

Arlington Road Medical Practice

Quality Report

The Surgery
1 Arlington Road
Eastbourne
East Sussex
BN21 1DH
Tel: 01323727531
Website: www.arlingtonroadsurgery.nhs.uk

Date of inspection visit: 01 March 2018 and 02 March 2018
Date of publication: 24/04/2018

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The six population groups and what we found | 4 |

Detailed findings from this inspection

| | |
|---|----|
| Our inspection team | 5 |
| Background to Arlington Road Medical Practice | 5 |
| Detailed findings | 6 |
| Action we have told the provider to take | 20 |

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection published 10 October 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Arlington Road Medical Practice on 01 and 02 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to record, investigate, manage and learn from significant events and complaints.
- There were risk assessments completed in relation to safety issues however some were incomplete or overdue and the infection control audit was incomplete and required further work.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The practice had introduced a system that provided a dedicated visiting team of a GP and paramedic practitioner that could respond to visit requests, where appropriate, throughout the day

Summary of findings

- The practice took account of staff and patient views and made improvements in response to them.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The practice was a training practice and trained clinical staff from a variety of disciplines.

The areas where the provider **must** make improvements as they are in breach of regulations are:

Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

Complete the current round of staff appraisals and ensure that all induction activity is recorded.

Investigate and, where appropriate, introduce systems and processes to improve the identification of patients who have carers.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Arlington Road 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.

Background to Arlington Road Medical Practice

The practice is situated near the centre of Eastbourne and provides services under an NHS general medical services (GMS) contract to approximately 11,950 patients. There are 10 GP partners (seven male, three female) and two salaried GPs (both female). The practice is a training practice and has three GP registrars. The GPs are supported by five practice nurses, a paramedic practitioner, three health care assistants (including one in training) and a phlebotomist. There was also an attached pharmacist. The practice also had a team of administrative and reception staff, a practice manager and a business manager.

The practice address is:

1 Arlington Road
Eastbourne
East Sussex
BN21 1DH

The premises are owned by the partners and were refurbished in 2013 when a lift was installed to improve access.

The practice website can be accessed via the following link: www.arlingtonroadsurgery.nhs.uk

Opening hours are Monday to Friday 8.30am to 6pm. Calls between 6pm and 6.30pm are directed to the duty doctor by the on-call provider. Calls from 8am to 8.30am are taken by the on-call provider. The practice provides a range of services to patients including clinics for asthma, diabetes, antenatal care, cervical screening, contraception, childhood immunisations, coronary heart Disease (CHD), travel vaccinations, stroke monitoring, health awareness and smoking cessation. The practice also provides community dermatology and ear micro suction services which can be accessed by their own patients and those of other practices. The community midwives also operate from the practice where they see patients of the practice and other local practices.

The practice looks after the one of the older populations in England with a significantly higher than average number of registered patients above the ages of 65, 75 and 85. It also has a large number of patients in residential care. Income deprivation scores for children and older people are lower than the England average.

Patients are able to access Out of Hours services through NHS 111.

The practice is registered to provide:

Maternity and midwifery services

Surgical procedures

Family planning

Diagnostic and screening procedures

Treatment of disease, disorder and injury

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- Risk assessments were completed in relation to safety issues however some were incomplete or overdue and the infection control audit was incomplete and required further work.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had been risk assessed as to whether they required a Disclosure and Barring Service (DBS) check. The policy stated, and staff understood, that non DBS checked staff should never be in a room with a patient alone. This also applied when patients wanted to talk in private with reception staff, there always had to be two staff members present. (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 carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. DBS checks were undertaken where required following a risk assessment. The practice had recently undertaken a policy review and were conducting DBS checks for all non-clinical staff in a rolling programme.
- There was a system to manage infection prevention and control and there was a suite of infection control policies available. However the annual infection control audit that would monitor compliance with the policies was incomplete and required revision to ensure that required actions were identified and their completion recorded. Since the inspection the practice have provided CQC with evidence of a newly completed infection control audit having taken place.
- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. A successfully identified case involving sepsis had been discussed at clinical meetings as a significant event/case review and learning used to inform future practice.

Are services safe?

- When there were changes to services or staff the practice assessed and monitored the impact on safety. The management team closely monitored staffing levels and staff told us that they responded to staff suggestions if gaps were identified.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. The practice were involved in a vulnerable patient scheme in which advance care plans were devised with patients and their carers and with consent were available to other agencies such as the local ambulance service and out of hours providers.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. This included posters and leaflets advising patients on the appropriate use of antibiotics.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their

medicines. The practice had a pharmacist attached who reviewed medicines with elderly patients and those with complex conditions. This was often carried out in patients' own home or care homes.

Track record on safety

- There were some risk assessments to monitor the safety of the premises such as control of substances hazardous to health and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the five yearly fixed electrical safety check had been overdue since 2016, and the general health and safety risk assessment noted the control measures that were to be taken, but there was no record as to whether actions were (or were not) required and had taken place. We were told that staff regularly walked the practice to identify any safety risks, but this was not recorded. The infection control audit was incomplete. Since the inspection the practice have told CQC that they have booked to have an electrical safety check carried out. They have also provided evidence of a recorded monthly health and safety check and an infection control audit having taken place since the inspection.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a comprehensive system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were thorough systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example there was an episode where a patient misunderstood instructions relating to a medicine that was prescribed. The error was picked up and discussed at the clinical meeting and learning from the incident recorded and disseminated.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all of the population groups good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- All patients in nursing and residential care homes had a medicines review with GP lead and community pharmacist.
- Home visits were available for patients who needed chronic disease reviews.
- Flu vaccinations were available in the community.
- The practice had a very high proportion of elderly patients with over 200 in a large number of care homes.

People with long-term conditions:

- Registers were maintained of patients with long-term conditions. They received a structured annual review to

check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Patients with diabetes received long appointments at least twice a year.
- Appointments were made to fit around work commitments where possible.
- Patients received personalised care plans and were set goals to aim at.

Families, children and young people:

- The practice had an experienced safeguarding lead who had been trained above the level that was mandatory to their role.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above in three of the four sub indicators and below the 90% level in one. The practice were aware of this and were actively trying to improve uptake.
- The practice offered bi-weekly multi-disciplinary team (MDT) meetings at the practice that the health visitor was invited to attend.
- GPs attended child protection case conferences where possible and provided reports when requested.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had arrangements in place to follow up children who had failed to attend an appointment in secondary care or for immunisation.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 71% which was comparable to the clinical commissioning group (CCG) average of 75% and the England average of 72%, but below the 80% coverage target for the national screening programme. The practice had a dedicated

Are services effective?

(for example, treatment is effective)

administrator for cervical screening. If a patient failed to attend following a third letter (sent by the practice) then the patient's GP was informed and decided whether a further attempt at contact was indicated.

- The practice's uptake for breast and bowel cancer screening was above the national average.
- The practice informed eligible patients opportunistically to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice ran a travel clinic and also hosted a community dermatology service

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A dedicated administrator co-ordinated services for the vulnerable and over 75 year olds.
- GPs pro-actively visited their own patients who were considered vulnerable.

People experiencing poor mental health (including people with dementia):

- The prevalence of patients with dementia was two and a half times the national average.
- 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 82% and the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 91% and the national average of 90%.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%, CCG average 90%, national average 91%); and the percentage of patients experiencing poor mental health (and/or other chronic illnesses) who had received discussion and advice about smoking cessation (practice 99%, CCG average 99%, national average 97%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%. The overall exception reporting rate was 11% compared with a local average of 12% and a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The exception reporting rate for The percentage of patients with asthma who had a review in the previous 12 months was 22% (CCG average 13%, national average 8%) although their exception rates for patients with Chronic Obstructive Pulmonary (lung) Disease was similar to CCG and national averages. The practice explained that they only excepted patients after they had tried to contact the patient three times and even then flagged them on the computer for opportunistic review. Patients were only excepted by GPs at the end of the QOF year.

- The practice used information about care and treatment to make improvements. We saw examples of case studies that had been written up, current guidelines and management discussed and learning points identified in clinical meetings.
- The practice was actively involved in quality improvement activity. For example following a consultant update on the management of a specific

Are services effective?

(for example, treatment is effective)

heart condition, the practice audited their management of the condition amongst all of their patients.

Appropriate changes were made to the management of patients in line with current guidelines and the changes were re-audited. The re-audit showed that 97% of their patients with the condition had a review and the appropriate recordings made in their records. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice had a clear induction process, but was planning to further formalise the way it was recorded. The current round of appraisals was nearly complete with dates arranged for the members of staff that had not yet had theirs. Staff found the induction process useful and tailored to their individual needs. We were also told by staff that appraisals identified training needs and requests and addressed them. The practice ensured the competence of staff employed in advanced roles by discussion of their clinical decision making. For example the Paramedic Practitioner worked alongside the GPs as part of the visit team. They were in contact with the visiting GP throughout the day and discussed situations and decisions as necessary.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop advanced personal care plans that were shared with relevant agencies. multi-disciplinary team (MDT) and palliative care meetings were held on a regular basis.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Regular meetings took place in which the care and management of patients on the palliative care register was considered with members of the hospice and palliative care nursing teams.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary. Advance care plans had sections that included patient and carer comments and signatures.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and help in tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a partitioned off area to discuss their needs.
- All of the 10 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty surveys were sent out and 123 were returned. This represented about 2% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 95% of patients who responded said the GP gave them enough time compared with the CCG average of 89% and the national average of 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 86%.

- 97% of patients who responded said the nurse was good at listening to them compared with the CCG average of 95% and the national average of 91%.
- 99% of patients who responded said the nurse gave them enough time compared with the CCG average of 95% and the national average of 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 98% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 95% and the national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 91% and the national average of 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- A page in the practice booklet described communication aids that could be made available to patients on request including braille, large print or easy read information and the use of a British Sign Language interpreter or advocate. The practice would also support patients in lip reading or the use of a hearing aid or communication tool.
- Interpretation services were available for patients who did not have English as a first language. The website also had a translation tool attached to it allowing it to be viewed in over 100 different languages.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available and this was pointed out on the practice web site.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Are services caring?

The practice proactively identified patients who were carers through their new patient registration form. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 79 patients as carers (0.7% of the practice list).

The practice supported carers by signposting them to support services. There were posters and leaflets about support agencies available in the waiting room and on the practice web site. The practice website also contained information about benefits for carers that may help them in their caring role.

Staff told us that if families had experienced bereavement, their usual GP contacted them and if appropriate would offer an appointment or signposting to bereavement support services. Advice on bereavement support was available in the waiting room.

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

- 95% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 89% and the national average of 86%.
- 88% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 82%.
- 97% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 93% and the national average of 90%.
- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 89% and the national average of 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests and advanced booking of appointments.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example they installed a lift whilst refurbishing the practice to ensure access to the first floor for patients with wheelchairs.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. There was an emergency triage doctor available from 8.30am to 6pm every day and an appointment or home visit could be arranged with a GP or paramedic practitioner on the day and often within a relatively short time scale.
- Clinicians could access care records in the community via portable electronic tablets.
- The practice had installed a lift as part of a recent refurbishment to ensure elderly patients could easily reach clinicians on the first floor.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Patients in care homes or who were housebound would have their review in their own home.
- GPs and the paramedic practitioner had electronic access to patient records whilst on visits.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice had a large number of patients with complex conditions and had adjusted the booking system accordingly to try to ensure that consultations ran on time.
- The practice held regular multi-disciplinary team meetings to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- Immunisation clinics took place on Wednesday mornings and included a drop in service.
- Doctors offered prenatal counselling as required, performed on the spot pregnancy tests and referred to the midwife for antenatal care.
- The practice offered dedicated 30 minute slots at the end of morning surgery for postnatal and six week checks allowing protected time and unhurried time with the mothers and their new babies.
- The practice offered a range of contraception consultations and clinics.
- The appointment system was designed so that any baby, child or young person could be seen on the same day if the triage GP felt it was appropriate and necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified via surveys and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Are services responsive to people's needs?

(for example, to feedback?)

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. The practice had recently built extra telephone consultations in to each GP's day.
- Patients could book appointments and order repeat prescriptions online.
- The practice provided a range of health screening including chlamydia and human immunodeficiency virus (HIV). They also provided sexual health clinics and coil and implant clinics.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. The practice would register homeless people with the practice address.
- Vulnerable patients such as those with a learning disability would be seen at the place that was most appropriate, which could include their place of residence. Longer appointments could be booked if necessary.
- Vulnerable patients with complex concerns were discussed at partners' meetings where appropriate.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice appointments system had a high 'on the day' visiting capacity which allowed patients with mental health or dementia concerns to be seen quickly.
- The dementia lead had undertaken additional postgraduate training and had links with the local medical school who they participated in research with.
- The practice was part of a pilot scheme in to early diagnostic assessments.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use, kept under regular supervision and was flexible.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and twenty surveys were sent out and 123 were returned. This represented about 2% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 68% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 70% and the national average of 71%.
- 82% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 87% and the national average of 84%.
- 86% of patients who responded said their last appointment was convenient compared with the CCG average of 86% and the national average of 81%.
- 77% of patients who responded described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 69% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Forms

Are services responsive to people's needs? (for example, to feedback?)

were available in reception and contained a form to allow patients to consent to an investigation of their complaint. Staff treated patients who made complaints compassionately.

- The complaint policy and procedures were in line with recognised guidance. Ten complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. They had a comprehensive business plan and were pro-actively planning for the future.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities. The partners actively pursued a policy of re-investment in to the practice and its services.
- The practice developed its vision, values and strategy having asked for and listened to, patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population. For instance they had a very high number of elderly patients in care/ nursing homes and their own homes requiring home visits. To ensure that they could meet the demand without putting undue strain on other services, they

devised a system that provided a dedicated visiting team of a GP and paramedic practitioner that could respond to visit requests, where appropriate, throughout the day.

- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. Their opinions were actively sought, listened to and where appropriate acted on.
- The practice focused on the needs of patients.
- Leaders and managers had systems in place to identify and would act on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between members of staff and between staff and management.

Are services well-led?

Good 

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

- Social events were arranged that involved all staff and during the refurbishment of 2013 a gym had been installed for staff use.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Each clinical and business area had a lead GP allocated to it. The leads liaised with nursing and administration staff to manage these areas of responsibility.
- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. All staff were aware of, and had easy access to, policies and procedures.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety. The practice had processes to manage current and future performance. Issues relating to clinical significant events and complaints including such aspects as prescribing and referral decisions and specific clinical situations were regularly and thoroughly discussed at clinical meetings. Practice leaders had oversight of Medicines and Healthcare products Regulatory Agency (MHRA) alerts, incidents, and complaints.
- Clinical audit and quality assurance reviews had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

- The practice had plans in place and had trained staff for major incidents. All staff had personal access to the business continuity plan both when they were in the practice or away from the practice.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- However the annual infection control audit was incomplete and required revision to ensure that actions were identified and their completion recorded. Additionally the five yearly fixed electrical safety check had been overdue since 2016 and the general health and safety risk assessment had been done, but without a clear record as to whether actions were (or were not) required and taken place. We were told that staff regularly walked the practice to identify any safety risks, but this was not recorded. Since the inspection the practice have told CQC that they have booked to have an electrical safety check carried out. They have also provided evidence of a recorded monthly health and safety check and infection control audit having taken place since the inspection.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings.
- The practice used performance information which was reported and monitored, discussed and used to inform improvements in quality of care and service.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care
- The practice submitted data or notifications to external organisations as required

Are services well-led?

Good 

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

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example arms were added to 10 waiting room chairs in response to a request on a Friends and Family Test return and a new enhanced telephone system was installed in response to patient concerns.
- We saw that the practice recorded, reviewed and compared results from successive national GP surveys making appropriate adjustments to practice where indicated. The Friends and Family Test for 2017 showed that out of 419 returns for the year, 95% were extremely likely or likely to recommend the practice to family and friends. They had also commissioned an independent survey agency who carried out a survey of patients' experiences for 2017/2018.
- There was an active patient participation group who met regularly with representatives from the practice. They were involved in discussions about changes to the practice such as the introduction of display screens in to the waiting room and changes to the telephone system.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. They were a training practice and at the time of the inspection had three GP registrars (qualified doctors undergoing specialist GP training). They also trained foundation year two doctors (doctors in their second year of postgraduate training) and had also recently had medical students attached to the practice. The practice had also trained paramedic practitioners and there were plans to train student nurses starting in April 2018.
- The practice used staff appraisals to identify staff who may be interested in furthering their roles within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice had been awarded some monies that they had used to improve the care of poorly controlled diabetics using a multi-disciplinary approach.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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 | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The infection control audit was incomplete and required revision ensuring that actions were identified and their completion recorded. Additionally the five yearly fixed electrical safety check was overdue and the general health and safety risk assessment had not clearly identified whether there were any actions required, who was responsible for the actions and by which dates.</p> <p>This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |