

Watton Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Watton Medical Practice on 15 August 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The practice were in the process of implementing a new system for the sharing of significant events.
- The practice demonstrated safe prescribing, however the policy required review. After the inspection, the provider sent in a policy relating to prescribing and has told us this is being embedded with staff. We found patients on high risk medicines and patient safety alerts were managed; however, there was no defined system for who was responsible for managing these.
- On the day of inspection, we found out of date items in a nurse room. These were removed immediately.
- The practice had a range of risk assessments to monitor and improve safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- There was limited evidence of quality improvement through clinical auditing.
- Results from the national GP patient survey showed patients rated the practice as below local and national averages for several aspects of care, including access. The practice had employed an external company to help advise them on improving patient engagement.
- Patients reported they were treated with care, dignity and respect.
- The practice had identified 0.75% of the population as carers.
- 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, there was no trend analysis of complaints.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Continue to identify carers and consider the need for health checks for this patient group.
- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction.
- Implement the plan to drive improvement through clinical audit.
- Review and analyse trends in complaints.
- Continue to ensure effective communication and engagement with patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. When things went wrong patients were informed as soon as practicable, received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice was in the process of implementing a new system for the sharing of significant events.
- The practice had some defined and embedded systems, processes and practices to minimise risks to patient safety, including a variety of risk assessments to monitor and improve safety.
- The practice demonstrated safe prescribing. The policy needed to be reviewed to reflect the safe authorisation of medicines trail that was evidenced on the day of inspection. After the inspection, the provider sent in a policy relating to prescribing and has told us this is being embedded with staff.
- We found patients on high risk medicines were adequately managed however, it was unclear who had clinical responsibility for this. Patient safety alerts appeared to have been actioned however, there was no defined system for who was responsible for managing these. The practice agreed to review and improve the system seen on the day of inspection and the Clinical Commissioning Group (CCG) agreed to assist with the process. Since our inspection, the practice have reviewed the policy for management of safety alerts.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice held four to six weekly safeguarding meetings with the health visitor to discuss safeguarding cases.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- On the day of inspection, we found out of date items in a nurse room. These were removed immediately. After the inspection, we were sent evidence of a system to monitor expiry dates on equipment that the practice planned to embed.

Summary of findings

Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The practice needed to address exception reporting as it was higher than the local and national average. The practice were aware of this and had a plan in place to reduce this. (.)
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and the England average of 82%.
- Staff were aware of current evidence based guidance.
- There were limited clinical audits that demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including social services and the health visitor.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice below others for all aspects of care. The practice had an action plan to address this.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 0.75% of the population as carers.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice was in the process of employing a physiotherapist to enhance services offered to patients.
- 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.
- The results of the national GP patient survey, published in July 2017, were lower than average for questions relating to accessing services. The practice were aware of this and had employed an external company to assess and advise how to improve communications with patients.
- Patients we spoke with said they found there had been some improvement in the ease of making an appointment, 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 evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, there was no trend analysis of complaints.

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.
- There was a leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity; however the prescribing policy was not detailed enough to reflect current practice. After the inspection, the provider sent in a policy relating to prescribing and has told us this is being embedded with staff.
- A governance framework supported the delivery of the strategy and good quality care. However, this required improvement in areas such as the sharing of significant events, trend analysis of complaints and quality improvement through auditing.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.

Requires improvement



Summary of findings

- The partners encouraged a culture of openness and honesty. Staff spoken to felt included in the on-going merger with the two local practices.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on; however patient satisfaction data was below average in all areas.

Summary of findings

The six population groups and what we found

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

Older people

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Each patient had a named GP.
- The practice was responsive to the needs of older patients, and 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 and their families in planning and making decisions about their care, including their end of life care. The practice held a register of patients receiving palliative care and liaised with local nursing teams to enhance the care for these patients.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice also held a frailty register, and these patients were discussed regularly in clinical meetings.
- The practice had recently employed an advanced nurse practitioner to specialise in caring for patients in care homes and those that cannot travel to the surgery.

Requires improvement



People with long term conditions

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

Requires improvement



Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100%, this was higher than the CCG average of 91% and national average of 90%. The exception reporting rate was 21%, which was higher than the CCG average of 15% and the national average rate of 12%. The prevalence of diabetes was 8% which was equal to the CCG average and 1% above the national average.
- 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.
- 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. This included patients with heart and circulatory problems. 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. This included a diabetic nurse facilitator.
- The practice held regular meetings to discuss these patients and invited outside agencies, including social services.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for women during and after pregnancy. The practice hosted the midwife and followed new mothers up with six week checks.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice worked with midwives and health visitors on a regular basis and encouraged participation in the multidisciplinary team meetings.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice actively promoted sexual health by offering referrals to the local sexual health clinic.

Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had recently adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours. The practice were aware that patient satisfaction with access to services was below average and had changed the appointments system.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone appointments for working age people who found it difficult to get to the surgery.
- The practice offered health checks for this population group, including blood pressure and cholesterol checks.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice supported a local care home for patients with a learning disability and had a dedicated clinician that carried out home visits to complete health checks and routine appointments.

Requires improvement



Summary of findings

- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including social services.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- The practice utilised translation services for patients whose first language was not English. The check in screen and website were also available in other languages.
- The practice also had a hearing loop for those hard of hearing. Patients with significant eye sight problems had a note on their clinical records to alert reception and clinical staff.
- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- The practice carried out advance care planning for patients living with dementia and supported many local care homes for people with dementia.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this was below the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice regularly screened for dementia and referred patients to the memory clinic.
- Performance for mental health related indicators was 100%. This was 4% above the CCG average and 7% above the national

Requires improvement



Summary of findings

average. The exception reporting rate was 19%, which was higher than the CCG average of 14% and national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. However, the practice needed to review the prescribing policy to ensure it reflected safe practice. After the inspection, the provider sent in a policy relating to prescribing and has told us this is being embedded with staff.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. This included the local wellbeing team. Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 221 survey forms were distributed and 106 were returned. This represented a 48% response rate.

- 57% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) and national averages of 85%.
- 49% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.

- 35% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages 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 six comment cards which were all positive about the standard of care received. One comment card noted that waiting times could be improved; however another card noted that these had recently improved since the merger.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Continue to identify carers and consider the need for health checks for this patient group.

- Continue to assess and ensure improvement to national GP patient survey results relating to patient satisfaction.
- Implement the plan to drive improvement through clinical audit.
- Review and analyse trends in complaints.
- Continue to explore ways to encourage patients to attend appointments and engage with national screening programmes for cervical cancer.
- Continue to ensure effective communication and engagement with patients.

Watton Medical Practice

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 two additional CQC inspectors.

Background to Watton Medical Practice

Watton Medical Practice provides services to approximately 12,000 patients in Watton, a rural area south of Norwich. The practice has four GPs; two female and two male and also employs locum GPs. There is a practice manager and finance manager. The practice employs a nurse manager, three senior nurses, one nurse practitioner, two practice nurses, three healthcare assistants and an emergency care practitioner. Other staff include 11 receptionists, four administration staff and four secretaries. The practice holds a General Medical Services contract with South Norfolk Clinical Commissioning Group (CCG).

Watton Medical Practice has completed the contractual process of merging with two other local practices to further enhance the services offered to patients. The merger was due to Watton Medical Practice struggling with low staffing numbers and the practice therefore found it difficult to continue providing medical services to its population. The merger is part of a four year plan of driving improvement in all of the local practices.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 30 to 44 years old compared with the national average. It has a larger number of patients aged 65 to 85 compared to the national average.

Income deprivation affecting children is 15%, which is higher than the CCG average of 13% and lower than the national average of 20%. Income deprivation affecting older people is 13%, which is higher than the CCG average of 12% and lower than the national average of 16%. Life expectancy for patients at the practice is 80 years for males and 84 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years.

The practice is open between 8am and 6.30pm Monday to Thursday. The practice offers extended hours appointments between 7am to 8am on Tuesdays and 6.30pm to 8pm on Wednesdays. The practice is open between 8.30am and 5pm on a Friday and closes between 12.20pm and 2pm on Wednesdays. Appointments can be booked up to six weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by the Integrated Care 24. Patients can also access advice via the NHS 111 service.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the clinical commissioning group and local medical council to share what they knew. We carried out an announced visit on 15 August 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, 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 inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of five documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that some lessons were shared and action was taken to improve safety in the practice, however this was not consistent as there were limited meeting minutes showing discussion prior to June 2017. The practice had recently implemented a new system for the sharing of significant events to try and resolve this. The practice had also booked staff training on dealing with significant events and complaints.
- The system in place to deal with patient safety alerts needed to be improved. We ran three searches relating to patient safety alerts and found minimal patients affected; however, there was no defined system for who was responsible for managing the alerts. [AB1]The practice agreed to review and improve the system seen on the day of inspection and the Clinical Commissioning Group (CCG) agreed to assist with the process. Since our inspection, the practice has taken some action in relation to this finding.

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 GP for safeguarding. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings every four to six weeks with the health visitor and 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 and nurses were trained to the appropriate level to manage child protection or child safeguarding (level three).
- A notice in the waiting room advised patients that chaperones were available if required. 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).

The practice generally maintained appropriate standards of cleanliness and hygiene; however some improvement was needed.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with guidance. The IPC lead and another nurse had attended update training for the role. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the management of clinical waste bins had been changed.
- On the day of inspection, we found out of date items in a treatment room, including needles. These were removed immediately and the practice provided evidence after the inspection of a system they would implement a system to check expiry dates on the equipment.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice needed review in order to minimise 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. Whilst the repeat prescribing process was safe, the practice policy was not detailed enough to reflect the current practice. The practice agreed to review the policy, with assistance from the clinical commissioning group (CCG). After the inspection, the provider sent in a policy relating to prescribing and has told us this is being embedded with staff. We found that many patients on high risk medicines had adequate management; however, it was unclear who had clinical responsibility for this. Repeat prescriptions were signed before being given to patients and there was a process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, 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. The files also contained training certificates and induction documents.

Monitoring risks to patients

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

- There was a health and safety policy and risk assessment available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There had been regular testing of fire alarms and equipment in line with the practice policy. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely and appropriate for emergencies that may have arisen.

Are services safe?

- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The clinicians also had access to a local initiative for monitoring evidence based guidelines.
- The practice monitored that these guidelines were followed through risk assessments and one to one peer review of consultations.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception reporting was 17% which was 6% above the CCG average and 7% above the 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). The practice were aware of the higher than average exception reporting and were confident that the extra clinical services provided by the merger would see a reduction in these figures. Unverified data from 2016/17 showed that exception reporting in many areas had reduced.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 100%, this was higher than the CCG average of 91% and national average of 90%. The exception reporting rate was 21%, which was higher than the CCG average of 15% and the national average rate of 12%. The

prevalence of diabetes was 8% which was equal to the CCG average and 1% above the national average. Unverified data from 2016/17 showed exception reporting had reduced to 13%.

- Performance for mental health related indicators was 100%. This was 4% above the CCG average and 7% above the national average. The exception reporting rate was 19%, which was higher than the CCG average of 14% and national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages. Unverified data from 2016/17 showed exception reporting had reduced to 18%.
- Performance for dementia related indicators was 100%, which was 1% above the CCG average and 3% above the national average. The exception reporting rate was 10%, which was below the CCG average of 15% and national average of 13%. The prevalence of dementia was 2% which was 1% above the CCG and national averages. Unverified data from 2016/17 showed exception reporting had reduced to 4%.
- The prevalence of patients recorded as having depression was 7%, which was lower than the CCG and national prevalence of 8%. The performance for depression related indicators was 100%. This was 6% above the CCG average and 8% above the national average. The exception reporting rate was 35%, which was higher than the CCG average of 23% and national average of 22%. Unverified data from 2016/17 showed exception reporting had reduced to 4%.

There was limited evidence of quality improvement driven by clinical audit:

- There had been one clinical audit commenced in the last two years 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 reviewed the care of diabetic patients as a result of the last audit. The practice were aware that this was a low number of clinical audits. They were confident that with increased clinical capacity, they would be able to perform more clinical audits in order to drive improvement in the practice. Audits were part of the four year plan for the merger and there was documented evidence of this.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- 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. There were also separate role specific induction programmes.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had relevant training, including diabetes certificates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Clinical staffing capacity had improved since the merger and the practice were actively recruiting.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The staff also made use of external training courses.

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.

- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services and when liaising with the district nurse team.

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. Meetings took place with other health care professionals, including social services and health visitors, every six weeks when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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.
- A midwife was available on the premises to support women through pregnancy.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% and the England average of 82%. Patients who did not attend for their cervical screening test were followed up to

Are services effective?

(for example, treatment is effective)

encourage attendance. There were failsafe systems in place, including a log of all samples sent, 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had a process to phone these patients to encourage uptake.

- 64% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was comparable to the CCG average of 66% and the England average of 58%.

- 76% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was comparable to the CCG average of 79% and an England average of 73%.

Childhood immunisation rates were above CCG and England averages, ranging from 93% to 97%. Flexible appointments were available for patients receiving childhood immunisations and the practice also held immunisation clinics.

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. 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. This had been implemented due to a patient complaint.
- Patients could be treated by a clinician of the same sex.

The six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine patients and two carers on the day of inspection. 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, published in July 2017, showed patients did not always feel they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.

- 67% 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 the national average of 86%.
- 80% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 84% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 91% 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%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 81% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

The practice was aware of the low survey results. The practice had a detailed action plan to improve patient satisfaction, including assessment from an external company to improve patient relations which had recently been completed. The practice had also sent an informative letter to patients to alert them to the merger. The practice had boards in the waiting room explaining changes made as a result of patient feedback. For example, there had been complaints in delays for prescriptions so the practice had signed up to electronic prescribing.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

Results from the national GP patient survey, published in July 2017, showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice had utilised a high number of locum GPs previously. Due to the ongoing merger, the practice was now utilising GPs from the other local practices. Staff hoped this would contribute to a better continuity of care.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.

- Information leaflets were available in easy read format.
- The practice was accessible for patients with a disability.

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. This included domestic violence, carers, dementia and cancer information. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (0.75% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice supported a large amount of patients in care homes and therefore this would have affected the number of carers they had.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice also offered counselling referrals where appropriate.

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 appointments between 7am to 8am on Tuesdays and 6.30pm to 8pm on Wednesdays for working patients who could not attend during normal opening hours.
- 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 recognised they had a high number of patients in care homes. To improve liaisons with the care homes and access for those patients, the practice had set up a 'care home team'. The team were due to start in September and would focus on providing care and treatment for patients in care homes. This would enhance continuity of care.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were accessible facilities as well as a hearing loop and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, including access for disabled patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday. The practice offered extended hours appointments between 7am to 8am on Tuesdays and 6.30pm to 8pm on Wednesdays. The practice was open

between 8.30am and 5pm on a Friday and closed between 12.20pm and 2pm on Wednesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Most recent results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 55% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 24% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.
- 75% 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 86% and the national average of 84%.
- 74% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

The practice was aware of this data. The practice had employed an external company to assess how they communicated with patients. As a result, the practice had run an internal survey and created an action plan. Changes had occurred as a result of this work, these changes were outlined on 'you said, we did' display boards in the reception area. For example, patients were not satisfied with the appointment system; therefore in April 2017, the practice had adopted a new system and initial feedback from patients was positive. The practice recognised that changes with the merger would take time to effect but were positive that patient satisfaction would improve.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a triage system to assess whether a home visit

Are services responsive to people's needs?

(for example, to feedback?)

was clinically necessary and the urgency of the need for medical attention. Any patient requesting a home visit or urgent medical care was put through to the duty doctor for clinical assessment and allocation. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints leaflet in reception.

We looked at four complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and we saw actions taken as a result of a complaint. The practice also logged verbal complaints received. For example, the practice had implemented a 'quiet room' for patients to use if they did not want to wait in reception. However, there had not been an analysis of trends or of actions taken.

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 a mission statement which was displayed on the website and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored. A contractual merger had been completed and the practice had a business plan that included a four year plan to drive improvement. The practice were open and honest and explained they had been through a difficult period in the past two years where staff had left and clinical workload had increased. The practice had considered measures such as closing the patient list but had decided that merging with the two other local practices would be the most sustainable plan. The practice and staff were positive about the changes made so far. The management board of the merge was formed of two GP partners from each practice.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. However, this did not always ensure safe care.

- There was a staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding and chronic disease management.
- Practice specific policies were implemented and were available to all staff. However, on the day of inspection, we noted that the prescribing policy was not reflective of the process that was being undertaken. The practice reported they would change the policy and the CCG had offered support from their medicines management team. After the inspection, the provider sent in a policy relating to prescribing and has told us this is being embedded with staff.
- Some understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about

the performance of the practice. However, there was limited evidence of quality improvement including clinical audit. Implementing regular clinical audits was part of the four year plan of improvement.

- Systems and processes required improvement to support high quality care. This included the system for reviewing high risk medicines and patient safety alerts. Since our inspection, the practice has taken some action in relation to this finding.
- There were some appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found out of date items in a nurse room. These were removed immediately and the practice sent evidence of quarterly equipment checks that would be undertaken.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following complaints. The practice needed to embed the new system for the sharing of significant events. The practice had booked training with NHS England to improve the way they dealt with complaints and significant events.

Leadership and culture

Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

Are services well-led?

Requires improvement 

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

There was a leadership structure, both within the practice and within the team responsible for the merger, and staff felt supported by management.

- The practice held and recorded a range of multi-disciplinary meetings including meetings with health visitors and social workers to monitor vulnerable patients.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Records were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The staff were kept informed of the details of the merger and reported on the day of inspection that they felt involved in the changes made.

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 surveys undertaken. The patient participation group (PPG) had disbanded due to unforeseen circumstances in April 2017. The practice were keen to start the group again and had a virtual group that received email updates from the practice. Setting up a new PPG was a part of the annual plan for the practice.
- The NHS Friends and Family test, complaints and compliments received.
- Staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run, including in the merger. Staff reported an improved working environment since the merger.

Continuous improvement

The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area, including employing a physiotherapist and care home team. The practice had made started to make improvements since the merger, including an overhaul of the appointments system, and was keen to further improve their systems and process to ensure high quality, safe patient care.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The equipment being used to care for and treat service users was not all safe for use. In particular: <ul style="list-style-type: none">• There was out of date equipment in a nursing room.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 improve the quality and safety of the services being provided. In particular: <ul style="list-style-type: none">• There was not a defined system in place for the management of patient safety alerts or patients on high risk medicines.• The prescribing policy was not effective enough to ensure patient safety was protected at all times.