

Dr Wingfield and Partners

Quality Report

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

Ratings

Overall rating for this service

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 of Dr Wingfield and Partners on 18 November 2015. The practice achieved an overall rating of good. Specifically, we found the practice to be good for providing effective, caring, responsive and well-led services. We found it to be requiring improvement for providing safe services. It was good for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.

- We saw patients receiving respectful treatment from staff. Patients felt they were seen by friendly and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- The practice appeared clean and infection control processes were adhered to.
- Systems to ensure the appropriate management of medicines and prescriptions, including those used in an emergency were insufficient.

Summary of findings

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure an appropriate system is in place for the safe use and management of medicines and prescriptions, including those used in an emergency.

In addition the provider should:

- Ensure that Control of Substances Hazardous to Health (COSHH) risk assessments are available for all applicable products used for cleaning and disinfecting.

- Ensure that the staff yet to complete safeguarding, cardiopulmonary resuscitation (CPR), equality and diversity and other essential training do so.
- Take steps to improve access to routine pre-bookable appointments and access to the practice by telephone.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. The practice appeared clean. Systems to protect people from the risks of infection were in place and adhered to at the practice. The medical equipment at the practice was fit for purpose and received regular checks for accuracy. Systems to ensure that all staff employed at the practice received the relevant recruitment checks including criminal records checks were in place. However, systems to ensure that emergency medicines and equipment and blank prescription forms were managed appropriately were insufficient.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. Limited clinical audit was completed. However, there was no programme of repeated (full cycle) audit to demonstrate the effectiveness of any changes made. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working. Clinical staff were aware of the process to obtain patient consent and were informed and knowledgeable on the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place. The practice was proactive in ensuring staff learning needs were met.

Good



Are services caring?

The practice is rated as good for providing caring services. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to help patients understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect and were positive about staff behaviours.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities, including mobility issues and other impairments. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' complaints and where possible, took action to improve the patient experience. At the time of our inspection there was a considerable wait for routine pre-bookable appointments, however those required in an emergency were available. The results of some patient feedback showed this was of concern to them.

Good



Are services well-led?

The practice is rated as good for being well-led. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. There were named members of staff in lead roles and they demonstrated a good understanding of their responsibilities. Staff were supported by a system of policies and procedures that governed activity. The practice sought feedback from patients.

Good



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. The practice offered personalised care to meet their needs. Older patients had access to a named GP, a multi-disciplinary team approach to their care, home visits when needed and targeted immunisations such as the flu vaccine. A range of enhanced services were provided such as those for end of life care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice provided patients with long-term conditions with an annual review to check their health and medication needs were being met. All newly diagnosed patients with diabetes were managed in line with an agreed pathway. Patients with long-term conditions had access to a named GP and targeted immunisations such as the flu vaccine. There were nurse leads for a range of long-term conditions and two nurses were trained in the management of patients with diabetes.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were available to respond to the needs of these patients. Appointments were available outside of school hours. A range of contraceptive and family planning services were available. The premises was suitable for children and babies.

Good



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 practice offered online services such as appointment booking and repeat prescriptions. The practice encouraged feedback and participation from patients of working age through the virtual patient participation group (an online community of patients who work with the practice to discuss and develop the services provided).

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. Patients with a learning

Good



Summary of findings

disability received an annual health review through a nurse led clinic. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns. The practice tackled inequity by identifying and addressing the specific needs of patients and enabling their full access to services.

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). The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health review. Mental health trust well-being workers and primary care liaison workers were available at the practice twice each week and patients could be referred to them by the GPs. Two GPs and the nurse manager had attended mental health training in 2015. However, available data for this practice showed it was performing below local and national standards for the care of patients with mental health issues.

Good



Summary of findings

What people who use the service say

During our inspection, we spoke with eight patients, reviewed six comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice was good. Patients said they felt staff were helpful and friendly and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

The results of the national GP survey for 2015 showed that 87.5% of the 114 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. For the nurses, this figure rose to 93.3%, also above the national average of 90.4%.

The friends and family test results from October 2015 showed that of the 41 respondents, 34 were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

Most of the patients we spoke with or who left comments for us on the appointments system and access to the practice said it was difficult to get an appointment at the practice. They told us the wait for pre-bookable appointments was poor and that if offered an on-the-day emergency appointment, the wait to be seen once in the practice could be considerable. They said access to the practice by phone was difficult.

Results from the national GP patient survey in 2015 showed that 69.3% of the 114 respondents felt their experience of making an appointment was good. This was slightly below average when compared to the rest of England (73.3%). When asked about getting through to the practice on the phone, 52.5% of respondents found this to be an easy experience. This was significantly below average when compared to the rest of England (73.3%). The practice's own patient survey completed in October 2015 showed that of the 425 respondents, 42% found it very difficult to get an appointment either by phone or online.

Areas for improvement

Action the service **MUST** take to improve

Ensure an appropriate system is in place for the safe use and management of medicines and prescriptions, including those used in an emergency.

Action the service **SHOULD** take to improve

Ensure that Control of Substances Hazardous to Health (COSHH) risk assessments are available for all applicable products used for cleaning and disinfecting.

Ensure that the staff yet to complete safeguarding, cardiopulmonary resuscitation (CPR), equality and diversity and other essential training do so.

Take steps to improve access to routine pre-bookable appointments and access to the practice by telephone.

Dr Wingfield and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and a practice nurse acting as specialist advisers.

Background to Dr Wingfield and Partners

Dr Wingfield and Partners provides a range of primary medical services from its premises at Harborough Field Surgery, 160 Newton Road, Rushden, Northamptonshire, NN10 0GP.

It is a teaching practice. The practice serves a population of approximately 12,277. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 0 to 9 and a slightly above average population of those aged 40 to 49 and 60 to 69. There is a lower than average population of those aged between 15 and 29 and a slightly lower than average population of those aged 70 to 84.

The clinical team includes four male and two female GP partners, one female nurse manager, two female nurse practitioners, two female practice (treatment room) nurses and one female healthcare assistant. The team is supported by a practice manager and 14 other administration, reception and secretarial staff. The practice is on a PMS contract.

The practice is staffed with the phones lines and doors open from 8am to 6.30pm Monday to Friday. Appointments

are approximately from 8.30am to 11am and 2.40pm to 5pm daily, with slight variations depending on the doctor. An out of hours service for when the practice is closed is provided by Integrated Care 24 Limited.

Why we carried out this inspection

We inspected this practice as part of our new comprehensive inspection programme.

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

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.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 18 November 2015. During our inspection we spoke with a range of staff including four GP partners, a nurse manager, a nurse practitioner, a practice nurse, a healthcare assistant, the practice manager and members of the reception and administration team. We spoke with eight patients and two representatives of

Detailed findings

the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed six CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

The monthly practice meeting was used for senior staff to review and take action on all reported incidents and events. The minutes of the meetings we looked at demonstrated the practice had managed these consistently over time. The staff we spoke with who attended the meeting were all able to recount the details of recent incidents and events discussed. All staff directly involved in specific incidents and events said they were kept informed and updated of related discussions, learning and action points. Details of any discussions and decisions made in the practice meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at monthly practice meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the learning points and the action taken to prevent recurrence.

Safety alerts were reviewed and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies and protocols in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that most staff had received safeguarding and child protection training at the level required for their roles. A programme was in place to ensure all staff completed the training by March 2016.

We spoke with staff about safeguarding concerns raised at the practice. Their responses demonstrated that they followed agreed policies and protocols. All the relevant agencies were informed and involved. Identifying symbols were used on patients' notes to inform staff they were considered to be at risk. All patients of concern including those with safeguarding issues were discussed at a monthly meeting. This involved a multi-disciplinary team including external healthcare professionals.

From our conversations with staff and our review of training documentation we found that most reception staff at the practice were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff would act as a chaperone if nursing staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones and a practice policy was in place to guide them in that role. We saw that all nursing staff and non-clinical staff trained as a chaperone had received a criminal records check.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the

Are services safe?

required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

We saw the system in place to record the amount and type of medicines (including vaccines) kept at the practice was well adhered to. Processes were in place to check medicines were within their expiry dates and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. A process was in place and followed to ensure hand written and computer generated prescription forms were kept securely at all times. However, the system in place to ensure those forms were tracked and not used inappropriately was insufficient. We found that some boxes of prescription forms were unaccounted for.

No controlled drugs were kept at the practice. The practice had clear systems in place to monitor the prescribing of controlled drugs. Staff were aware of how to raise concerns around these medicines with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Cleanliness and infection control

We saw that the practice appeared clean. We saw there were cleaning schedules in place and the cleaning records we looked at demonstrated these were adhered to. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had a comprehensive policy on infection control issues. From our conversations with staff and our review of documentation we found that staff received infection control training. All the staff we spoke with were knowledgeable about infection control processes at the practice. The practice had a nominated lead for infection control issues. The lead was clear on their additional responsibilities and staff were clear on who the lead was.

A documented audit of cleanliness and infection control issues at the practice was completed in May 2015. We saw that where actions were required these were completed and recorded. Infection control processes were well adhered to at the practice. However, we found that although the practice maintained Control of Substances Hazardous to Health (COSHH) risk assessments for most of the relevant substances used, some applicable products used in cleaning were not risk assessed.

A Legionella risk assessment (Legionella is a term for particular bacteria which can contaminate water systems in buildings) completed at the practice in March 2015 identified some risks. We saw the practice had responded by completing all the necessary actions and maintained records to demonstrate this.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and the relevant report was available to demonstrate this.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at five staff records. They contained evidence that the appropriate recruitment checks such as satisfactory evidence of conduct in previous employment and photographic identification were undertaken prior to employment. All the checks were completed in line with the practice's own recruitment policy and new staff checklist. All clinical staff and non-clinical staff trained as chaperones had received a criminal records check.

Monitoring safety and responding to risk

Are services safe?

There were systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included infection control, medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety and fire safety among other things. Our review of documentation showed these issues were part of the induction process and essential training requirement for all staff and that appropriate policies and risk assessments were available. Action was taken on all risk recommendations made by external contractors and safety services.

The monthly practice meeting was used for senior staff to review and take action on all reported risks, incidents and events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff meetings.

Arrangements to deal with emergencies and major incidents

We saw that the practice had a business continuity plan in place. This covered the emergency measures the practice

would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

We saw that nearly all staff at the practice had completed cardiopulmonary resuscitation (CPR) training. A programme was in place to ensure all remaining staff completed the training. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. We found the equipment and drugs were not easily accessible to all staff in an emergency situation. Only clinical staff had access to the key for the emergency equipment and drugs. In an emergency situation, non-clinical staff would need to locate a member of clinical staff before accessing the equipment and drugs.

Documented checks on the contents were available. However, these checks were not adequately recorded. Some entries were undated and the frequency of the checks was inconsistent. The items checked and who by was not always clear. All of the emergency drugs we checked were within their expiry dates. The main oxygen cylinder had received a recorded check. However, two cylinders used as spares were not recorded as being checked.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) guidelines to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in areas such as prescribing, enhanced services and monitoring the practice's Quality and Outcomes Framework (QOF) performance. QOF is a national data management tool generated from patients' records that provides performance information about primary medical services. The nurses led in specialist areas such as diabetes and respiratory conditions which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice had completed a limited number of ad-hoc clinical audits. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. There was no programme of repeated (full cycle) audits to demonstrate the effectiveness of any changes made.

We looked at one repeated (full cycle) audit on the use of anticonvulsant medication with certain contraceptive methods. We found the data collected from the audit had

been analysed and clinically discussed. However, it was clear from the results of the second cycle of the audit that the modification of the practice approach following the recommendations made in the first cycle was limited. We spoke with a GP partner about another full cycle audit on patients with atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate). We were told the second cycle of the audit was completed three months before our inspection, but it was not yet documented, analysed or clinically discussed.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. It achieved 95% of the total QOF target in 2014/2015, which was 1.5% above the national average.

For diabetes, the practice achieved 95.3% of the target in 2014/2015. This was 2.9% above CCG average and 6.1% above the national average. For hypertension, the practice achieved 100% of the target in 2014/2015. This was 2.3% above CCG average and 2.2% above the national average. However, for mental health, the practice achieved 73.1% of the target in 2014/2015. This was 22.7% below CCG average and 19.7% below the national average.

Effective staffing

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant professional bodies check the fitness to practise of each individual.

We saw that a system of essential training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that most staff had completed most of the training within the required timescales. A programme was in place to ensure all staff completed the required training by March 2016.

Are services effective?

(for example, treatment is effective)

Practice nurses and healthcare assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, all the relevant nurses were up-to-date with cervical cytology training.

From our conversations with staff and our review of documentation we saw that most staff had received an appraisal of their performance and competencies in the past year. A programme was in place to ensure appraisals were completed for the remaining staff. We looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. A system was in place to ensure that in any GP's absence, the results were still reviewed and processed. All the staff we spoke with understood how the system was used and we saw this was working well.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. The weekly proactive care meetings were attended by a GP and community based healthcare professionals such as district nurses to discuss palliative care (end of life) and other high level care patients. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book (e-Referral) system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The clinical staff we spoke with demonstrated an understanding of the Mental Capacity Act (2005) and its implications for patients at the practice. From our conversations with them we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). Clinical staff we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have capacity. They were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice process for documenting consent for specific interventions. The clinical staff we spoke with were clear on the process and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption.

The practice maintained a register of all patients with learning disabilities. Of the 51 eligible patients on the register between April 2014 and March 2015, 32 received a health check review in that period. Of the 92 patients on the dementia register in the same time period, 78 received their annual review.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those

Are services effective?

(for example, treatment is effective)

aged 70 to 79, and the flu vaccine for children, people with long term conditions and those over 65. The practice had 1,957 patients aged over 65. Of those, 1,404 (72%) had received the flu vaccine in the 2014/2015 year.

Four nurses and four GPs at the practice were trained to provide and carry out cervical cytology. They had all completed their update training. A system of alerts and recalls was in place to provide cervical screening to women

aged 25 years and older. At the time of our inspection, the current practice data showed there was a 79% take up rate for this programme over the past five years (2,340 out of 2,956 eligible patients). For the 2014/2015 year the practice achieved 100% of the total QOF target for cervical screening. This was 1.5% above the clinical commissioning group (CCG) average and 2.4% above the national (England) average.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of reception staff being helpful and courteous to patients attending the practice. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas.

We spoke with eight patients on the day of our inspection, all of whom were positive about staff behaviours and the good clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of six patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were friendly and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. The eight patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by six patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive.

The results of the national GP survey for 2015 showed that 85.8% of the 114 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 81.4%. The GPs were considered to be good at listening by 93.7% of patients who responded. This was also above the national average of 88.6%.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey for 2015 showed that 87.5% of the 114 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. For the nurses, this figure rose to 93.3%, also above the national average of 90.4%. The feedback we received during our conversations with eight patients and review of the comments left for us by six patients was consistent with the survey response.

All patients receiving palliative care were discussed at weekly multi-disciplinary team meetings. We saw that the practice maintained a record of all recent patient deaths. From speaking with staff, we found there was no practice wide process for approaching recently bereaved patients. Each GP was responsible for approaching patients individually. The GPs we spoke with gave mixed responses on whether and how they made contact with the family of each deceased patient offering an invitation to approach the practice for support.

Mental health trust well-being workers were based at the practice on Monday and Thursday every week. Primary care liaison workers provided counselling services at the practice on Wednesday and Thursday every week. Patients could access these to obtain psychological well-being counselling and advice through referral from the GPs.

Patients in a carer role were identified where possible. The practice maintained a register of 142 patients who were identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. Staff told us those patients on the register had access to home visits including vaccinations at home if required. We saw information aimed at carers provided on the practice's website and displayed in the waiting area. This gave details of the local support available among other things.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. Enhanced services are those that require a level of care provision above what a GP practice would normally provide. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 202 patients (just over 2% of the practice's patient population over 18) were receiving such care. There was also a palliative care register of 11 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

We saw that patients with diabetes received six to 12 month reviews at the practice depending on the severity of their condition. All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition.

There were six week post-natal checks for mothers and their children. A range of contraceptive and family planning services were available at the practice. Counselling services were available for patients with mental health issues and two GPs and the nurse manager had attended mental health training in 2015.

The practice had a patient participation group (PPG) and a virtual patient participation group (vPPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. From our conversations with PPG members and our review of some PPG meeting minutes, it was clear the group was engaged with the practice.

Tackling inequity and promoting equality

We found that just over half of the staff at the practice had completed equality and diversity training. A programme was in place to ensure all staff completed the training by March 2016.

We saw the premises and services were adapted to meet the needs of people with disabilities. All GP and nurse clinical services were provided at ground level and there was step free access to the main entrance. A working lift was available to the first floor used mainly by practice staff and patients accessing counselling services. We found that the waiting area was open and accessible enough to comfortably accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients and these included a baby changing area.

A call screen was available in the waiting area that displayed the GP name and room number for each patient called. Identifying symbols were used on the notes of patients with visual impairments to inform staff to personally call those patients from the waiting area.

An external translation service was available to the practice. However, due to the local patient population being predominantly from a white British background this was not frequently used by patients. A signing interpreter was also available. A portable hearing loop was provided in reception for those patients who may need it. There were male and female GPs in the practice and patients could choose to see a male or female doctor. We found the practice was aware of and catered for its patients with specific needs. These included home visits for those patients who were unable to attend the practice due to the nature of their conditions and those who required specific and individual methods of communication.

Access to the service

On the day of our inspection we checked the appointments system. The next routine bookable appointment to see any of the GPs at the practice was in 22 working days. However, more pre-bookable appointments (released at various stages including two weeks and 48 hours ahead among others) would be made available in that time. We saw that the appointments system was structured to ensure that the

Are services responsive to people's needs?

(for example, to feedback?)

GPs were able to complete home visits every day. The system ensured that all urgent cases were seen on the same day and each GP was able to complete telephone consultations.

The practice was open from 8am to 6.30pm Monday to Friday. Both the phone lines and doors to the practice were fully accessible between those times.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on how to access the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

Results from the national GP patient survey in 2015 showed that 76.8% of patients felt they did not have to wait too long to be seen at the practice. This was above average when compared to the rest of England (57.7%). Of the 114 respondents, 69.3% felt their experience of making an appointment was good. This was slightly below average when compared to the rest of England (73.3%). When asked about getting through to the practice on the phone, 52.5% of respondents found this to be an easy experience. This was significantly below average when compared to the rest of England (73.3%).

During our inspection, we spoke with eight patients and read the comments left for us by six patients. Most patients said it was difficult to get an appointment at the practice. They told us the wait for pre-bookable appointments was poor and that if offered an on-the-day emergency appointment, the wait to be seen once in the practice could be considerable. They said access to the practice by phone was difficult.

Since the national GP patient survey, in March 2015 the practice had attempted modifications to the distribution of its appointments in an attempt to improve access to the practice. The practice manager also continually monitored the appointments system to adjust the types of appointments available depending on patient demand. However, patient feedback on the appointments system was increasingly negative and the wait for some pre-bookable appointments was long. The practice patient participation group's patient survey completed in October 2015 showed that of the 425 respondents, 42% found it very difficult to get an appointment either by phone or online.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints procedure available and there were two designated responsible persons who handled all complaints in the practice. These were the practice manager and one of the GP partners. Those two individuals dealt with all aspects of complaints made to the practice. The monthly practice meeting was used for senior staff to discuss and take action on all reported complaints.

We saw that information was available to help patients understand the complaints system. A leaflet containing information on how to complain was available from reception. An overview of the practice's complaints procedure was also available online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with eight patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from 2014/2015. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. The action and learning points for all the complaints received by the practice in the 2014/2015 year were documented in an annual review.

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 staff we spoke with told us of their overarching principle to deliver a safe, quality service to the best of their ability whilst adhering to contractual obligations.

There was no formal or documented strategic plan in place. The senior staff we spoke with told us the informal strategy over 2014/2015 was to focus on redesigning the appointments system and increasing the staffing levels to accommodate increasing patient demand. This included recruiting a new GP and a new member of the nursing team. They said this would allow for better efficiency in how patients were seen. The senior staff we spoke demonstrated an awareness of the difficulty in recruiting in their locality, particularly for GPs. A current GP vacancy had received no expressions of interest. A current nursing team vacancy was at the shortlisting stage. The monthly practice meeting attended by the GP partners, nurse manager and the practice manager was used to discuss, implement and monitor the direction of the practice throughout the year.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers supported by the practice manager. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up-to-date. However, procedures and systems in relation to medicines management including emergency medicines and equipment were not yet fully embedded at the practice at the time of our inspection.

The practice had arrangements for identifying, recording and managing risks. The monthly practice meeting was used for senior staff to review and take action on all reported risks, serious incidents, events and complaints. We looked at minutes of the meetings that demonstrated this happened as and when required. Details of any

discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff events.

The practice had a system in place for reporting, recording and taking action on significant events. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at the monthly practice meeting which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, complaints, prescribing and enhanced services among others. There were also nurse led clinics for patients with diabetes and respiratory conditions and nominated leads for such things as infection control. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they knew who to go to in the practice with any concerns. All the staff we spoke with said they felt valued and well supported within their own staff groups. However, some staff said this feeling of support and involvement reduced when provided by the practice as a whole.

From our conversations with staff and our review of documentation, we saw there was a schedule of meetings for senior staff and multi-disciplinary teams to attend. There was monthly protected learning at the practice for all staff to attend. Staff told us they had the opportunity to raise and discuss issues either directly at the meetings they attended, or through their staff leads who attended meetings on their behalf.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to seek the views of patients and those close to them. The practice had a patient participation group (PPG) of up to 20 members of which a core number met every quarter. The PPG is a group of patients who work with the practice to discuss and

Are services well-led?

Good 

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

develop the services provided. There was also an online virtual patient participation group (vPPG) incorporated into the PPG. The vPPG is an online community of patients who work with the practice to discuss and develop the services provided. We saw that through meetings or emails the group was able to feedback its views on a range of practice issues. We spoke with two members of the PPG who said the group had good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice. We saw the PPG was integral in developing the practice's last patient survey.

The practice patient participation group had distributed its last patient survey in October 2015 and responses were received from 425 patients. The survey was designed as part of the PPG's efforts to discover what patients felt about the appointments system and how they could effectively contribute ideas to improve the system. The results showed that 42% of respondents found it very difficult to get an appointment either by phone or online. During our inspection patients told us they were concerned about the long wait for pre-bookable appointments and the difficulty in accessing the practice by phone.

We saw a comments and suggestions box was provided in the waiting area for patients to use. Any comments and suggestions made were reviewed by the practice manager. We were told there was little use of the comments box.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. For clinical staff, this included access to target days for learning on set topics.

From our conversations with staff and our review of documentation we saw that most staff received regular appraisals of their performance and competencies. A programme was in place to complete any remaining staff appraisals. The examples we looked at showed these were an opportunity for staff to discuss any learning needs and their professional development. The staff we spoke with told us the practice was proactive in organising the required training to meet those needs.

A system was in place for senior staff to review and action all reported risks, incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on how the incidents could be learned from.

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>We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the storing and recording of some medicines used for the purpose of the regulated activity.</p> <p>Processes and checks relating to medicines and equipment used in an emergency were insufficient. Emergency medicines and equipment were not easily accessible to all staff. Checks were not adequately recorded and the frequency of checks was inconsistent. The process in place that would identify if a blank form for hand written and computer generated prescriptions was missing or used inappropriately was insufficient. Some boxes of prescription forms were unaccounted for.</p> <p>This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>