires improvement

# Are services safe?

## Our findings

At our inspection on 8 January 2015 the provider was rated as requires improvement for providing safe services. Specifically, Patient Group Directions (PGDs) had not been appropriately signed within the practice (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) and medicine fridges were not locked. It was also found that a second medicine fridge was kept inside a cupboard where there was poor air circulation and the temperature of the fridge was recorded in Fahrenheit and there was no conversion chart accessible to convert it to centigrade and it could be outside of the safe storage range.

**Safe track record and learning**

There was a system 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 as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events. However, the practice were unable to evidence that their system for distributing and actioning MHRA alerts ensured the relevant checks were carried out.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed how clinicians disposed of used needles after a home visit,following an incident where a patient was given an injection with a used needle. Discussions were held at a team meeting and it was agreed that small sharps bins would be provided for clinicians to take on home visits to minimise the chances of this happening again.

**Overview of safety systems and processes**

The practice had processes and practices in place to minimise risks to patient safety, however these were not always implemented effectively.

- Arrangements for safeguarding 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 and the practice held monthly safeguarding meetings. These were attended by GPs members of community services such as district nurses, midwives and health visitors.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. GPs were trained to child protection or child safeguarding level three, nurses and healthcare assistants (HCAs) were trained to child safeguarding level two. However, the practice could not evidence that all staff had received up to date safeguarding training for children and vulnerable adults. For example, we reviewed evidence that ten members of staff had not undertaken child safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who were eligible to perform chaperone duties had received training 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. There were cleaning schedules and monitoring systems in place. The practice had a contract with a commercial cleaning company with an agreed cleaning schedule and we were told that if standards fell, the practice would inform the company.

- The practice nurse who was the infection prevention and control (IPC) lead had not received additional training to undertake this role and had not liased with the local IPC teams to keep up to date with best practice.
- A section of the practice's health and safety policy referred to IPC, however there was no detailed policy for staff to work to.
- We saw that an IPC audit had been conducted in September 2016 however, we noted on the day that the disposable curtains were not changed every six months in line with best practice.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The repeat prescriptions were managed by the prescribing team which was led by a practice funded clinical pharmacist. Prescribing assistants would review each repeat prescription and if the patient was overdue a review, or was requesting a repeat prescription too frequently, they would contact the patient. For patients on high risk medicines who were due a blood test, an HCA would add a request form to their prescription so that the patient was reminded to book this in.
- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. 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.
- Blank prescription forms were not monitored or securely stored once distributed. The practice told us they were considering installing key pads to doors. However, hand written prescriptions were monitored and securely stored once distributed.
- We spoke with one nurse who had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific directions (PSD) or directions from a prescriber were produced appropriately. (PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). Following concerns at the inspection in January 2015 that PGDs had not been appropriately signed we found at this inspections that all were signed according to the legislation.
- Following previous concerns relating to the medicine fridges, we found that the practice had installed a fan to ensure good air circulation in the cupboard where one of the fridges was stored. We checked the temperature logs of all medicine fridges at both sites and saw that all temperatures were within safe storage range. We also saw that all fridges were kept locked.
- The practice did not hold controlled drugs.

We reviewed 5 personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, we reviewed the file for a salaried GP who had joined the practice in 2017 and could not find proof of identification or evidence of satisfactory conduct in previous employments in the form of references.

We also found that the practice was not always following their policy on obtaining DBS checks upon employment. For example, they could not evidence that all DBS checks had been carried out. After inspection the practice sent us confirmation that they were in the process of obtaining some of the missing DBS checks but not all had been evidenced.

**Monitoring risks to patients**

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire

marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, however they did not have a legionella risk assessment of the premises (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.
- Clinical room checks were undertaken by HCAs who were allocated protected time each day to carry this out. However there was no checklist to evidence that this had been carried out and we found out of date equipment in one of the consulting rooms . For example, we found caustic applicators which had expired June 2015, an item of equipment which had expired in July 2016 and lubricant jelly which had been stored without a lid. These were brought to the attention of the practice and were disposed of the same day.

**Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements 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 had either received or were due to receive 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. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

This practice was an outlier for QOF exception reporting and had an overall exception rate of 10% which was higher than the clinical commissioning group (CCG) average of 6% and national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2015/2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood test was in target range in the last 12 months was 84% compared to the CCG average of 80% and the national average of 78%. However, the practice exception rate was 27% which was higher than the CCG average of 18% and the national average of 12%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 74% which was lower than the CCG average of 86% and the national average of 84%. The practice exception rate was 22% which was higher than the CCG average of 8% and the national average of 7%.
- The percentage of patients with asthma, who had an asthma review in the last 12 months was 71% compared to the CCG and national average of 76%. The practice exception rate was 32% which was higher than the CCG average of 10% and the national average of 8%.
- The percentage of patients with atrial fibrillation were being treated with anti-coagulation drug therapy was 82% compared to the CCG average 90% and national average of 87%. The practice exception rate was 3% which was lower than the CCG average 9% and England average 10%.

The practice had recognised that this was an area of improvement and a GP had been nominated to lead in this area. We reviewed unverified QOF data for the 2016/2017 year which showed improvement in exception reporting in several areas. For example, the overall exception reporting for Asthma related indicators had been reduced from 29% to 9%. Before patients were excepted the practice had a policy to send them three letters requesting they book an appointment. The GP specialist adviser had reviewed medical records of patients who had been excepted and saw that they had received clinical care in line with guidelines.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits commenced in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit that looked at early diagnosis of sepsis (a life threatening infection). This found that there were areas where the practice could improve upon when carrying out assessments. The results of a follow up audit were presented and discussed at a clinical meeting. These demonstrated that there had been an overall improvement in the documentation of observations and also the need to include blood pressure readings in assessments. We saw that a further audit cycle had been planned to drive further improvement.

**Effective staffing**

Requires improvement

# Are services effective?

## (for example, treatment is effective)

Evidence reviewed showed that staff did not always have the skills and knowledge to deliver effective care and treatment.

- The practice were unable to evidence that all staff had received essential training in; safeguarding for children and vulnerable adults, fire safety and information governance. For example, six members of staff had not undertaken fire safety training and four members of staff had not undertaken information governance training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nurses reviewing patients with long-term conditions had undertaken diploma level training. A practice nurse for diabetes had completed a course which gave her the skills to convert diabetic patients from oral medicines to injections.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate 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 and nurses.
- Not all staff had received an appraisal within the last 12 months.

**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 the practice sent information to the out of hours services regarding patients on their palliative care register that had been identified as at risk.
- 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, for example, when the practice received information that there had been an unplanned admission or that a patient had been discharged from hospital, the administration team would update their virtual ward system so that staff were aware of this.
- 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. However, on inspection we found that 11 members of staff had not received training on the Mental Capacity Act 2005. We also found that learning that had taken place was not embedded. For example, not all clinical staff could identify who could give consent on behalf of another should they lack mental capacity.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

**Supporting patients to live healthier lives**

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and patients identified as frail through nationally recognised tools.
- The practice also worked with the patient participation group (PPG) and set up social evenings at the practice to

Requires improvement

# Are services effective?

## (for example, treatment is effective)

help educate people on long-term conditions. For example, they had held a diabetic social evening for those newly diagnosed patients as well as for those who were finding it difficult to manage their condition.

- The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 84% and the national average of 81%.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/ national averages. For example, rates for the vaccines given to under two year olds ranged from 91% to 94% and five year olds from 94% to 98%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer which were carried out independently by another service. For bowel cancer 57% of eligible patients had been screened which was lower than the CCG average of 63% and comparable to the national average of 58%. For breast cancer 75% of eligible patients had received screening which was comparable to the CCG average of 76% and the national average of 73%.
- Patients had access to appropriate health assessments and checks. These included 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.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Patients could be treated by a clinician of the same sex.

Out of the 64 patient Care Quality Commission comment cards we received, 61 were positive or mostly positive about the service experienced. Patients said they felt the staff were helpful, caring and treated them with dignity and respect. However, they also said that appointments did not run to time and there was a long wait to access routine appointments.

We spoke with 9 patients including 3 members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 comparable to local and national results for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% 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%
- 80% 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% national average of 85%.
- 92% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 91% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

**Care planning and involvement in decisions about care and treatment**

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 79% 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 the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 83% 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 the national average of 85%.

Good

# 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.
- 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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers (0.6% of the practice list). The practice told us that they had offered all registered carers an annual review. Out of the 152 reviews offered, 41 had been booked in. Written information was available to direct carers to the various avenues of support available to them.

Requires improvement

# 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 participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local centre. The appointments were triaged at the practice and available under strict criteria. This resulted in greater emergency appointment availability for patients.

- The practice offered extended hours four mornings a week between 7.30am and 8.00am and Saturday mornings. These were available for GP, nurse and health care assisstant appointments and alternated between Rosebank Health and their branch site.
- There were longer appointments available for patients with a learning disability and complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- 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 accessible facilities, which included a hearing loop, and interpretation services available.
- There were facilities for people with a disability, a hearing loop and translation services were available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the practice had recently changed the way they undertook reviews for patients with a diagnosis of diabetes. Instead of requesting that all patients come in to the practice, a diabetes specialist nurse would review the patient information and determine if it would be more suitable for them to receive a telephone consultation.
- The practice had introduced an A to Z system of conditions which supported reception staff to ensure patients received the most appropriate treatment in a timely manner. For example, if a patient called in with a cough, reception staff would go to the 'C' section and would be directed to a number of supplementary questions to assess the most appropriate course of action for the patient.
- The practice had a traffic light system for patients on their palliative care register and if a patient highlighted as red on the register called in, they would be fast tracked to speak to a clinician.

**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 2pm to 6pm daily. Extended hours appointments were offered between 7.30am and 8.30am on weekdays and every Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance for a GP and up to eight weeks in advance for a nurse appointment, urgent appointments were also available for patients that needed them.

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

- 63% of patients were satisfied with the practice's opening hours which was lower than the CCG average of 78% and the national average of 76%.
- 56% of patients said they could get through easily to the practice by phone which was significantly lower than the CCG average of 83% and the national average of 73%. In response to this, we saw that the practice had introduced a new telephone system in the two weeks prior to inspection. This had increased the number of telephone lines available at both practice sites. It was also possible for staff to now answer calls for both surgeries should it be necessary. As the phone system had recently been introduced, it was not yet possible to determine the impact on patient access but the practice told us they planned to assess staffing needs based on telephone demand analysis.

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 81% of patients said their last appointment was convenient which was lower than the CCG average of 93% and the national average of 92%.
- 68% of patients described their experience of making an appointment as good which was lower than the CCG average of 80% and comparable to the national average of 73%.
- 37% of patients said they don't normally have to wait too long to be seen which was significantly lower than the CCG average of 63% and the national average of 58%.

Feedback received on the day of inspection reflected the above figures. Patients told us that they were not always able to get appointments when they needed them and that appointments did not run to time.

The practice had a system to assess:

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

For example, all patients requesting urgent care were triaged by an advanced nurse practitioner or a doctor who would assess their needs and direct them appropriately. This would either be in the form of a booked same day appointment, advice or a home visit.

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 a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints leaflet available in the practice and information on the practice's website on how to complain.

We looked at 6 complaints received in the last 12 months and found that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had received a number of complaints regarding telephone access and had introduced a new telephone system to improve this.

# Are services well-led?

Requires improvement

(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 clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

**Governance arrangements**

The arrangements for governance and performance management did not always operate effectively.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Practice meetings were held every two months which provided an opportunity for staff to learn about the performance of the practice.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

However we also saw that arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, were not always fully implemented. For example:

- The practice did not have proper oversight of staff training as they were unable to evidence that all staff had received or were up to date for essential training. For example, some staff had not undertaken training in the Mental Capacity Act 2005, safeguarding for children and adults, fire safety and information governance.
- The practice had a policy that stated all staff would have a DBS check, however we found that this was not always followed.
- There was no detailed infection prevention control policy.
- A legionella risk assessment had not been undertaken.
- The practice were unable to evidence that their system for distributing and actioning MHRA alerts ensured the relevant checks were carried out.
- Not all staff had received appraisals in the last 12 months.
- The practice was unable to evidence that all recruitment checks had been undertaken.

We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

**Leadership and culture**

On the day of inspection staff told us the partners were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems 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 to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. For example, whole practice team meetings, individual staff group meetings and meetings with the wider community team.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. 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. We spoke with one

# Are services well-led?

Requires improvement

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

member of staff who had fed back to the practice that the allocated time to conduct a patient dementia review was not adequate. The practice listened and increased the appointment time from 20 minutes to 40 minutes.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following the suggestion of the PPG, the practice set up educational social evenings which focused on chronic conditions to help patients understand and manage those conditions more effectively.
- The NHS Friends and Family test, complaints and compliments received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working collaboratively with the local clinical commissioning group (CCG) and other practices on a pilot project which looked to improve mental health services. The practice shared a community psychiatric nurse who provided four to five sessions a week within the practice, to improve support and care for patients who experience mental health issues.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**How the regulation was not being met:**<br>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 not ensured that:<br>• A Legionella risk assessment had been carried out.<br>• Equipment checks were effective.<br>• An appropriate infection control policy was in place.<br>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**How the regulation was not being met:**<br>The registered person did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. They had not ensured:<br>• Employment checks for all members of staff had been carried out.<br>• That the system for distributing and actioning MHRA alerts were carried out.<br>• DBS checks were carried out in line with their policy.<br>• Prescriptions were monitored or securely stored once distributed.<br>• That all was done that was reasonably practicable to act on feedback received about the services provided in order to drive improvements within the practice. |

This section is primarily information for the provider

# Requirement notices

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
| --- | --- |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br>**How the regulation was not being met:**<br>The registered person did not ensure staff received appropriate training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.<br>This was a breach of regulation 18(1) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. |