

St Peters Hill Surgery

Quality Report

15 St Peters Hill
Grantham
NG31 6QA
Tel: 01476 850123
Website: www.stpetershillsurgery.co.uk

Date of inspection visit: 31 October 2017
Date of publication: 04/05/2018

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?		Requires improvement	

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	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to St Peters Hill Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Peters Hill Surgery on 31 October 2017. Overall the practice is rated as good..

Our key findings were as follows:

- There was an effective system in place to deal with safeguarding and staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- The practice had some systems to minimise risks to patient safety. Evidence was not available on the day of our inspection either that all risks had been assessed or where those that had been assessed that mitigating actions identified had been implemented. However evidence was provided following our inspection.
- The systems in place for infection prevention and control needed strengthening.
- We found that refrigerators used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. The practice took action on the day of inspection to rectify this. The refrigerators had not been serviced annually but this was carried out following our inspection.
- Staff were aware of current evidence based guidance however this was not discussed formally at clinical meetings.
- We were not able to access all recruitment information on the day of our inspection and therefore could not be assured that all necessary employment checks had taken place.

Summary of findings

- Staff told us they had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, not all training records were available on the day of inspection. Not all staff had received an appraisal in the last 12 months but the practice told us these had been completed following the inspection..
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, some aspects of the complaints procedures needed development.
- Patients commented that they were pleased with the care they received and were able to get appointments when they needed them.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure whereby staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- Not all systems and processes within the practice were operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight.

The areas where the provider must make improvement are:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the requirement notice section at the end of this report.

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.

Good



- There was an effective system in place to deal with safeguarding and staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses
- There were processes for handling repeat prescriptions which included the review of high risk medicines.
- The practice had some systems to minimise risks to patient safety. However, evidence was not available on the day of our inspection either that all risks had been assessed or where they had been assessed that mitigating actions identified had been implemented but was provided following the inspection..
- The systems in place for infection prevention and control needed strengthening.
- We found that refrigerators used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. The practice took action on the day of inspection to rectify this. The refrigerators had not been serviced annually. Following our inspection servicing of the refrigerators was carried out.
- We were not able to access all recruitment information on the day of our inspection and therefore could not be assured that all necessary employment checks had taken place.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance but there was no formal means of discussion or dissemination.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment. However we were not able to see evidence of all training on the day of our inspection.

Summary of findings

- Not all staff had received an annual appraisal but we were told following the inspection that they were now up to date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

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 in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice monitored the access to appointment availability and telephone access and had introduced different steps to improve these areas.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients commented that they were able to get appointments when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. However, some aspects of the complaints procedures needed development.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



Summary of findings

- There was a leadership structure whereby staff felt supported by management. The practice had policies and procedures to govern activity and held some regular meetings, not all of which were minuted or had a set agenda.
- The provider was aware of the requirements of the duty of candour.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

We found that not all systems and processes within the practice were operated effectively. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight.

The practice assured us following our visit that these issues would be addressed and procedures put in place to manage the risks. We have since been provided with further evidence to show that some improvements are being made. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information received and it will be reflected once we carry out a follow up inspection at the practice.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Care plans were in place for patients at high risk of hospital admission on the frailty register and these patients were proactively managed by the practice care coordinator to avoid hospital admissions.
- The practice care coordinator had held 'family days' at local nursing homes to provide information and assistance to relatives.
- The practice offered midweek morning flu clinics for elderly patients who did not want to attend on a Saturday or in an evening.
- Practice staff had delivered medication to patients on the frailty register on their way home, when pharmacy deliveries had finished for the day.

People with long term conditions

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

Good



- Clinical staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. Where patients had more than one condition, reviews were combined to avoid multiple appointments for patients.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Blood tests were available throughout the day as a staff member took samples to the hospital if it was after the pathology collection had taken place earlier in the day.
- Blood tests and long term condition reviews were available on Saturday mornings.
- The practice funded the loan of home blood pressure monitors to patients and had around 250 machines available.
- The community diabetic nursing team ran clinics from the practice.

Families, children and young people

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

- From the examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances or had not been taken to hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours.

The practice worked with midwives, health visitors and school nurses to support this population group.

- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- There were daily appointments available with specialist minor illness nurses for a variety of acute problems for children over the age of two years.
- Meetings took place between GPs and associated health care professionals to discuss children with a safeguarding concern.
- Asthma clinics were available after school or on Saturday mornings for school age children.
- Baby changing facilities were available.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and telephone consultations. 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 age group.

- The practice undertook pre university and occupational vaccinations and reports as required.
- The practice were supportive of students when 'back at home' to enable them to access health care.
- The practice was open on Saturday mornings with both GP's and nursing staff available.
- There were appointments available on a daily basis with minor illness nurses.
- Blood tests were available all day every day including during extended hours.
- As a result of patient feedback, more evening appointments were made available for smear tests and chronic disease reviews.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Travellers regularly registered as temporary residents.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and worked with a local care home for patients with a learning disability to ensure appointments were convenient to them and visited the home to carry out reviews where necessary.
- The practice regularly worked with other health care professionals and other agencies in the case management of vulnerable patients.

Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations and told us they had offered support to homeless or vulnerable patients in order to enable them to travel to a shelter or hospital.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice was a food bank voucher distributor.

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).

- Patients were able to self-refer to the Improving Access to Psychological Therapies (**IAPT**) service without seeing a GP.
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Immediate access to a GP or nurse was available for patients with urgent mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- A number of staff members had trained as 'Dementia Friends' to enable them to better support patients with dementia.
- Community psychiatric nurses were able to use a room at the practice to meet with patients who were more comfortable meeting there than elsewhere.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing below local and national averages. 253 survey forms were distributed and 113 were returned. This represented 0.7% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 63% 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 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, the majority of which were positive about the standard of care received. Patients described the service they received as excellent and they found the staff polite caring and supportive.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were friendly and helpful. Results from the NHS Friends and Family Test for the previous three months showed a low return available due to a low completion rate. There were 11 responses over this period, all of which indicated they were likely or extremely likely to recommend the practice to friends or family.

Areas for improvement

Action the service MUST take to improve

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. More detail can be found in the requirement notice section at the end of this report.

St Peters Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and two further CQC inspectors in training.

Background to St Peters Hill Surgery

St Peters Hill Surgery is a GP practice which provides a range of primary medical services to around 16,000 patients from a surgery in the town centre of Grantham under a General Medical Services contract. The practice's services are commissioned by South Lincolnshire Clinical Commissioning Group (CCG). The service is provided by four GP partners, two salaried GPs, a practice care co-ordinator, three full-time and one part-time practice nurses and three full-time and one part-time health care assistants. They are supported by a practice manager, a reception manager and a team of reception and administration staff. Local community health teams support the GPs in provision of maternity and health visitor services. The GP's provide a total of 49 clinical sessions per week. The practice is a training practice and at the time of our inspection there was one GP registrar at the practice. There were both male and female GPs available.

The practice has one location registered with the Care Quality Commission (CQC) which we inspected at 15 St Peters Hill, Grantham, NG31 6QA.

The surgery occupies a victorian conversion property, over three floors. There are car parks available nearby.

We reviewed information from the CCG and Public Health England which showed that the practice population had higher deprivation levels compared to the CCG average but lower than the average compared to other practices in England.

When the practice is closed the out-of-hours service is provided by Lincolnshire

Community Health Services NHS Trust which is accessed via the 111 service.

The practice is open between 8.00am and 6.30pm from Monday to Friday and between 8.30am and 12.30pm on Saturdays. Extended hours appointments are offered on Saturday mornings.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider 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 provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as South Lincolnshire Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 31 October 2017. During our visit we:

Detailed findings

- Spoke with a range of staff; GP partners, a salaried GP, the care co-ordinator, nursing staff, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would complete a significant event form to record an incident and this would be sent to the practice manager. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We found that significant events were discussed at meetings within the practice. There had been 13 significant events recorded in the last 12 months and from the examples we reviewed we saw that incidents had been analysed and learning identified had been implemented and disseminated to staff in order to prevent a reoccurrence.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We found that the practice held regular multi-disciplinary safeguarding meetings to discuss children at risk and the safeguarding register was regularly reviewed. GPs provided reports where necessary for other agencies.
 - Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and practice nurses were trained to level two. Staff had received additional training, for example on recognising female genital mutilation and had made referrals in respect of this. They had also undertaken 'PREVENT' training which related to identifying individuals who may have been subject to radicalisation.
 - The practice had a protocol whereby if children missed two hospital appointments they were discussed at the next safeguarding meeting to check if any other healthcare professionals had concerns over the child.
 - A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. We were told that all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, we were unable to see evidence of DBS checks or this training on the day of the inspection.
- We reviewed the practice system in place to maintain appropriate standards of cleanliness and hygiene.
- One of the practice nurses had recently been appointed as the infection prevention and control (IPC) clinical lead and the role included liaison with the local infection prevention teams to keep up to date with best practice. They told us they had plans to develop the infection control systems going forward.
 - On the whole we observed the premises to be clean and tidy with the exception of two toilets where we observed high levels of dust. Although we were shown cleaning schedules, these were not detailed enough to include all areas and there were limited records to confirm when cleaning had been undertaken and no evidence of monitoring of cleaning standards. There were no cleaning protocols or record of cleaning relating to equipment such as nebulisers and no minor surgery cleaning protocol, although the health care assistant who assisted with minor surgery could clearly describe the correct processes they followed for cleaning prior to and during minor surgery.
 - We saw that an infection control audit had been undertaken but this was not comprehensive. Safety data sheets were not available for all products in use in the practice which were subject to the control of substances hazardous to health (COSHH).
 - Following our inspection we were told by the practice that new cleaning schedules would be introduced including a separate cleaning schedule for minor surgery, that a full infection control audit had been carried out and COSHH safety data sheets were being updated.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We discussed this with one of the GP partners and found that repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice was performing within target for antibiotic prescribing across the CCG.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and we saw these had been appropriately signed and authorised.
- We found that the refrigerators used to store vaccines did not have a secondary thermometer in place in order to cross-check the accuracy of the temperature. We saw evidence on the day of our inspection that secondary thermometers had been ordered.

We reviewed five personnel files and found that some recruitment checks had been undertaken prior to employment. However, on the day of our inspection we found that the information in files varied, for example some had proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS but others for example did not contain evidence of references. Similarly evidence of medical indemnity for relevant personnel could not be produced on the day of inspection but was provided following our inspection

Monitoring risks to patients

On the day of our inspection we saw limited evidence of the procedures for assessing, monitoring and managing risks to patient and staff safety. However further evidence was provided following our inspection.

- We saw that a health and safety premises and security risk assessment had been carried out in May 2017.

- We were told that a fire risk assessment had been carried out but this was not available on the day of inspection. We saw there was a weekly log of fire alarm checks but no evidence of emergency lighting checks, or fire drills were available. Following our inspection the practice told us that a full fire risk assessment had been carried out in 2015 and sent evidence that this was reviewed annually by an external health and safety advice company. They advised us that a further full risk assessment would be carried out in 2018. Evidence of a fire drill which had been carried out in October 2017 prior to our inspection was also provided and identified action points.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Equipment had been calibrated and portable appliance testing carried out in October 2017. However we found that the vaccine refrigerators had not been serviced annually as required. Following our inspection servicing of the refrigerators was carried out.
- The practice had other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This had been carried out in May 2017 and indicated that monthly water temperature monitoring should be carried out to mitigate the risk of legionella. We were told that these checks had been carried out since June 2017. Records of this were not available on the day of inspection but were provided later
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff was on duty to meet the needs of patients which was regularly monitored.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen was available on all floors of the practice. On the day of our inspection we found that adult masks were readily available with the oxygen but there was no children's mask with one of the oxygen tanks. Following our inspection the practice informed us that children's masks were now available with all oxygen.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as fire, computer failure and severe staff shortage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

We were told that staff had access to guidance through the software installed on the practice computer system and also kept up to date through discussions at informal clinical meetings but these were not minuted. There was no formal dissemination of new guidance and it was not a standing item on any practice meeting agendas. Following our inspection the practice told us a more formal agenda had been implemented at their weekly meeting and NICE guidance had been added to the agenda as a standing item and any discussions would be minuted. The recently introduced clinical decision support tool enabled the practice to monitor that guidelines were followed through audits.

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 that the practice had achieved 99.3% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.1% and national average of 96.5%. The practice had an overall exception reporting rate of 11% which was in line with the national average of 10%. 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).

We found that the practice had higher exception reporting than the local and national average for some indicators relating to some conditions such as cancer, depression, mental health and primary prevention of cardiovascular disease. On the day of the inspection we spoke with the GP partner who had overall responsibility for QOF and they

described the system for exception reporting which was carried out individually by clinicians. We also looked at the current data and found that exception reporting in these areas was appropriate.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-17 showed:

- Performance for diabetes related indicators was higher than the CCG and national averages. The practice achieved 99% of the target for this domain overall compared to the CCG average of 96% and the national average of 91%.
- Performance for mental health related indicators was higher than the CCG and national averages with the practice achieving 97% of the target for this domain overall compared to the CCG average of 95% and the national average of 94%.

There was evidence of quality improvement including clinical audit:

The practice had a rolling audit programme in place and we saw evidence of three clinical audits commenced in the last two years, one of which was a completed audit where the improvements made were implemented and monitored.

Findings were used by the practice to improve services. For example, the practice had undertaken a clinical audit in order to assess whether the practice was following the current NICE guidelines on statin therapy for patients with chronic kidney disease (CKD) stage 3-5 and to see if all patients with CKD stage 3-5 had been offered atorvastatin 20 mg daily. We saw evidence of quality improvement as a result of this in terms of patients being reviewed and following a second audit, the number of patients being prescribed atorvastatin had increased from 785 to 85%. The practice planned to repeat the audit to increase the number to the target of 90%.

In June 2017 the practice implemented a healthcare informatics software system. This was a clinical decision supporting tool which linked with the practice computer system in order to give clinicians access to evidence based resources and improve medicines management. The practice had used the system to run best practice and medicines safety reports in order to audit and improve care. The practice had held a meeting in August 2017 to

Are services effective?

(for example, treatment is effective)

review the results and intended to hold these meetings on a quarterly basis. We saw evidence of a number of reports created as a result of using this software and the changes implemented to improve treatment as a result.

Effective staffing

Evidence reviewed showed that on the whole staff had the skills and knowledge to deliver effective care and treatment.

We were told the practice had an induction programme for all newly appointed staff, however we were unable to see evidence of this in the staff files we reviewed. Following our inspection the practice told us they had introduced an induction checklist which would be used going forward to document staff induction. They also told us that an infection control session would be part of the induction process in the future..

- On the day of our inspection we had limited access to some records due to the practice manager being on planned leave. This meant we were unable to see evidence of how the practice ensured role-specific training and updating for relevant staff was taking place. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme told us they had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.

Staff had received training that included: safeguarding and basic life support, equality and diversity, health and safety, moving and handling and fire safety, customer care, complaints and infection prevention and control. Staff had access to and made use of external and in-house training. Not all staff had received an appraisal within the last 12 months but following our inspection the practice provided a document identifying that appraisals were now up to date and told us that a new scheduling tool was in use to ensure they were completed 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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice employed a care coordinator which enabled integrated pathways and they were pivotal in ensuring that 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. Information was shared between services, with patients' consent, using a shared care record. The care coordinator was responsible for ensuring that care plans were routinely reviewed and updated for patients with complex needs. They also reviewed reports following patient's attendance at Accident and Emergency departments in order to consider preventable issues and plan forwards care.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice care coordinator also attended care homes at weekends in order to have discussions with patients when their family was able to be present to discuss end of life care plans

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 76%, which was comparable with the CCG average of 78% and the national average of 72%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates

for the vaccines given were comparable to CCG/national averages. For example, the data from 2015-16 showed that rates for the vaccines given to under two year olds ranged from 90% to 92%.

There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. There was always a female sample taker available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems 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. Each nurse was responsible for auditing their results.

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 for which there was an uptake of 79%. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described the service they received as excellent and they found the staff polite caring and supportive.

We spoke with patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt that they were treated with compassion, dignity and respect. The results were in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responses were positive about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.
- 83% 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%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Are services caring?

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The Electronic Referral Service was used with patients as appropriate. (This is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

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 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 234 patients as carers which represents 1.4% of the practice list. Written information was available to direct carers to the various avenues of support available to them. There was some information relating to support for carers on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Saturday morning from 8.30am until 12.30pm for working patients who could not attend during normal opening hours.
- We were told there were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as some only available privately.
- There were accessible facilities available which included a hearing loop and interpretation services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that patients were able to receive information in formats that they could understand and were able to receive appropriate support to help them to communicate.
- The practice coordinator had a special interest in nutrition in the elderly and had used this knowledge to implement more appropriate prescribing of supplements for older people.

Access to the service

The practice was open between 8am and 6.30pm from Monday to Friday and between 8.30am and 12.30pm on Saturdays. Extended hours appointments were offered on Saturday mornings.

In addition pre-bookable appointments could be made and urgent appointments were also available for patients that needed them as the practice operated a duty doctor system for those patients that needed to be seen on the same day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally in line with local and national averages. For example:

- 71% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 87% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 85% and the national average of 81%.
- 63% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 68% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 64% and the national average of 58%.

The practice were aware of the areas where patient satisfaction was lower than average and had changed the telephone number to a local rate number in order to improve telephone access to the practice. They had also introduced minor illness nurse clinics to improve appointment access.

The views of external stakeholders were positive. For example, we spoke with three local care homes where some of the practice's patients lived and they all spoke positively about the service they received. One home told us they were particularly impressed that the care co-ordinator had visited the care home at a weekend to discuss end of life care with patients and their families.

The practice had a system 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 doctor on the day to assess the problem and determine the best course of action.

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

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- There was a designated responsible person who handled all complaints in the practice.
- The practice complaints policy and procedures were not always in line with recognised guidance and contractual obligations for GPs in England. For example, response letters from the practice did not give complainants details of the Parliamentary and Health Service Ombudsman (PHSO) in order to contact the PHSO if they were not satisfied with the outcome of their complaint at local resolution level. In respect of one complaint we reviewed there was no evidence that consent had been sought from the patient to allow a third party to raise a complaint on their behalf.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed and information available on the practice website.

There had been 14 complaints received in the last 12 months and from the examples we reviewed we found that these were responded to appropriately and dealt with in a timely way. We saw some evidence that complaints were discussed within practice meetings and lessons were learned from individual concerns and action was taken to as a result to improve the quality of care. However an annual review of complaints was not undertaken in order to identify themes or trends and there was a limited audit trail available in respect of verbal complaints.

Following our inspection the practice told us that a complaints register had been developed in order to provide an on-going record of verbal and written complaints and audit actions. They also provided the minutes from a meeting following our inspection which was held to review the complaints received in the last 12 months..

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.

- The practice had held an away day in 2015 for the partners and practice manager to review where they were and identify their future vision and direction for the business. There were plans to repeat this exercise in 2018 to re-evaluate their position and direction.
- The practice had a mission statement which was, “working together to provide excellence in healthcare for all.”
- The practice had a strategy and supporting business plans which reflected their vision. The practice was pursuing options to move to purpose built premises but had encountered difficulties which had delayed their progress.

Governance arrangements

During our inspection we found that the systems and processes within the practice had not always been operated effectively and there was a lack of continuity in some systems and management support.

The practice manager was on planned leave at the time of our inspection and as a result some information was not accessible on the day. Governance arrangements were in place but some areas identified during our inspection indicated a lack of oversight. For example, in respect of the systems for dealing with complaints, infection control, recruitment, staff training, appraisals and monitoring of vaccine refrigerators.

The practice assured us following our visit that these issues would be addressed and procedures put in place to manage the risks. We have since been provided with an action plan identifying where some improvements were planned or had been implemented. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow up inspection at the practice.

We found:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. However, we found

that there was sometimes a lack of delegation which meant that when certain members of staff were not at work there was a gap in continuity. For example, certain meetings were not minuted if the relevant staff member was absent and on the day of our inspection there were a number of documents we were unable to view as only the practice manager could access them and they were on planned leave on the day.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There was not a structured regular meeting schedule in order to provide an opportunity for staff to learn about the performance of the practice and contribute to it. Some regular meetings were held, however we found that they were not always minuted or there was not always a set agenda to ensure that there was regular discussion and dissemination of learning, for example in respect of NICE guidance, significant events or complaints. We were told that the GPs met informally each day and discussed issues or guidance as necessary. Following our inspection the practice told us that a standing agenda had been produced for clinical meetings and included a range of areas such as significant events, complaints, guideline updates, safety alerts, safeguarding, infection control and audits. Whole staff meetings were planned to take place at least quarterly going forward, also with a standing agenda.
- There were arrangements for identifying, recording and managing risks but evidence was not always available that mitigating actions had been implemented.
- The system for dealing with complaints required development.
- Clinical and internal audits were used to monitor quality and to make improvements.

Leadership and culture

Staff told us the partners were approachable and listened to the opinions of members of staff. We also saw that they responded quickly to issues we raised, in some cases implementing changes on the day of our inspection.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the

Are services well-led?

Requires improvement 

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

practice had systems to ensure that when things went wrong with care and treatment. The practice gave affected people support, truthful information and a verbal or written apology. However written records of verbal interactions as well as written correspondence in respect of verbal complaints were not available on the day of our inspection.

The practice held and minuted multi-disciplinary meetings including meetings with other health care professionals to monitor vulnerable patients. GPs, where required, liaised with health visitors to monitor vulnerable families and safeguarding concerns.

Staff told us the practice held a range of other meetings and that there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.

Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. However some appraisals were overdue.
- Staff told us they were confident to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. They had implemented systems to improve and streamline administrative systems in order to provide more GP availability by reducing paperwork. The practice was also working with the federation to implement a new practice intranet system to further streamline systems.

The practice had considered succession planning and a former trainee GP was now employed as a salaried GP with a view to being a partner in the future.

The practice was a training practice and at the time of our inspection there was one GP registrar at the practice

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• Evidence was not available on the day of inspection either that all risks had been assessed or where they had been assessed that mitigating actions identified had been implemented, including risks relating to fire and legionella .• The systems in place for infection prevention and control needed strengthening.• Vaccine refrigerators did not have a secondary thermometer to cross-check the accuracy of the temperature and the refrigerators had not been serviced annually.• Current evidence based guidance was not discussed formally at clinical meetings.• Not all recruitment information was accessible and therefore there was no assurance that all necessary employment had taken place.• We saw evidence of some staff training but not all training records were available on the day of inspection.• Not all staff had received an appraisal in the last 12 months.• Some aspects of the complaints procedures needed development.• There was not a full range of structured meetings with set agendas to enable documented discussion and dissemination of information. <p>Regulation 17(1)</p>