

Dr John Cormack

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first carried out a comprehensive inspection at Dr John Cormack on 10 November 2016. The overall rating for the practice was requires improvement. The practice was inadequate for providing safe services, requires improvement for providing effective and well-led services and good for providing caring and responsive services. As a result, the practice was issued with requirement notices for improvement.

The full report for the November 2016 inspection can be found by selecting the 'all reports' link for Dr John Cormack on our website at www.cqc.org.uk.

At our 23 August 2017 comprehensive inspection we found the practice had addressed all concerns highlighted from the previous inspection and improvements had been made. Overall the practice is rated as good.

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

- There were appropriate systems and support for staff to identify, report, investigate and learn from significant incidents.
- The practice have improved their system in place to action patient safety and medicine alerts.
- The practice had implemented a system to ensure that they effectively managed and acted on safeguarding issues affecting children and vulnerable adults.
- Staff carried out safe administration of medicines in line with national guidance.
- Recruitment checks undertaken for all staff were in line with guidance.
- Staff received appropriate supervision and training to carry out their roles. For example all clinical staff had completed Mental Capacity Act training.
- The practice had improved their infection control procedures.
- The practice had a supply of emergency medicines for use in relation to the services provided.
- The practice showed little improvement from the November 2016 inspection where they were required

Summary of findings

to improve on their quality improvement processes.

We reviewed three clinical audits the practice had conducted and found they did not demonstrate where improvements could be made.

- Complaints were dealt with appropriately however lessons learnt were not documented at the time of the complaint.
- The practice held regular clinical, administrative and reception meetings. The practice had reviewed and updated their policies and procedures. Staff were aware of policies when we asked them.
- The clinical team had access to NICE guidance and the nursing team were working within their Mid Essex formulary, shared care protocols and competency levels.
- The practice had consistently strong clinical performance in their QOF performance in 2015/2016. They achieved 97% with exception rates that were comparable to local and national averages.
- There was evidence of appraisals and personal development plans for all staff.

- Data from the national GP patient survey published in July 2017 showed patients rated the practice in line with or higher than others for all aspects of care.
- Patients consistently told us they received a personalised service where they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice was active and worked well with their Clinical Commissioning Group.
- The practice had an active and supportive Patient Participation Group. They represented the practice and patients within the wider health forums to improve services.

Actions the provider should take to improve:

- Improve the recording of the learning from the analysis of complaints and cascade them to all relevant staff.
- Improve the clinical audit process by identifying where improvements to services could be made and record and review the action taken.

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 were sufficient systems and support for staff to identify report, investigate and learn from significant incidents.
- The practice had monitored and actioned patient safety and medicine alerts mitigating patients at risk.
- All clinical staff had undertaken safeguarding training as part of an induction programme and completed refreshers. The practice regularly followed up on children and vulnerable patients who failed to attend hospital appointments.
- The practice had a system to follow up on patients who failed to collect their prescriptions to ensure there were no safeguarding concerns.
- All clinical staff had undertaken infection prevention control training. The practice cleaning schedules were specific and detailed.
- The practice had procedures in place for the identification and management of environmental risks such as trips, hazards, fire, and legionella.
- All members of the clinical team had undertaken emergency life support training. They had access to appropriate equipment where checks were recorded.
- Emergency medicines were available and in date and relevant for all activities carried out at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had consistently strong clinical performance in their QOF performance in 2015/2016 with below the local average exception reporting rates
- The clinical team had access to NICE guidance and the nursing team were working within their Mid Essex formulary, shared care protocols and competency levels.
- The practice had conducted clinical audits however we found there had been a lack of evidence to portray how these processes had driven improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. All had attended relevant training including safeguarding, infection control, Mental Capacity Act and emergency life support.

Summary of findings

- We found patient blood results, test results and out of hours information were managed in a timely and appropriate way. Patient referrals were also found to be appropriate and demonstrated a clear understanding of local and national guidelines.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the July 2017 national GP patient survey showed patients rated the practice higher than others for all aspects of care for example, 92% of patients would recommend this surgery to someone new to the area compared with the CCG average of 73% and the national average of 77%.
- Patients consistently told us they received a personalised service where they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided good carers and bereavement support to patients and families.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice understood and had responded to the needs of their patients, offering extended hours and an emergency on the day clinic every morning between 9am and 10am.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. The practice had resolved complaints at the time of reporting however their documenting of lessons learnt was inconsistent.

Are services well-led?

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

Good



Summary of findings

- The practice had implemented systems and processes to mitigate risk found at the November 2016 inspection.
- The practice was active within their Clinical Commissioning Group and worked with their Commissioners.
- The practice had a relevant business plan which outlined the challenges they faced.
- There was a clear staff structure and staff were allocated roles within the practice.
- Regular clinical, administrative and receptionist meetings were taking place and documented.
- The practice had an active and supportive Patient Participation Group. They represented the practice and patients within the wider health forums to improve services.

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



- Previously the practice had not followed up on patients who failed to collect their prescriptions, since the previous inspection the practice had implemented a process to ensure there were no safeguarding concerns for these patients.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The patients had a named GP who oversaw their care.
- The practice maintained a frailty register and designed and maintained care plans for patients in partnership with the community services.
- Senior health checks were offered and patients aged 75 and over. These were conducted by the healthcare assistant and nurse led clinics.
- The practice provided services to two residential/nursing homes.
- The practice participated in high priority programme and identified and supported patients to reduce their admission rates into hospital.
- Patients over 75 were encouraged to have the flu vaccination and the uptake was monitored.

People with long term conditions

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

Good



- Patients at risk of hospital admission were identified as a priority and care plans put in place to reduce their need to be admitted to hospital. Patients and carers were given a direct telephone number to contact the GP during emergencies.
- Longer appointments and home visits were available when needed.
- The practice operated an annual and biannual review of patients with long term conditions reviewing their medication and conditions.
- The practice worked closely with other allied health professionals to conduct health assessments for patients with long term conditions such as chronic obstructive pulmonary disease and heart failure.

Summary of findings

- The practice participated in multidisciplinary reviews meetings with health and social care professionals.

Families, children and young people

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

- At the November 2016 inspection not all clinical staff had completed safeguarding training; during this inspection we found that all members of staff at the practice had completed safeguarding training relevant to their role.
- The practice had implemented a system to follow up on children who did not attend hospital appointments to ensure there was no safeguarding concerns.
- The practice offered preconception, antenatal and postnatal care and had fortnightly appointments in the surgery with the community midwife.
- The practice conducted six weekly baby checks and provided all childhood immunisations.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- Appointments could be booked in person, by telephone or via the practice website six weeks in advance.
- Extended hour appointments on Tuesday evenings were offered for patients that required them.
- The practice provided travel advice and vaccinations through the appointments system.
- The practice was a yellow fever vaccination centre. This service was provided to the practice patients and non-registered patients could be referred from other practices.
- Patients were offered a choice of services, locations and dates when accessing specialist health services.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- All staff had received safeguarding training and were aware of their responsibilities towards safeguarding concerns.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. This was supported by all staff having completed the appropriate Mental Capacity Act 2005 training in relation to the capacity of a patient to consent to care and treatment.

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).

Good



- The practice maintains a register of patients who experienced poor mental health. The register supported clinical staff to offer patients annual health checks and medication reviews.
- Patients were referred to appropriate support services such as psychiatry and counselling services which were available at the practice every Tuesday.
- The practice worked with adult and children mental and emotional health provision to deliver continuity of care.
- The practice conducted additional safeguarding checks on vulnerable patients to ensure they were accessing sufficient support at the weekends and over bank holiday periods.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

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 higher than the local and national averages and were comparable with their performance from the July 2016 data. 219 survey forms were distributed and 101 were returned. This represented 46% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the local average of 56% and the national average of 71%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local and national average of 84%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 81% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and 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 31 comment cards which were all positive about the standard of care received. Patients told us of the consistent kindness and compassion showed to them and their families and how the clinical team went out of their way support them.

During the inspection we spoke with two members of the patient participation group and five patients. They told us they received a positive service from both administrative and clinical staff. They told us staff were approachable, committed and caring and they could always get an appointment. They were happy with the responsive service they received from the staff. One patient on the day had felt the surgery had become busier in recent times.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the recording of the learning from the analysis of complaints and cascade them to all relevant staff.
- Improve the clinical audit process by identifying where improvements to services could be made and record and review the action taken.

Dr John Cormack

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and was supported by a GP specialist adviser.

Background to Dr John Cormack

Dr John Cormack is also referred to as The Greenwood Surgery, Tylers Ride. The practice is situated in the heart of South Woodham Ferrers with free street parking available. The practice has approximately 5996 patients registered with the practice.

- The practice operates from a single location: Tylers Ride, South Wooden Ferrers, Chelmsford, Essex.
- Services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery.
- At the time of inspection, the practice was owned and managed by the lead GP, there was a salaried GP both of which were male. Female locum or nurse practitioner were available if patients requested it.
- The all female nursing team consists of two nurse practitioners, a nurse prescriber, a practice nurse, two healthcare assistants and phlebotomist.
- The non-clinical team comprises of a practice manager, reception and administrative staff.
- The practice opens between 8am and 6.30pm on Mondays to Fridays, extended hours are offered on Tuesday 8am to 8.30pm. The practice operates a walk in nurse led emergency clinic every morning Monday to Friday from 9am to 10am. Booked appointments are

from 9am to 12.30pm and 3pm to 5.50pm for GPs and 10.30am to 12.30pm and 2pm to 5.50pm for nurses.

Emergency appointments are reserved for the end of the day.

- Pre-bookable appointments could be booked up to six weeks in advance; urgent appointments were also available for people that needed them.
- Out of hours care is provided by IC24, another healthcare provider. This can be accessed by patients dialling the practice or 111.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.
- Female and male life expectancy was above the local and national averages. Serving an affluent community with lower levels of deprivation for children and older people than local and national averages.

Why we carried out this inspection

We carried out a comprehensive follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was previously inspected in November 2016 and overall they were rated as requires improvement. The practice received a rating of inadequate for providing safe services, requires improvement for providing effective and well-led services and good for providing caring and responsive services. The inspection was planned to check whether the provider was compliant with the requirement notices and had made the necessary improvements to meet the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the quality of the service to provide a rating 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 to share what they knew. We carried out an announced visit on 23 August 2017. During our visit we:

- Spoke with a range of staff (the GP, practice manager and administrative team).
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection in November 2016

There were insufficient systems and support for staff to identify report, investigate and learn from significant incidents. The practice had not consistently actioned patient safety and medicine alerts placing patients at risk. Not all clinical staff had undertaken safeguarding training. The practice did not follow up on children and vulnerable patients who failed to attend hospital appointments or patients who failed to collect their prescriptions to ensure there were no safeguarding concerns. Not all clinical staff had undertaken infection prevention control training. The practice cleaning schedules lacked detail to confirm when, where and how rooms and equipment had last been cleaned. The practice cold chain policy for the safe management of medicines had not been adhered to. Staff had failed to report and investigate when the fridge temperature exceeded recommended levels. The practice nurse had administered vaccinations to children and vulnerable patients without the written direction from a GP. Appropriate DBS recruitment checks had not been completed for a member of the practice clinical team who also undertook chaperone duties. Not all members of the clinical team had undertaken emergency life support training. They had access to appropriate equipment but checks were not consistently recorded. Emergency medicines were available and in date but not sufficient to address the full extent of their activities.

What we found at this inspection in August 2017

These arrangements had improved when we undertook this inspection on 23 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

Previously we found there had been no incident policy to allow staff to understand the definition of a significant incident, how they were to be recorded, investigated or learning disseminated. We asked the practice how they identified and managed significant incidents now and they showed us a practice specific policy that recorded all the relevant details. The practice had five significant incidents since October 2016, two of which had occurred in 2017, these related to a mix of clinical and non-clinical events. We reviewed all five incidents and found that the events had

been discussed at the time of the event and during practice or clinical meetings to allow information to be disseminated to staff. The practice used a standardised template for their significant events, we found they had been completed and lessons learnt were documented. We spoke with staff members who were able to provide examples of significant events that had taken place recently.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team, conducted a search of patients who may be adversely affected and discussed them. The practice were able to demonstrate that they had acted on a safety alerts. We checked patient records in respect of previous MHRA alerts we found patients were being appropriately monitored.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- All staff received training on safeguarding children and vulnerable adults relevant to their role and on the day of the inspection staff demonstrated they understood their responsibilities. GPs were trained to child protection or child safeguarding level three. Policies were accessible to all staff that clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. These arrangements reflected relevant legislation and local requirements. Safeguarding of children was discussed during clinical meetings but this was not a standard agenda item. The practice planned to add this to their agenda for future meetings.
- We found the practice followed up on patients who failed to attend hospital appointments. Since the November 2016 inspection the practice had put procedures in place to ensure children and adults that failed to attend hospital appointments were reviewed for safeguarding concerns. The practice monitored their post daily, the clinicians followed up on patients that

Are services safe?

failed to attend hospital appointments, where required, some patients were followed up by the health visitor and others by the GP. The practice also ran a monthly report to monitor these patients.

- Notices in the waiting room advised patients that chaperones were available if required. The nursing team (including healthcare assistants) acted as chaperones. They were trained for the role and all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We found the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead. We reviewed the last infection prevention control audit which identified improvements needed and actions completed. The practice had audited each individual area which differentiated from consultation rooms and treatment rooms. Individual cleaning schedules for each room documented cleaning tasks that had been carried out daily and weekly. We found all staff had received training in infection control.
- The arrangements for managing medicines, including emergency medicines and vaccines, were in the practice to keep patients safe. We found staff had followed their cold chain procedure and had reported occasions where the temperature of the vaccination fridge had exceeded the required range.
- We reviewed the prescribing practices of staff. We found all staff were aware of their roles and the practice prescribing nurses were trained and proficient at reviewing and handling repeat prescriptions which included the review of high risk medicines. Patients on high risk medicines had shared care plans in place.
- The practice worked with the support of the local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We reviewed the annual prescribing review 2016-17 for Mid Essex Clinical Commissioning Group and saw the practice were not outliers for prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Since the November 2016 inspection the practice had worked with their local pharmacist and introduced

electronic prescribing to minimise the risk of uncollected prescriptions and they also conducted fortnightly checks to ensure all prescriptions had been collected. Any risks were highlighted to the GP.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The lead GP was available for advice to the prescribing nurses, they were supported by regular clinical meetings, up to date practice policies and during their appraisal.
- We reviewed 10 Patient Group Directions (PGDs). PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. All had been endorsed by the practice nurse and all had been signed by the relevant pharmacist, doctor and manager. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. These had been appropriately authorised.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks had been carried out.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We reviewed the practice overarching risk assessment dated July 2017. It included hazards such as slips and trips and sharps injuries. It identified staff members responsible for issues, actions, timescales for completion and progress.
- The practice had an up to date fire risk assessment dated November 2016. All electrical equipment was checked in August 2017 to ensure the equipment was safe to use. Staff had read and signed the fire evacuation procedure. The practice checked the fire alarm weekly and had a documented account of these checks; they also ran quarterly fire drills.
- Their medical equipment had been checked (calibrated) in May 2017 to ensure it was working effectively.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

Are services safe?

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). The practice assessment found the premises to be a low risk. However, they had employed mitigation strategies to reduce the risk further by regular testing of their water system.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us they tried to cover for their colleagues during both planned and unplanned absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All members of the clinical team had undertaken annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks that was checked and recorded weekly. A first aid kit and accident book was available.
- The practice stored all relevant emergency medicines which 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.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. In the event their premises could not be occupied alternative accommodation was available. The plan included emergency contact numbers for staff and support services.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in November 2016

There was a lack of quality assurance activity taking place at the practice. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, not all had attended relevant training including safeguarding, infection control, Mental Capacity Act and emergency life support.

What we found at this inspection in August 2017

These arrangements had improved when we undertook this inspection on 23 August 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

The practice had systems in place to keep their clinical staff up to date with changes to guidelines such as those from National Institute for Health and Care Excellence (NICE). We found the clinical team had a clear knowledge and consistent adherence to local protocols. They escalated appropriate clinical concerns to GPs when they fell outside their professional remit.

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 2015/2016 QOF results showed the practice were consistent with the previous year's achievements. They achieved above the local and national averages with 97% of the total number of points available in 2014/2015 and 2015/2016. The practice had a 6% exception rate which was the same as the local and national averages. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed the practice performed comparatively or above national averages for their management of long term conditions. For example;

- Performance for diabetes related indicators were comparable with the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. The practice achieved 77% as opposed to the local average of 73% and the national average of 78%. Exception reporting for this indicator was 15% compared with the CCG average of 15% and the national average of 13%. Unverified 2016/2017 figures showed the practice were achieving 99% for their diabetic indicators and exception reporting was 14%.
- The practice completed 96% of the patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months. This was above the local average of 86% and the national average of 89%. Exception reporting for this indicator was 12% compared with the CCG average of 10% and the national average of 8%. Unverified 2016/2017 figures showed the practice were achieving 91% and exception reporting was 1.2%.
- The practice achieved 75% of their asthma reviews of patients in the preceding 12 months. This was comparable to the local average and national average of 75%. Exception reporting for this indicator was 7% compared with the CCG average of 12% and the national average of 8%. Unverified 2016/2017 figures showed the practice were achieving 100% and exception reporting was 3%.
- The practice achieved 100% of their COPD reviews of patients in the preceding 12 months. This was above to the local average and national average of 90%. Exception reporting for this indicator was 31% compared with the CCG average of 16% and the national average of 12%. Unverified 2016/2017 figures showed the practice were achieving 100% and exception reporting was 17%.

The practice performed above the national averages for their management of patients with poor mental health. For example;

- 100% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a

Are services effective?

(for example, treatment is effective)

comprehensive care plan documented in their records within the last 12 months. The local average and national average was 89%. Exception reporting for this indicator was 18% compared with the CCG average of 19% and the national average of 13%. Unverified 2016/2017 figures showed the practice were achieving 100%.

- 100% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a record of alcohol consumption in a comprehensive care plan documented in their records within the last 12 months. This was above the local average of 85% and the national average of 89%. Exception reporting for this indicator was 9% compared with the CCG average of 18% and the national average of 10%. Unverified 2016/2017 figures showed the practice were achieving 100%. The overall exception reporting for mental health indicators was 11%
- The practice had conducted 87% face to face reviews with patients diagnosed with dementia in the preceding 12 months. This was comparable with the local average of 85% and the national average of 84%. Exception reporting for this indicator was 3% compared with the CCG average of 9% and the national average of 7%. Unverified 2016/2017 figures showed the practice were achieving 98% and exception reporting was 7%.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was above the local and the national average of 83%. Exception reporting for this indicator was 2% compared with the CCG and national average of 4%. Unverified 2016/2017 figures showed the practice were achieving 100% and exception reporting was 5%.

The practice high exception reporting for patients with chronic obstructive pulmonary disease (COPD), osteoporosis and rheumatoid arthritis was above the local and national averages. Therefore, we reviewed a sample of anonymised patient records. We found patients with COPD, osteoporosis and rheumatoid arthritis receiving high risk medicines were being appropriately monitored and appropriately exception reported in line with guidance.

The practice had operated an administrative audit programme. These audits were used to obtain assurance of the quality of their services and to inform and drive improvements. The programme included learning disability

checks, admission avoidance and unattended appointments (DNA's). As well as administrative audits the practice had carried out clinical audits to drive improvement.

We reviewed one completed audit relating to minor surgery accuracy rates, this audit achieved 100% accuracy rate in both cycles therefore no changes were implemented into clinical practice. We reviewed two other clinical audits relating to the monitoring of gestational diabetes and the uptake in shingles vaccinations. We found these audits did not demonstrate where improvements could be made or quality of clinical practice could be improved; the practice was due to re-audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality, basic life support, safeguarding, Mental Capacity Act training, infection prevention and control, fire safety, health and safety and confidentiality. Staff had access to and made use of e-learning training modules.
- Previously there was an absence of practice oversight to ensure staff had undertaken all appropriate training to cover the scope of their work. At this inspection we found all staff had completed appropriate training and these were monitored during their annual appraisals.
- Staff administering vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to out of hour services, information was shared between sites after obtaining patient consent.

Are services effective?

(for example, treatment is effective)

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. The practice arrange monthly multidisciplinary meeting between professionals regarding action plans for patients care. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We reviewed meeting minutes from July 2017 and found the meeting had been attended by a community matron, mental health team, the MDT coordinator and an adult care social worker. 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.

- The practice recorded patient consent for interventions such as steroid injections, minor surgery and coil fitting.
- 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 worked with the community nursing teams in the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.

The practice encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice was comparable with the local and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme for 25- 64year old women in the preceding five years was 83%, which was comparable with the local average of 83% and the national average 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.
- The practice screened 74% of their female patients aged 50-70 years of age for breast cancer in the last 36 months. This was comparable to the local average of 76% and national average of 73%.
- The practice screened 63% of their patients aged 60-69 years of age for bowel cancer in the last 30 months. This was comparable with local averages of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were above local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 93% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 which were carried out by the practice nurses. 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

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

- Dignity screens or separate examination rooms were used to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room by reception to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were dedicated, caring and treated them with dignity and respect.

We spoke with two member of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said all staff at the practice went out of their way to provide high quality care. Comment cards highlighted that staff responded compassionately and efficiently when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 83% and the national average of 86%.

- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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. The CQC comment cards we received also highlighted that patients felt involved in the decisions about their care and treatment.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% 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 local average 79% and the national average of 82%.
- 86% of patients said the last nurse they was good at involving them in decisions about their care compared to the local average 84% and the national average of 85%.

Although the practice was above the CCG and national averages, they had compared their July 2016 and their July 2017 results and found there had been a small reduction in their patient satisfaction, they told us this was due to their recent increased patient list size and their use of locum doctors to accommodate this. As a result, the practice had added additional GP and nurse sessions and planned to discuss this with their PPG and at their clinical meeting in September 2017.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available and staff could access resources on their computers to meet individual patient communication needs.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 109 patients as carers (1.8% of the practice list). Carers were identified as

part of their patient registration checks and through consultations with the clinical team. All carers received a cares pack which contained written information for various avenues of support available to them.

Patients receiving end of life care were provided the GP's direct contact number. The GP could be contacted when the surgery was closed. Staff told us that if families had suffered bereavement, their usual GP or nurse contacted them. The practice team provided advice on how to find a support service. They were also able to offer patients an appointment with a counsellor that the practice provided every Tuesday if needed.

We reviewed results from the NHS friends and family test and found that 100% of patients were extremely likely or likely to recommend the surgery from November 2016 to August 2017.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice operated a walk in nurse led emergency clinic every morning Monday to Friday from 9am to 10am. This was intended for same day emergency access and could be booked on the day in person. GPs were available to support the nursing team where a clinical need existed.
- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice were organising dedicated health check clinics for these patients.
- 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 vaccinations available on the NHS including yellow fever.
- There were facilities for the disabled and translation services were available. The practice found that patients preferred not to have a hearing loop; as a result the receptionists would take the patients into a quiet area to have conversations if needed.
- The practice was situated over two floors without lift access. However, arrangements were made for less able patients to be seen on the ground floor.
- Staff supported patients who were unable to read or who might benefit from additional support when reading and writing.
- The practice provided a range of additional services for their patients, including; conducting blood testing and dosage for patients taking blood thinning medicine, cryotherapy, heart monitoring testing and 12 hour ambulatory blood pressure monitoring.
- The practice offered family planning services including; coil fitting and removal.

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered on Tuesday evening until 8.30pm. The practice operated a walk in nurse led emergency clinic every morning Monday to Friday from 9am to 10am. We saw that a GP was available during this time should they be required to support the nursing team with clinical consultations. Booked appointments for the GPs were from 9am to 12.30pm and 3pm to 5.50pm. Booked nurse's appointments were from 10.30am to 12.30pm and 2pm to 5.50pm and emergency appointments were reserved for the end of the day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in July 2017 showed that patient's satisfaction with how they could access care and treatment had increased since the July 2016 results. The practice were above the local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the local average of 70% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the local average of 56% and the national average of 71%.

People told us on the day of the inspection that they were able to get appointments when they needed them however two comment cards stated difficulty in booking follow up appointments. At the time of the inspection the practice had appointment availability for the following day with both the GPs and the nurses.

The practice had monitored the number of appointments where patients had failed to attend. They told us they actively monitored it with their Patient Participation Group. They had found there was no pattern to missed appointments, written communication was sent out requesting that patients notify the surgery if they could not attend. As a result of missed appointments they had worked with their PPG to implement a policy where patients who failed to attend three consecutive appointments would be unable to pre-book appointments and would have to attend the morning clinic from 9am to 10am.

Listening and learning from concerns and complaints

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

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

- We reviewed the complaint policy reviewed March 2017. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. It made reference to advocacy services and patients right to appeal their decision to The Parliamentary and Health Service Ombudsman.
- The practice manager and the lead GP led on complaints providing administrative and clinical oversight.
- We saw that information was available to help patients understand the complaints system such as complaints leaflets explain patients' rights.

The practice recorded verbal complaints and told us they tried to resolve issues at the time of reporting to the satisfaction of patients. The practice manager spoke directly with staff to obtain accounts and ensure the timely and appropriate resolution of issues. The practice acknowledged the benefits of recording all concerns and issues raised to identify trends and themes.

We reviewed the practice and clinical meeting minutes and found the practice had not considered lessons learnt from complaints and had not shared them with staff during these meetings. The practice told us they conducted an annual review of complaints however they were not documented at the time of the complaint. Staff were aware of recent complaints as they were discussed at the time of the event.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in November 2016

The practice reported continuing financial challenges however these were not documented within their business plan. There was a lack of clinical oversight and governance, and risks to patients were not being acted on and mitigated. There was a lack of leadership in relation to patient safety and a lack of quality improvement processes in place to assess and monitor the services provided. Meetings were irregular and not consistently recorded, including an absence of discussions and decisions.

What we found at this inspection in August 2017

These arrangements had improved when we undertook this inspection on 23 August 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice was a family practice and wished to extend their services to their increasing list size; they continue to work with the CCG to provide enhanced services to patients in the surrounding area. The practice told us they faced financial challenges relating to funding which was documented within their business development plan. Staff were committed to providing high quality and effective care.

Governance arrangements

The practice had improved their formal governance arrangements since the November 2016 inspection to support the delivery of safe care. We found;

- Risks to patients and staff were identified and acted on. These included risks in relation to the storage of emergency medicines, safeguarding, acting on patient safety and medicines alerts, staff training and the investigation and analysis of significant events.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice provided staff with appropriate practice policies to inform and guide staff in the reporting of risks. For example, the practice had a policy on the reporting of significant incidents.

- There was a relevant practice policy for dealing with complaints and they had been responded to appropriately.
- The practice had an effective quality improvement processes in place including the use of non-clinical audit.
- The practice conducted monthly clinical, administrative and reception meetings that documented who was in attendance, discussion of relevant topics and actions required.

We found the practice had a comprehensive understanding of their QOF performance and was monitored via monthly QOF reports and quarterly QOF meetings to review their quality and improvements.

Leadership and culture

The practice acknowledged the benefits of working with others in primary care. They met regularly with three neighbouring GP practices forming a sub locality group. They shared ideas, information and services such as joint injections, coil insertions and removals and implants insertion and removal. They collectively were successful in gaining funding to employ a frail and elderly care co-ordinator to support them in their assessment and delivery of care to patients in care homes and on their admission avoidance registers. The practice was working with the CCG regarding their 'Lighthouse Project' which related to providing enhanced services as a sub-locality to reduce waiting times and travel for patients.

Staff and patients spoke highly of the practice and we found they had worked together to make the required improvements, staff had appropriate skills and competencies which was supported by systems to ensure this was maintained. The lead GP had a lead role in ensuring these systems were effective.

The provider was aware of and had systems in place 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. The practice had systems in place 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.

Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence however themes and trends were not identified, or documented to reduce the potential repetition of incidents and promote learning.

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

- Although separate clinical, administrative and receptionist meetings had taken place consistently. Staff told us that meeting minutes were available to all staff and the practice manager was present at all meetings to share information where required.
- The practice told us they had high staff retention rates. Staff said they felt respected, valued and supported, particularly by the practice management. Staff were respected by one another and trusted to undertake their roles proficiently.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had an active Patient Participation Group (PPG) who also supported a virtual patient participation

group. We reviewed PPG meeting minutes and saw their meetings were structured and discussions well documented. They spoke regularly with the practice and met at least quarterly. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team and supported the surgery by raising funds through donations. For example, they had recently purchased a new consultation couch for the surgery.

- The staff told us they enjoyed working at the practice and found it supportive. They felt listened to and would provide feedback as issues arose to their colleagues and the practice management team. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at the practice. The practice team was forward thinking and part of local pilot schemes such as the 'Lighthouse project' to provide enhanced services to all patients within the sub localities to reduce waiting times and hospital referrals and improve outcomes for patients in the area.