

Enderby Medical Centre

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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Enderby Medical Centre	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Enderby Medical Centre on 13 January 2017. The purpose of this inspection was to ensure that sufficient improvement had been made following the practice being placed in to special measures as a result of the findings at our inspection in May 2016 when we found the practice to be inadequate overall. Overall the practice is now rated as good.

At this most recent inspection we found that extensive improvements had been made and specifically, the ratings for providing a safe and well led service had improved from inadequate to good and the rating for providing an effective service had improved from requires improvement to good. The ratings for providing a caring and responsive service remained good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear and strong leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- Data showed patient outcomes were higher than the national average.
- We saw evidence that audits were driving improvements to patient outcomes.

The areas where the provider should make improvements are:

- Ensure Patient Group Directions (PGDs) are signed appropriately.
- Ensure vaccinations are stored appropriately.
- .Ensure staff are up to date with all training.

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 good for providing safe services.

- There was a comprehensive and effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients who used services were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above the local and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was a comprehensive and extensive programme of clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence of appraisals for staff with identified development plans.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints had been identified and shared with staff.

Good



Are services well-led?

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

- Since our inspection in May 2016 we found that the new management structure was now embedded and working effectively.
- The practice had a vision to deliver high quality care and promote good outcomes for patients. All staff were clear and committed about their responsibilities in relation to this.
- The practice had a number of policies and procedures to govern activity which had all been reviewed.
- The practice sought feedback from patients and the patient participation group (PPG) was active.
- A schedule of regular staff meetings had been implemented with comprehensive minutes available.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Home visits were also carried out to administer annual flu, pneumococcal or shingles vaccination when required.
- There was an in-house pharmacist who carried out polypharmacy reviews for the elderly.
- The practice worked with local care homes to avoid unplanned admissions.
- Ambulatory services were used to avoid unnecessary acute admission.
- The practice monitored their register of carers and an in-house dedicated Carer's Champion, provided advice regarding support services.

People with long term conditions

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

Good



- There was a good skill mix in the practice and nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Ambulatory services were used to avoid unnecessary acute admissions.
- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to the CCG average of 77% and the national average of 78%. The exception reporting rate for diabetes indicators was in line with or below local and national averages.
- Longer appointments and home visits were available when needed.
- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice employed a locum pharmacist to support this work.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with or above local and national averages for all standard childhood immunisations.
- Patients commented that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 87%, which was above both the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours.
- There was a children's area in the waiting room.

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).

Good



- 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, flexible and offered continuity of care. The practice offered extended hours on a Wednesday morning from 7.15am and in the evening until 7.00pm to accommodate working patients who could not attend during normal opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this group.
- Telephone consultations were available throughout the day.

People whose circumstances may make them vulnerable

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

Good



- In house appointments were available with a drug & alcohol advisor to help support patients with alcohol & drug dependency. Changes in patient's social circumstances were noted and passed on to their GP or duty doctor in order to liaise with social services as needed.
- The practice had developed relationships with the travelling community and offered support and education.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice held a register of vulnerable adults.

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). There were, however, examples of good practice.

- Patients who were suffering poor mental health could be seen on the same day.
- The practice used their in-house Pharmacist to ensure safety with medication for patients with mental health problems and medication reviews.
- All patients had a named GP. The practice offered annual reviews for patients with dementia, including blood tests for reversible deficiencies which could exacerbate memory problems.
- The practice had access to a mental health worker who provided support and annual reviews.
- The Practice offered a selection of self-referral information to specialised services for counselling.
- 79% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had attended training in Dementia Awareness.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 278 survey forms were distributed and 100 were returned. This represented 1.6% of the practice's patient list.

- 99% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 79%.

- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive overall about the standard of care received. Patients referred to the ease with which they could get appointments, personalised care and helpful and friendly staff.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure Patient Group Directions (PGDs) are signed appropriately.
- Ensure vaccinations are stored appropriately.
- Ensure staff are up to date with all training.

Enderby Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Enderby Medical Centre

Enderby Medical Centre is a GP practice which provides a range of primary medical services to around 6,080 patients from a surgery in Enderby, a suburb on the outskirts of the city of Leicester. The practice has more patients under the age of 50 years than the national average and less patients 50 years or over than the national average.

The service is provided by one full time and one part time female GP partners, two part time male GP partners providing a total of 22 sessions per week. There was also a nurse practitioner who provided a further eight sessions per week. The practice is a training practice and at the time of our inspection there were two trainee GPs. The nursing team is completed by two practice nurses and a healthcare assistant. They are supported by a part-time locum pharmacist, a practice manager, an assistant practice manager and a team of reception and administration staff.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which provides some information about the healthcare services provided by the practice.

The provider has one location registered with the Care Quality Commission which we inspected on 11 May 2016 which is Enderby Medical Centre, Shortridge Lane, Enderby, Leicestershire. LE19 4LY.

The practice is open between 8.00am and 6.30pm Monday to Friday but with extended hours on Wednesday from 7.15am to 7.00pm. Appointments are available from 08.30am to 11.00am in the morning and from 3.00pm to 6.15pm on a daily basis. On Wednesdays the first appointment was 7.15am and the last appointment 7.00pm. The practice offers telephone consultations and home visits are also available on the day of request.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Derbyshire Health United Limited. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Why we carried out this inspection

In May 2016 we had 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. That inspection was planned to check whether the provider was 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

Detailed findings

provide a rating for the service under the Care Act 2014. At that inspection we found the practice inadequate overall but specifically the rating for providing a safe and well led service was inadequate. As a result the practice was placed in to special measures for a period of six months from 28 July 2016. A warning notice was also issued in respect of the breach of Regulation 17 of the Health and Social Care Act 2008. We carried out a focused inspection in September 2016 to assess whether the warning notice had been complied with and we found that it had. This inspection was undertaken to evaluate whether sufficient improvement had been made in order for the practice to be taken out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 January 2017. During our visit we:

- Spoke with a range of staff.
- Observed how patients were being interacted with.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

At our inspection in May 2016 we found that the practice did not have processes in place to prioritise safety, identify risks and improve patient safety such as a process to learn from significant events or complaints.

At our inspection in September 2016 we found that a new system for dealing with significant events had been introduced but at that stage it still needed embedding. At our most recent inspection we found the system was comprehensive and now embedded and working well. Staff had received training regarding significant events and there was a specific template used for recording. A detailed log was kept of significant events, with each incident numbered, categorised and details kept of review dates, actions and where and when events had been discussed. The practice held quarterly significant event meetings, an annual review meeting of significant events and they were also discussed at clinical meetings on a regular basis as they arose. Learning was shared with staff if they were unable to attend a meeting.

At our inspection in May 2016 we found the system for dealing with safety alerts was not effective as there was no evidence available of any actions taken as a result of any alerts received. At our inspections in September 2016 and January 2017 we found there was now an effective system in place. The practice kept a log of all alerts, which included when they were received, responsibility within the practice for dealing with the alert and evidence of dissemination and actions.

Overview of safety systems and processes

- At our inspection in May 2016 we found that there was not an effective system to safeguard children and vulnerable adults from abuse as there was no register of adult safeguarding and no evidence of dissemination of any information or discussion of safeguarding relating to children or adults in clinical meetings.
- At our most recent inspection we found the system had been reviewed and was now working effectively. There was a register of adult safeguarding and we saw evidence that safeguarding meetings had been introduced and were held on a quarterly basis. These were well attended by other health care professionals such as the health visitor and school nurse. The

meetings were minuted and disseminated to staff as appropriate. We also saw that patients were easily identified as being at risk of safeguarding as they were appropriately coded on the practice computer system.

We saw that safeguarding policies which had been updated in October 2016 were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. The contact details were also displayed in the staff room and the reception area. There was a lead GP for safeguarding children and safeguarding adults. Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse practitioner were trained to child protection or child safeguarding level 3.

- At our inspection in May 2016 we found that not all staff who acted as chaperones had received training for the role. At our inspections in September 2016 and January 2017 we saw that the chaperone policy had been reviewed in August 2016 and updated to include all staff members who carried out chaperone duties. These staff members had now completed chaperone training.

A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had all received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, with the exception of the staff toilet where we saw that the skirting boards were dusty and the soap dispenser broken. We pointed this out to the practice manager and they arranged for the soap dispenser to be mended. We saw that there were detailed cleaning schedules in place and confirmation that the cleaning had taken place. We also saw that there were recorded spot checks and issues were communicated to the cleaner. We were told that one of the practice nurses was the infection control lead and they liaised with the local infection prevention teams to keep up to date with best practice. The practice infection control policy named the practice manager as the infection control lead and we saw that they had booked to attend infection prevention and control

Are services safe?

training and this would be a shared role. Other staff had received up to date training. Annual infection control audits were undertaken, the last one having been undertaken in May 2016. We saw that there was an action plan in respect of this audit and we saw that some actions identified had been implemented and others had not yet been completed. A hand hygiene audit had also been undertaken in December 2016.

- At our inspection in May 2016 we found that there were no safety data sheets or control of substances hazardous to health (COSHH) risk assessments available for cleaning products used by the practice. At our inspections in September 2016 and January 2017 we saw that room checks had been carried out to identify all products in use in the practice. Following this a comprehensive file had been created which contained a list of all products in use in the practice with review dates, risk assessments and safety data sheets for each product. There was now a COSHH policy which was dated September 2016 to provide guidance.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had employed a locum pharmacist to support their work and as part of their role they carried out medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- At our inspection in May 2016 we found that there was no system in place to monitor the movement of prescription pads through the practice. At our inspections in September 2016 and January 2017 we saw that an effective system had been implemented to track the movement of prescription pads in addition to the system that had already been in place to track blank prescription forms for use in printers. Both prescription pads and forms were securely stored.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. At our inspection in May

2016 we found that one of these was out of date and none had been signed by an authorising manager. At our inspection in January 2017 we found that some of the PGDs had been signed incorrectly as there was not an individual signing sheet for each nurse and some were still not authorised..

- We looked at the storage of vaccines in the medical refrigerators in the practice and found vaccines were not stored correctly. The two refrigerators were overstocked and some stock was touching the walls of the refrigerator. This limited the movement of air around the vaccines and increased the potential for freezing stock which would render them inactive and unusable. Vaccine effectiveness cannot be guaranteed unless the vaccine has been stored correctly.
- At our inspection in May 2016 we found that that appropriate recruitment checks had not always been undertaken prior to employment and the recruitment process had not been operated effectively to ensure staff had the qualifications and competence for the work performed by them. At our inspection in September 2016 we found that the recruitment policy had been reviewed in May 2016 and DBS checks had been undertaken for all staff. At our inspection in January 2017 we reviewed four personnel files and found that the recruitment appropriate checks were in place, such as proof of identification and the appropriate checks through the Disclosure and Barring Service. The practice had followed their recruitment policy in the recruitment of the newest members of staff.
- At our inspection in May 2016 we found that the practice had recently introduced a triage system. We found that the nurse practitioner who was undertaking the telephone triage had not undertaken specific training in telephone triage or specific training to enable them to see children with minor illness. At our inspection in September 2016 we found that the nurse practitioner had now undertaken the appropriate training and there was a triage policy in place. At our inspection in January 2017 we found the practice had reviewed their appointment system and as a result the nurse practitioner was no longer carrying out telephone triage.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy dated May 2016 and an associated risk assessment to monitor the safety of the premises. We saw that an action plan had been created as a result of the risk assessment and had been updated on a monthly basis as to progress. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had an up to date fire risk assessment. At our inspection in May 2016 we found issues with fire safety such as lack of fire drills and fire safety training. At our most recent inspection we saw that the fire safety policy had been reviewed in September 2016 and fire drills had been carried out and documented. Fire safety training had been undertaken by staff and there were identified fire marshals. Checks of fire equipment were also being carried out regularly.
- The practice had other risk assessments in place to monitor safety of the premises. At the time of our inspection in May 2016 a legionella risk assessment had been undertaken but the report was not available. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. At our most recent inspection we saw the risk assessment and that recommended actions had been implemented in order to mitigate the risk, including monthly monitoring of water temperatures.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a good skill mix amongst the GPs. There was a rota system in place for all the different staffing groups and the practice policy relating to leave ensured enough staff were on duty and leave was planned well in advance to allow for this.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training and there were emergency medicines available in the treatment room.
- At our inspection in May 2016 we found that the practice did not have a defibrillator available on the premises and had not risk assessed the need for a defibrillator. At our inspection in September 2016 we saw that the practice had purchased a defibrillator and staff had received training in its use. The practice also had oxygen with adult and children's masks available on the premises.
- 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

At our inspection in May 2016 we found that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However at that inspection we also found that there was not an effective system to keep all clinical staff up to date.

At our inspection in September 2016 we saw minutes of meetings that reflected that going forward one of the GP partners would be taking the lead for ensuring staff were kept up to date. At our most recent inspection we saw evidence of discussions and dissemination at clinical meetings regarding new guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were high with the practice achieving 99.9% of the total number of points available, compared to the CCG average of 96.4% and the national average of 95.3%.

The practice had an overall exception reporting rate of 4.4% which was below the CCG and national average. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Some indicators for conditions had much higher than average exception reporting. These were; depression (50% compared to the CCG average of 23% and national average of 22.1%), rheumatoid arthritis (25% compared to the CCG average of 10.4% and national average of 7.5%), cancer (48.3% compared to the CCG average of 28.7% and national average of 25%) and dementia (27.3% compared to the CCG average of 13.7% and national average of 12.7%). However, a sample of patient records showed exception reporting to have been made appropriately and

data provided by the practice following our inspection indicated that the high exception reporting related to system generated exceptions rather than exceptions made by the practice.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed that the practice performed in line with or above local and national averages in the majority of areas:

- Performance for diabetes related indicators was better than the CCG and national average. For example, the percentage of patients with diabetes, in whom the last blood pressure reading was 140/80 mmHg or less, was 81% compared to the CCG average of 77% and the national average of 78%.
- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared to a CCG average of 87% and a national average of 69%.
- The percentage of patients with (COPD) who had a review undertaken including an assessment of breathlessness was 93% compared with the CCG average of 88% and the national average of 90%.
- Performance for mental health related indicators was comparable with local and national averages, for example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 79% compared to the CCG average of 81% and the national average of 84%.

We found that the practice had an effective system in place for quality improvement, including clinical audit. There was a comprehensive audit programme and we looked at two of the completed full cycle audits that had been undertaken where the improvements made had been implemented. For example one of the audits related to cervical cytology and we saw that this had been undertaken to identify if the practice were in line with local standards for adequate quality of smear tests and to identify if there were any criteria which could be improved upon to ensure their inadequacy rate was consistently low. In the first cycle, results demonstrated that the practice

Are services effective?

(for example, treatment is effective)

were in line with acceptable standards but there were areas identified for improvement. Implementation of these improvements resulted in a further 23% improvement in the unsuitable smear rate in the second cycle of the audit.

The practice participated in local audits, national benchmarking and peer review and findings were used by the practice to improve services. Information about patients' outcomes was used to make improvements.

Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- At our inspection in May 2016 we found that the practice could not provide evidence to demonstrate staff had received the training they needed to fulfil their specific roles and There was no system in place to identify or monitor when refresher training or mandatory training was needed or had been carried out by staff.

At our most recent inspection we found that staff were now up to date with most training and the practice manager showed us the system in place to monitor staff training needs.

Training had been undertaken in areas such as the Mental Capacity Act, safeguarding adults, safeguarding children, complaints and infection control and information governance. However, not all staff had undertaken health and safety training.

- At our inspection in May 2016 we found there was limited evidence of staff performance appraisals having been undertaken in order to identify learning needs. At our most recent inspection we found that all staff had now received an appraisal where appropriate and there was now a system for appraisals to take place annually.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. There was a system in place to follow up patients who had been discharged from hospital by means of a phone call from their GP or the nurse practitioner. We saw evidence that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and the practice policy.

- GPs we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear GPs were aware of the need to assess the patient's capacity and record the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits such as the minor surgery audit we reviewed.

Supporting patients to live healthier lives

The practice identified patients who may have been in need of extra support. For example:

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and suffering poor mental health. Patients were signposted to the relevant service.
- On site counselling was available and there was a weekly clinic provided by the community psychiatric nurse. At the time of our inspection this service had been disrupted by staff sickness.
- Smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 87%, which was above both the CCG average of 82% and the national average of 81%. There was a policy to call 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. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable or better than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100%.

We found that only five minutes were allocated for baby immunisation appointments. UK Guidance on Best Practice in Vaccine Administration states that the appointment should be long enough for assessment, advice, answering patient queries, obtaining consent, administering the vaccines and completing documentation. As there were up to four vaccines to administer at the appointment, a five minute slot could result in distress to the parent if they felt they were hurried and a higher risk of procedural omissions if the session was rushed. Following our inspection the practice manager told us the appointment length had been increased to ten minutes.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Six of these contained a negative comment but there were no common themes. Patients said they felt the practice offered an excellent service and level of care, staff were understanding, welcoming, helpful and caring and treated them with dignity and respect.

Comment cards highlighted that staff responded sensitively and compassionately when they needed help and provided support discreetly when required. Patients commented that they were treated with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comments cards reflected that patients felt involved in decision making about the care and treatment they received. They also felt their concerns were listened to and supported were given plenty of time in consultations and so were supported to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Staff told us there were a number of patients who were deaf and they had the facility to arrange an interpreter for the deaf to support communication. A hearing loop was also available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (0.9% of the practice list). The practice had more patients under the age of 50 years than the national average and fewer patients 50 years or over than the national average which was reflected in the number of carers identified.

The Practice was pro-active in identifying carers of all ages and captured this information via new patient medical screening questionnaires, consultations and alert notices within the practice. The practice had a 'carer's champion' who sent information packs to identified carers. There was also information available in the practice to direct carers to the various avenues of support available to them. Alerts were added to patients' record to identify them as a carer and the register was reviewed annually to ensure it was still up to date.

Staff told us that if families had suffered bereavement, the duty GP or the patient's usual GP contacted them by phone or visited and if necessary a consultation would be arranged and advice given on support available if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these had been identified. For example the practice participated in the local integrated care scheme. The practice also provided a multi-disciplinary co-ordinated approach to health and social care. This meant that patients' needs were addressed holistically to include support for emotional issues, mental health, finances and environmental issues such as provision of mobility items, assessment of risks, falls and the strain of being a carer.
- The practice offered appointments staggered throughout the day and extended hours on a Wednesday morning from 7.15am and in the evening until 7.00pm to accommodate working patients who could not attend during normal opening hours.
- Appointments and telephone consultations could be booked online.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had increased the availability of on the day GP appointments to accommodate children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was able to offer yellow fever vaccinations.
- There were disabled facilities and translation services available.
- There was one consulting room on the first floor but if patients were unable to use the stairs the GP would see the patient in one of the ground floor consulting rooms.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and provided extended hours on Wednesdays from 7.15am to 08.00am and from 6.30pm to 7.00pm. Appointments were available from 08.00am to 6.00pm throughout each day and additionally on Wednesdays the first appointment was 7.15am and the last appointment 7.00pm. The practice offered telephone consultations and home visits were also available on the day. There was also a nurse practitioner led minor illness clinic available on a daily basis.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day 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 much higher than national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Comments cards we reviewed reflected that patients were able to get on the day appointments when they needed them.

The practice had a system in place to assess:

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

This was done by means of triage by the duty on call GP and allowed an informed decision to be made on prioritisation according to clinical need. In cases where the urgency and it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made, such as calling an ambulance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice also used the local Acute Visiting Service (AVS) to support their home visit service. The AVS is a rapid response service which supports primary care providers to treat patients with urgent health needs who are vulnerable to hospital admission.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, such as a patient leaflet and information in the waiting room. There was also information regarding complaints on the practice website.

We saw that there had been ten complaints received in the last 12 months and we looked at four of these and found

they had been satisfactorily handled and dealt with in a timely way. At our inspection in May 2016 we found that there was limited evidence of lessons learnt from individual complaints and no ongoing system in place to log complaints, identify themes and ensure actions identified were implemented and learning disseminated in order to improve the quality of care. At our inspection in September 2016 we found that a log of complaints had been implemented but it was still not clear that complaints had been fully investigated, learning identified and actions implemented. We saw that a complaints meeting was planned. At our most recent inspection, we saw that the new system was now embedded and the identified learning and actions implemented as a result were recorded. The planned annual complaints meeting had taken place in order to discuss and share the learning from complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice told us they had a clear vision to deliver high quality care in an integrated manner and with a focus on continuity.

Staff we spoke with shared these values and it was apparent from talking to staff and the feedback from patients that they still demonstrated an ethos of putting patients first. Since our inspection in May 2016, the GP partners and practice management team had implemented the majority of the plans they had spoken about at the initial inspection and many were already embedded.

The restructuring of the management team which had been recently introduced at our inspection in May 2016 was now well established and effective.

Governance arrangements

At our inspection in May 2016 we found that the practice did not have an overarching governance framework and systems and processes in place to support the delivery of their strategy. At our most recent inspection we found :

- Practice specific policies were implemented and were available to all staff. They had now been reviewed and were up to date and contained the correct information to provide guidance to staff. These now included the previously absent significant event policy and cold chain policy.
- The practice now had an effective system in place to identify, record and manage risk with specific risks now having been assessed in addition to general risks.
- There were now sufficient systems and processes in place for the effective reporting, recording and monitoring of significant events and incidents and a system in place to log complaints, identify themes and ensure actions identified were implemented and learning disseminated in order to improve the quality of care.
- There was now a structured and effective approach to dealing with adult safeguarding and discussions regarding child safeguarding had been formalised.

- The system to ensure that the patient group directives (PGD's) were signed by an authorising manager or were up to date was still not effective as we found that PGDs were not individual and not all had been signed.
- Recruitment processes were now effective.
- A comprehensive understanding of the performance of the practice was maintained and the practice was monitoring their QOF achievements.
- Evidence that clinical audits had been used to make improvements.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Leadership and culture

At our inspection in May 2016 we found a lack of leadership and governance relating to the overall management of the service and at the time the practice was unable to demonstrate strong leadership in respect of safety. At our most recent inspection we found that there was now strong leadership with clearly identified areas of responsibility which were working effectively. Some areas of responsibility had been effectively delegated where appropriate which empowered staff members and this was reflected in the cohesive team approach we saw.

At our inspection in May 2016 we found that despite a variety of meetings being held, some of the meetings were informal and minutes were limited.

At our most recent inspection we found that there was now a clear schedule of regular meetings which clearly identified what had taken place, what actions and learning had been shared and who was responsible for actions and a timeframe. The meetings were now fully minuted.

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

The practice had encouraged feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), the virtual patient participation group (VPPG) and through surveys and complaints received. The PPG met regularly, discussed patient surveys with the practice team and submitted proposals for improvements to the

Are services well-led?

Good 

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

practice management team. For example, the PPG had worked with the practice to improve the children's area in the waiting room and make changes to the car park to gain additional parking.

The practice also participated in the NHS Friends and Family Test.