

The Old Forge Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at The Old Forge Surgery on 14 January 2016. Overall the practice is rated as requires improvement.

We found that improvements had been made since the previous inspection of April 2015 when the practice had been rated as inadequate and was placed into Special Measures.

Our key findings were as follows:

- The practice had received support from the local clinical commissioning group (CCG) and had taken steps to make improvements following the last inspection; some of the new arrangements were at an early stage and not fully embedded into the practice.
- There was a new leadership structure in place and the partnership arrangements in the practice had changed. Two of the three partners had retired and two former salaried GPs had joined the partnership. The third partner was absent from the practice on a long-term basis.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, although arrangements to share learning with relevant staff were at an early stage
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day. However, the National GP Patient Survey (July 2015) showed that waiting times at the surgery were below average.
- Information about how to complain was available and easy to understand. However, the arrangements for recording and handling complaints were ineffective.
- Since the last inspection the practice had taken steps to implement a system for clinical audit, although further improvements were required.

However, there were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

Summary of findings

- Implement effective arrangements to ensure that all complaints are recorded and handled appropriately.

In addition the provider should:

- Take steps to ensure staff working within the practice have the appropriate level of competencies in relation to adult safeguarding.
- Complete the updated cleaning schedules to allow for the monitoring of cleaning standards and maintain records to demonstrate when clinical equipment has been cleaned.
- Review Patient Group Directions and ensure all are appropriately authorised, in line with national guidelines.
- Make sure that learning from significant events is shared with relevant staff.
- Review the results from the National GP Survey, specifically in relation to waiting times at the surgery, and take action to improve patients' experience.

- Develop a formal protocol for the repeat prescribing of medicines for staff to follow.
- Continue to develop their approach to clinical audit. The practice should aim to demonstrate an on-going audit programme where they can show that they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.
- Put plans in place to ensure patients diagnosed with cancer are offered reviews within appropriate timescales.

I am taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

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.

Since the last inspection, some progress had been made to address the concerns raised; however, there were still some areas which require improvement. Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally; although arrangements to share learning with relevant staff were at an early stage. Risks to patients were assessed and managed.

There was evidence of improved medicines management arrangements, however, some of the patient group directions (which allow nurses to administer medicines in line with legislation) had not been authorised by a GP. The practice was clean and hygienic. Good infection control arrangements were in place, although staff had not begun to complete the revised cleaning schedules. Effective staff recruitment practices were followed and there were enough staff to keep patients safe; since the last inspection an advanced nurse practitioner had been employed to provide support to the clinical teams. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.

Requires improvement



Are services effective?

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

Patients' needs were assessed and care was planned and delivered in line with current legislation. Arrangements had been made to support clinicians with their continuing professional development. Staff had received training appropriate to their roles. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment.

Data showed patient outcomes were below national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness. The latest publicly available data from 2014/15 showed the practice had achieved 84.6% of the total number of points available, which was 12.6% below the England average. However, our previous inspection took place in

Requires improvement



Summary of findings

April 2015 therefore the results would not reflect any progress made since then. We saw the practice was progressing well in most areas for 2015/2016 and had introduced improved arrangements for monitoring performance.

Since the last inspection the practice had taken steps to implement a system for clinical audit, although further improvements were required.

Are services caring?

The practice is rated as good for providing caring services.

Patients said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the services available was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

The National GP Patient Survey published in July 2015 showed the practice was generally above average for its satisfaction scores on consultations with doctors. All scores for nurses were above average. Results showed that 99% of respondents had confidence and trust in their GP, compared to 95% nationally. 95% of respondents said the last nurse they saw was good treating them with care and concern, compared to the national average of 90%.

Good



Are services responsive to people's needs?

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

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. However, the arrangements for recording and handling complaints were ineffective. Two of the complaints we reviewed had not been recorded on the complaints schedule; and for one it was not clear what action had been taken as a result of the complaint.

The practice scored well in relation to some aspects of access in the National GP Patient Survey. The most recent results (July 2015) showed 80% (compared to 85% nationally and 84% locally) of respondents were able to get an appointment or speak to someone when necessary. Over 89% of respondents said they were satisfied with opening hours (compared to the national and local averages of 75% and 81% respectively). The practice also scored highly on the ease of getting through on the telephone to make an appointment (93% of patients said this was easy or very easy, compared to the national average of 73% and a CCG average of 79%).

Requires improvement



Summary of findings

However, the scores in relation to waiting times at the surgery were below average. For example, 42% of patients said they usually waited more than 15 minutes after their appointment time compared to the national average of 27% and the CCG average of 20%.

Are services well-led?

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

The new GP partners in the practice did not have previous experience of leading a practice but they prioritised safe, high quality and compassionate care. The practice had been offered and had accepted support from the clinical commissioning group (CCG). The CCG provided a temporary business manager who worked with the practice manager to develop the governance framework. This role was due to end shortly after our inspection.

Staff understood their responsibilities in relation to the practice aims and objectives. There was a leadership structure in place with designated staff in lead roles. Staff said they felt supported by management. Team working within the practice between clinical and non-clinical staff was good.

The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were some systems in place to monitor and improve quality and identify risk but improvements to the clinical audit arrangements were needed.

The practice proactively sought feedback from staff and patients, which they acted on. Staff had received inductions, regular performance reviews and attended staff meetings and events. There was an active patient participation group (PPG) which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the management team.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The practice was rated as requires improvement for safe, responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was slightly above local clinical commissioning group (CCG) average (98.7%) and the England average (97.9%).

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP and patients at high risk of hospital admission and those in vulnerable circumstances had care plans.

The practice maintained a palliative care register and offered immunisations for pneumonia and shingles to older people.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for safe, responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Nationally reported QOF data (2014/15) showed the practice had achieved good outcomes in relation to some of the conditions commonly associated with this population group. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average. However, performance in relation to treating patients with diabetes was below average, 67.4% compared to 89.2% nationally.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as requires improvement for safe, responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 100% (CCG average ranged from 96.2% to 100%) and five year olds from 93.2% to 98.6% (CCG average ranged from 94.5% to 98.9%).

The practice's uptake for the cervical screening programme was 77.3%, which was below the CCG average of 81.4% and the national average of 81.6%.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The practice was rated as requires improvement for safe, responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. Extended hours surgeries were offered every morning (except Thursday) from 7.30am for working patients who could not attend during normal opening hours. Patients were also able to access GP services at a local health centre between 6pm and 8pm each weekday.

Requires improvement



Summary of findings

The practice offered a full range of health promotion and screening which reflected the needs for this age group. Patients could order repeat prescriptions and book appointments on-line.

Additional services were provided such as health checks for the over 45s and travel vaccinations.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe, responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

The practice had effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Good arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for safe, responsive, effective and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked closely with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Care plans were in place for most patients with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs which was used to ensure they received relevant checks and tests.

Requires improvement



Summary of findings

Nationally reported QOF data (2014/15) showed the practice had not previously achieved good outcomes in relation to patients experiencing poor mental health. For example, the percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of a number of tests recorded between 6 months before or after entering on to the register was 40.0%, compared to the national average of 81.5%. However, at the time of the inspection the practice had already achieved 63%, with two months left until the deadline to complete the remaining checks.

Summary of findings

What people who use the service say

We spoke with nine patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed 13 CQC comment cards which had been completed by patients prior to our inspection.

Patients were complimentary about the practice, the staff who worked there and the quality of service and care provided. They told us the staff were very caring and helpful. They also told us they were treated with respect and dignity at all times and they found the premises to be clean and tidy. Patients we spoke with were generally satisfied with the appointments system.

The National GP Patient Survey results published in July 2015 showed the practice was generally performing in line with local and national averages. There were 118 responses (from 361 sent out); a response rate of 32.7%. This represented 1.4% of the practice's patient list.

- 84.4% would recommend the surgery, compared with a clinical commissioning group (CCG) average of 80.5% and a national average of 77.5%.
- 94.6% said their overall experience was good or very good, compared with a CCG average of 88.1% and a national average of 84.8%.
- 93% found it easy to get through to this surgery by phone compared with a CCG average of 79.3% and a national average of 73.3%.

- 92.1% found the receptionists at this surgery helpful compared with a CCG average of 89.9% and a national average of 86.8%.
- 79.6% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.9% and a national average of 85.2%.
- 89.2% were satisfied with the practice's opening hours, compared with a CCG average of 81.2% and a national average of 74.9%.
- 91.7% said the last appointment they got was convenient compared with a CCG average of 93.2% and a national average of 91.8%.
- 72.8% described their experience of making an appointment as good compared with a CCG average of 76.2% and a national average of 73.3%.

However, the scores in relation to waiting times at the surgery were below average:

- 42.4% of patients said they usually waited more than 15 minutes after their appointment time compared to the CCG average of 20.2% and the national average of 27.1%.
- 45.7% of patients felt they normally had to wait too long to be seen compared to the CCG average of 27.3% and the national average of 34.5%.

Areas for improvement

Action the service **MUST** take to improve

Implement effective arrangements to ensure that all complaints are recorded and handled appropriately.

Action the service **SHOULD** take to improve

Take steps to ensure staff working within the practice have the appropriate level of competencies in relation to adult safeguarding.

Complete the updated cleaning schedules to allow for the monitoring of cleaning standards and maintain records to demonstrate when clinical equipment has been cleaned.

Review Patient Group Directions and ensure all are appropriately authorised, in line with national guidelines.

Make sure that learning from significant events is shared with relevant staff.

Review the results from the National GP Survey, specifically in relation to waiting times at the surgery, and take action to improve patients' experience.

Develop a formal protocol for the repeat prescribing of medicines for staff to follow.

Summary of findings

Continue to develop their approach to clinical audit. The practice should aim to demonstrate an on-going audit programme where they can show that they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

Put plans in place to ensure patients diagnosed with cancer are offered reviews within appropriate timescales.

The Old Forge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a specialist advisor with experience of GP practice management.

Background to The Old Forge Surgery

The Old Forge Surgery is registered with the Care Quality Commission to provide primary care services. It is located in the Pallion area of Sunderland.

The practice provides services to around 7,900 patients from one location: Pallion Park, Pallion, Sunderland, Tyne and Wear. We visited this address as part of the inspection. The practice has three GP partners (all male), a nurse practitioner (female), two practice nurses (both female), a healthcare assistant, a practice manager, and 11 staff who carry out reception, administrative and dispensing duties.

The partnership arrangements in the practice have changed since the previous inspection. Two of the three partners had retired and two former salaried GPs had joined the partnership. The practice is in the process of registering the new partners with CQC.

The practice is part of Sunderland clinical commissioning group (CCG). Information taken from Public Health England placed the area in which the practice was located in the third more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice population is made up of a slightly higher than average proportion of patients over the age 65

(18.1% compared to the national average of 16.7%). The proportion of patients with health related problems in daily life is above average (60% compared to the national average of 49%).

The practice is located in a purpose-built single storey building. It also offers on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 7.30am and 6pm every week day except Thursday when the practice is open between 8am and 6pm. Patients can book appointments in person, on-line or by telephone. Appointments were available between 8.30am and 5.40pm during the week.

A duty doctor is available each afternoon until 6.00pm. Patients are also able to access services at a local health centre between 6pm and 8pm on weekdays.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in April 2015 after which the practice was rated as providing inadequate services and was placed into Special Measures. We rated the practice as inadequate for providing safe, effective and well led services, requires improvement for providing responsive services and good

Detailed findings

for being caring. We took enforcement action in relation to the governance and staffing arrangements within the practice. The purpose of this most recent inspection was to check that improvements had been made.

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. This inspection was planned to check whether the registered 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

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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 14 January 2016. We spoke with nine patients and eight members of staff from the practice. We spoke with and interviewed two GPs, the nurse practitioner, a practice nurse, the practice manager and three staff carrying out reception and administrative duties. None of the GP partners currently registered with CQC were available to us on the day of the inspection. We spoke with one GP who was in the process of registering with CQC to become a GP partner and the registered manager. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed 13 CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed a sample of incident reports which were sent to us before the inspection. We saw an analysis of the events had been carried out. The practice manager told us that the incidents had been discussed at the management team meetings; however, these meetings had not been formally minuted. We were told that going forward any action points and learning resulting from significant events would be shared with relevant staff at these meetings and formal minutes would be taken.

Managers were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We discussed the process for dealing with safety alerts with the practice manager and some of the clinical staff. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Arrangements had been made which ensured alerts were disseminated by the practice manager to the relevant clinical staff. This enabled the clinical staff to decide what action should be taken to ensure continuing patient safety, and mitigate risks. Staff told us that going forward the alerts would be discussed at the management team meetings.

Overview of safety systems and processes

Since the last inspection the practice had begun to implement systems, processes and practices to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation

and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. GPs had all been trained to level three in children's safeguarding but had not completed training on adults safeguarding.

- A notice was displayed in the waiting room, advising patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and since the last inspection all 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).
- We observed the premises to be clean and tidy. One of the new GP partners was the infection control clinical lead; in addition, the practice liaised with the local infection prevention teams to keep up to date with best practice. Since the last inspection an infection control policy and supporting procedures had been implemented and staff had received up to date training. Following the last inspection an infection control audit had been undertaken. We saw evidence that action was taken to address any improvements identified as a result, including the fitting of appropriate flooring in the treatment room. Since the last inspection the infection control lead had devised cleaning schedules for the cleaning staff to complete. At the time of this inspection these were not fully implemented but were due to be in place within the following week. We found there were no records to demonstrate when medical equipment, including the spirometer and nebuliser had been cleaned. Staff told us these would be added to the cleaning schedules.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice had improved since the last inspection (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice

Are services safe?

guidelines for safe prescribing. Since the last inspection action had been taken to ensure prescription pads were securely stored; we found there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, some of these had not been authorised by a GP. We brought this to the attention of the practice and they told us this would be rectified urgently.

- Following the last inspection the practice protocol for carrying out recruitment checks was updated. We reviewed three staff files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. Since the last inspection the practice had implemented an up to date fire risk assessment. Regular fire drills were carried out but there were no nominated fire wardens.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. At the previous inspection managers told us they were looking to recruit an additional nurse. Since then an advanced nurse practitioner had been recruited and had joined the practice in late 2015. Since the last inspection two of the GP partners had retired from the practice and one was on long-term absence. Two former salaried GPs had joined the partnership and the remaining sessions were covered by regular locums.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the main office.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 84.6% of the total number of points available, which was 12.6% below the England average. At 8.4%, the clinical exception reporting rate was 0.8% below the England average (the QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect).

Results showed:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was slightly above local clinical commissioning group (CCG) average (98.7%) and the England average (97.9%).
- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9% above the local

CCG average and 2.6% above the national average. However, performance in relation to treating patients with diabetes was below average, 67.4% compared to 89.2% nationally

- The QOF data showed the practice had not previously achieved good outcomes in relation to patients experiencing poor mental health. For example, the percentage of patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March with a record of a number of tests recorded between 6 months before or after entering on to the register was 40.0%, compared to the national average of 81.5%. However, at the time of the inspection the practice had already achieved 63%, with two months left until the deadline to complete the remaining checks.

However, this data related to the period up to March 2015; our previous inspection took place in April 2015 therefore the results would not reflect any progress made since then. We asked the practice to show us what progress had been made against the 2015/2016 QOF targets.

In most cases the practice was progressing well and had improved arrangements for monitoring performance. One of the new GP partners was the lead for QOF and a member of the administrative team had dedicated time to manage the recall system and book patients in for the review appointments.

However, there were two specific areas where action was required to achieve the targets:

- Chronic Obstructive Pulmonary Disease – the proportion of patients who had a lung function check carried out in previous 12 months was 39%, compared to the target of 75%. This was low because the equipment used to carry out the test (a spirometer) had been broken for several months. A new spirometer had been delivered just before our inspection; staff were confident they would be able to carry out the majority of the outstanding tests by the end of March 2016.
- Cancer – the proportion of patients with cancer who had been reviewed since their diagnosis was 28%, compared to a target of 90%. There were no clear plans in place to ensure this target was met.

Since the last inspection the practice had introduced a new system to formalise the arrangements for making changes to patients' medicines on receipt of hospital discharge letters. Changes could only be made by one of the GP

Are services effective?

(for example, treatment is effective)

partners. Improvements had been made to the repeat prescribing arrangements but there was still no repeat prescription protocol to follow and no agreed limit for how many repeat prescriptions could be issued if a patient did not attend for a review.

Since the last inspection the practice had taken steps to implement a system for clinical audit, although further improvements were required. We saw two full clinical audits had recently been carried out. The results and any necessary actions were on the agenda to be discussed at the forthcoming management team meeting. The practice should aim to demonstrate an on-going audit programme where they can show that they have made continuous improvements to patient care in a range of clinical areas as a result of clinical audit.

One of the audits related to patients who had been prescribed warfarin (warfarin is a medicine that stops blood from clotting) and had had their INR (a test to measure the clotting tendency of the blood) monitored. The INR tests were carried out by a different organisation who were contracted to provide the results to the practice on a timely basis. An initial audit was carried out which showed how many patients were on warfarin (98), however the audit results were vague and it was not clear how many of those patients had been monitored. A further audit was carried out five months later; this showed that there were 65 patients who had been prescribed warfarin but only 34 had a documented INR result. The recommendations from the audit were to ensure that the practice contacted the provider of the INR tests to ensure they provided the results. Doctors told us they checked hospital letters before prescribing the correct dosage of warfarin.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.

- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Most staff had received training that included: safeguarding, fire procedures, basic life support and infection control. Some training had yet to be completed, including adult safeguarding for the GPs and information governance for a minority of staff. Staff had access to and made use of e-learning training modules and in-house training. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. This included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available and smoking cessation advice was available from a local pharmacy.

The practice had a screening programme. The practice's uptake for the cervical screening programme was 77.3%, which was below the CCG average of 81.4% and the national average of 81.6%. There was a policy to offer

telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.5% to 100% (CCG average ranged from 96.2% to 100%) and five year olds from 93.2% to 98.6% (CCG average ranged from 94.5% to 98.9%). The flu vaccination rate for the over 65s was 73.7%; this was in line with the national average of 73.2%. However, the vaccination rate for at risk groups was 37.3%. This was well below the national average of 53.4%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

All of the 13 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with nine patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was in line with or slightly above national and local averages for satisfaction scores on consultations with doctors and nurses. For example:

- 98.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and the national average of 95.2%.
- 87.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and the national average of 85.1%.
- 97.4% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.5% and the national average of 97.1%.

- 95.1% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and the national average of 90.4%.
- 92.1% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and the national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally above local and national averages. For example:

- 93.3% said the GP was good at listening to them compared to the CCG average of 90.6% and the national average of 88.6%.
- 90.8% said the GP gave them enough time compared to the CCG average of 89.4% and the national average of 86.6%.
- 90.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and the national average of 86%.
- 83.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and the national average of 81.4%.
- 96.2% said the last nurse they spoke to was good listening to them compared to the CCG average of 93.7% and the national average of 91%.
- 95.7% said the nurse gave them enough time compared to the CCG average of 94.3% and the national average of 91.9%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers; 1% of the practice list had been identified as carers and were being supported, for example, by offering

health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for anyone who needed them. This included people with a learning disability or people speaking through an interpreter.
- Appointments were available outside normal working hours every morning except Thursday.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- All patient facilities were on the ground floor and there was level access to the building.
- Previously all of the GP partners were male. The practice had taken steps to address this and employed a female locum GP one day each week.

Access to the service

The practice was open between 7.30am and 6pm every week day except Thursday when opening hours were between 8am and 6pm. Appointments were available between 8.30am and 5.40pm daily. Patients were able to access GP services at a local health centre between 6pm and 8pm each weekday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people 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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 89.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.2% and the national average of 74.9%.
- 93% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79.3% and the national average of 73.3%.

- 72.8% of patients described their experience of making an appointment as good compared to the CCG average of 76.2% and the national average of 73.3%.

However, the scores in relation to waiting times at the surgery were below average:

- 42.4% of patients said they usually waited more than 15 minutes after their appointment time compared to the CCG average of 20.2% and the national average of 27.1%.
- 45.7% of patients felt they normally had to wait too long to be seen compared to the CCG average of 27.3% and the national average of 34.5%.

The scores had been low in the previous two National Patient Surveys but managers were unclear as to the reason behind this; they felt it was mainly due to a doctor who no longer worked at the practice but had not carried out a review or implemented any actions to improve patient experience.

Listening and learning from concerns and complaints

The practice had some arrangements in place for handling complaints and concerns.

- Since the last inspection a complaints policy and procedures had been put into place; these 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. Leaflets detailing the process were available in the patient waiting areas and there was information on the practice's website.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The arrangements for recording and handling complaints were ineffective. During the last inspection we found the arrangements for recording complaints were unclear. In advance of this inspection we asked the practice to provide us with a summary of any complaints received in the last 12 months. We received a schedule which showed the practice had received nine formal complaints (both verbal and written). During the inspection we asked to look at a sample of complaints in more detail. Two of the complaints

Are services responsive to people's needs?

(for example, to feedback?)

we reviewed had not been recorded on the complaints schedule, despite one of them being investigated by NHS England; and for one it was not clear what action had been taken as a result of the complaint.

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 vision to deliver high quality care and promote good outcomes for patients.

- Staff knew and understood the values of the practice.
- Since the last inspection managers had developed and implemented a detailed practice development plan that set out the priorities for 2015/2016. At the time of the inspection there were no formal plans for the future development, but managers were engaged in discussions both internally and externally to formalise these arrangements.
- Succession plans for leaders were in place.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy. However, the approach to service delivery and improvement was reactive and focused on short term issues.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Since the previous inspection a large number of practice specific policies had been implemented and were available to all staff.
- Steps had been taken to ensure managers had a comprehensive understanding of the performance of the practice. A services monitoring schedule was in place, which allowed managers to see where action needed to be taken to improve performance.
- Arrangements to carry out clinical audits had improved since the last inspection but there was no structured programme in place to monitor quality and to make improvements.
- There were improved arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partnership arrangements in the practice had changed since the previous inspection. Two of the three partners had retired and two former salaried GPs had joined the partnership. The third partner was absent from the practice on a long-term basis.

The new GP partners in the practice did not have previous experience of leading a practice but they prioritised safe, high quality and compassionate care. The practice had

been offered and had accepted support from the clinical commissioning group (CCG). The CCG provided a temporary business manager who worked with the practice manager to develop the governance framework. This role was due to end shortly after our inspection; the practice therefore would need to ensure plans were in place to continue to build on the improvements already made.

Managers were visible in the practice and staff told us that they were approachable and always took the time to listen. The practice encouraged a culture of openness and honesty.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported.
- Since the last inspection two team leaders had been appointed to the administrative team. They provided a link between the staff and managers and were invited to attend the management team meetings.
- One of the nurses had been appointed to a senior role and was also part of the practice management team.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a suggestion by the PPG more seats had been provided in the waiting room and there were plans in place to develop a quarterly newsletter for patients.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and they told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Requires improvement 

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

However, the arrangements for dealing with complaints were not effective. Complaints were not always acted on in a timely way.

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	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met:</p> <p>The provider did not always take necessary action in response to failures identified by complaints.</p> <p>The provider did not operate an effective system to record and handle complaints by service users.</p> <p>Regulation 16 (1) and 2 (a).</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	