

# Longfield Medical Centre

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This inspection of Longfield Medical Centre practice carried out on 21 June 2017 was to check improvements had been made since our last inspection on 18 February 2016. Following our February 2016 inspection the practice was rated as requires improvement overall. Specifically they were rated as requires improvement for safe and well-led, and good for caring, effective and responsive. The full comprehensive report on the inspection can be found by selecting the 'all reports' link for Longfield Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

As a result of our findings at the inspection in February 2016 we took regulatory action against the provider and issued them with requirement notices for improvement.

Following the inspection on 18 February 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations.

At this inspection we found that the majority of the improvements had been made and progress had been made across all areas of concern. Overall the practice is now rated as good.

Our key findings were as follows:

- Significant events were fully investigated, patients received support, honest explanations and apologies. The learning was shared with appropriate staff.
- There was a clear recruitment process in place for permanent and locum staff, including an induction process.
- There were disclosure and barring service checks in place for all staff.
- Staff performing chaperone duties had received appropriate training for this role.
- There were systems in place to ensure safe medicines management both within the practice and the dispensary.
- There was a system in place to deal with any medicines alerts.
- Prescription paper was monitored and stored securely.
- Infection control audits were completed and action taken to resolve any issues.

# Summary of findings

- Policies and procedures were up to date and staff were aware of where to find them and their contents.
- A range of audits and re audits had been completed to improve the quality of service provision.
- Clinical outcomes for patients with diabetes were lower than Clinical Commissioning Group (CCG) and national averages for patients for the year 2015 to 2016 however we saw data from 2016 to 2017 which demonstrated improved outcomes for those patients.
- The practice had a clear system for identifying and supporting the carers on their register, although the numbers of carers identified were low.
- The complaints policy was clearly visible to patients. Complaints were fully investigated and there was a clear audit trail of actions taken by the practice.
- There was a process in place to gather and act on patient feedback.
- Staff had worked as a team and felt confident anything they raised as either an issue or suggestion for improvement would be followed up.
- Changes to senior nursing hours meant the team lacked direct leadership and cohesion.

However there were areas of practice where the provider needs to make improvements

The provider should:

- Review patient group directives (PGDs) to make sure that nursing staff are only using ones that contain the correct authorisations.
- Check that cleaning is being completed as per cleaning schedules.
- Check that small equipment used, such as, airways forceps, are either single use and packaged in sterile containers or appropriately sterilised.
- Review the nursing structure to provide more leadership.
- Review staff understanding of the components of the Mental Capacity Act.
- Improve the identification of patients who are carers.

**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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Policies and procedures were in place and updated appropriately.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- There were systems in place for cleaning the premises however we did find that cleaning of some high level surfaces was not being completed.
- Where patients were prescribed medicines requiring monitoring we found that the system in place was effective. There was a system in place for clinical staff to receive action and disseminate patient and medicine safety alerts.
- There was a system in place to record and monitor the issue and use of prescription stationery. Prescription stationery was stored securely.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation however not all of these had been signed. The practice told us that the PGDs were in the process of being reviewed.
- Infection control audits were completed and action taken to resolve any issues highlighted.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these. This included the assessment of legionella risk.
- The practice had a system in place for the recruitment of permanent and locum staff.
- The practice had adequate arrangements to respond to emergencies and major incidents, however we did find some items in the emergency kit were not sterile, for example, airways forceps.

# Summary of findings

## Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were mostly comparable or lower than the CCG and national averages. For example, performance for the year 2015-2016 for diabetes related indicators was in line with or below the CCG and national average. However we saw unpublished data for 2016-2017 which showed that improvements had been made.
- Staff had access to the latest clinical guidelines and best practice guidance and used these to assess and deliver patient care.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for most aspects of care.
- All of the patients we spoke with during the inspection told us that they felt treated with dignity and respect by staff and that staff were good. They felt involved in decisions about their care. These views were backed up by responses on the comments cards we received.
- We saw that staff treated patients with dignity, respect and kindness.
- Patient and information confidentiality was maintained.
- The practice had identified 134 patients who were carers (this represents 0.9 % of their patient list).
- The practice had access to language line for translation services and had access to British Sign Language interpreters.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The latest GP survey, published in July 2016, showed the practice was rated in line with or lower than the CCG and national average with regards to satisfaction with opening

Good



# Summary of findings

hours and making an appointment generally. The practice had completed work to improve patient satisfaction in this area, including increasing the number of online appointments and increasing the number of telephone lines.

- The practice took account of the needs and preferences of patients and made changes to their service provision where possible.
- The practice offered a number of services in house to avoid patients needing to travel. For example, international normalised ratio (INR) testing and general phlebotomy.
- The practice had accessible facilities and was equipped to treat patients and meet their needs.
- Information on how to complain was clearly displayed in the waiting area. Complaints were responded to appropriately, a record kept and lessons learned had been shared with staff.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a leadership structure in place, however the lead nurse had reduced her hours recently and we found that the nursing team lacked leadership. The practice told us that they were aware of this and had started looking at ways to resolve this.
- Staff told us they felt supported by management.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.
- There was a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



# Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and where training was agreed this was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Patients were involved in decision making about their care and treatment.
- The practice completed regular ward rounds for those patients living in a care home.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments and telephone consultations were also available.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- GP partners and nursing staff had lead roles in long-term disease management.
- Nationally reported data from 2015 to 2016 showed that outcomes for patients for long-term conditions were either in line with or lower than compared to other practices locally and nationally. For example, numbers of patients with diabetes receiving appropriate reviews were lower than the local and national average for some indicators and similar for others. The practice showed us unpublished data from 2016 to 2017 which evidenced improvements.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- GPs had an understanding of consent, Gillick competence and Fraser guidelines.
- The practice worked with midwives, health visitors and school nurses to support this population group.

## **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).

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group. These included, well woman and well man checks.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were in line with other practices locally and nationally.
- The practice offered a range of online service such as online booking and repeat prescription ordering.

Good



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had training in how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

## **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).

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG and national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses, had a care plan in their notes, which was higher than the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Nursing staffs' understanding of elements of the mental capacity act and consent required improvement.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was in line with or above CCG and national averages for all but two questions. The two questions related to continuity of care and access to appointments. 219 survey forms were distributed and 121 were returned. This represented a 55% completion rate.

- 52% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards, all of which were all positive about the standard of care received. Comments made on the cards related to the practice being safe and hygienic, staff treating them with dignity, being friendly and helpful. Six cards referred to difficulties with accessing appointments and the length of time this took.

We spoke with eight patients during the inspection including three members of the patients participation group (PPG). All patients were satisfied with the care they received and felt treated with dignity and respect, and involved with their care. One patient with spoke with told us that it was more difficult to access an appointment with a preferred GP, however all patients say they were able to access appointments.

## Areas for improvement

### Action the service SHOULD take to improve

- Review patient group directives (PGDs) to make sure that nursing staff are only using ones that contain the correct authorisations.
- Check that cleaning is being completed as per cleaning schedules.
- Check that small equipment used, such as, airways forceps, are either single use and packaged in sterile containers or appropriately sterilised.
- Review the nursing structure to provide more leadership.
- Review staff understanding of the components of the Mental Capacity Act.
- Improve the identification of patients who are carers.

# Longfield Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Longfield Medical Centre

This practice is based in the Longfield Medical Centre in Maldon, Essex. It is a dispensing practice which means it is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The current list size is around 14544 patients and the practice is open to new patients. There is five female GPs and four male GPs offering five sessions a week. There are six female practice nurses. The practice holds a general medical service contract (GMS).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were available from 8am until 6pm. GPs completed home visits in addition to these consultation sessions. Extended hours are offered Tuesdays, Thursdays and Fridays 7am to 8am and Wednesdays 6.30pm to 7.30pm. Out of hour's cover is provided by Primecare. The dispensary is open Monday to Friday 8.30am to 6.30pm and Saturdays 9am to 1pm.

The practice area demographic comprises of mainly white British, with smaller numbers of other nationalities including Polish and Bangladeshi. Levels of income deprivation affecting children and older people are in line with the averages for the CCG and nationally.

## Why we carried out this inspection

We undertook a comprehensive inspection of Longfield Medical Centre on 18 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services. The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Longfield Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Longfield Medical Centre on 21 June 2017. This inspection was carried out to ensure improvements had been made.

## 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. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement notices we had given them.

We carried out an announced visit on 21 June 2017. During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients and their family or carers.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

At our previous inspection on 19 February 2016 we rated the practice as requires improvement for providing safe services as staff at the practice undertaking chaperone duties had not received training for the role.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017, however there were a few other areas requiring improvement. The practice is still rated as requires improvement for providing safe services.

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform one of the GP partners or the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that a thorough investigation was completed. If the incident involved a patient, the patient was informed of the incident, given information and appropriate support. An apology was given which outlined any actions taken to prevent the same thing happening again.
- All significant events were discussed at the next clinical meeting to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and minutes of meetings where these were discussed. The practice told us that the alerts were received by the lead GP who decided what action needed to be taken. We found that any required action had been taken by the GPs.

### Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and guidelines. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding, although not all staff were able to name the lead. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There was a notice in the waiting room and in clinical rooms advising patients that a chaperone was available for intimate examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Although some attention was needed to dusting at high level.
- The advanced nurse practitioner was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Most arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However there were some items in the emergency medicines and equipment kit that were not sterile, these included an oxygen mask and two airway forceps.
- There was an effective process in place for reviewing patients prescribed medicines requiring monitoring, including high risk medicines.

## Are services safe?

- The practice worked with the local medicines management team to complete monitoring activities to ensure that the practice prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation however not all of these had been signed. We spoke with the practice regarding this and they told us that the PGDs were in the process of being reviewed.
- The practice was a dispensing practice and had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training, or were fully supervised in apprenticeship roles, and had undertaken continuing learning and development. Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked regularly by the lead GP for the dispensary.
- Staff had completed a number of dispensary audits including one looking at labelling standards. This resulted in changes to ensure accuracy and prescription tracking. A subsequent re-audit demonstrated improvement. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients. Dispensary staff identified when a medicine review was due and told us that they would alert the relevant GP to reauthorise the medicine before a prescription could be issued. This process ensured patients only received medicines that remained necessary for their conditions.
- A bar code scanner was in use to check the dispensing process however dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example controlled drugs. We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance

of similar errors occurring again. Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure. The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

- We looked at six personnel files and found appropriate recruitment checks had been undertaken prior to employment for both permanent and locum staff. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system to check immunisation status of staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had reviewed the way that their staff were working in order to make the most effective use of the existing staff.

### Arrangements to deal with emergencies and major incidents

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

- There was an alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation, as well as a physical button in the treatment rooms.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was in an accessible place.

## Are services safe?

- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities and key staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE online and used this information to deliver care and treatment that met patients' needs.
- There were regular clinical meetings attended by all clinical staff which included shared learning from internal and external sources.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework and performance against national screening programmes to monitor outcomes for patients. The most recent published results, from 2015 to 2016, indicated the practice achieved 91% of the total number of points available compared with the CCG and national average of 95%. The practice had a 3% exception reporting rate overall which was in line with the CCG and national average of 6%. (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)

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was lower than the CCG and national average for two indicators. For example, the percentage of patients whose last cholesterol reading was within specified levels was 66% compared to the CCG average of 76% and the national average of 80%. The percentage of patients with diabetes who had blood sugar levels within certain levels was 65% compared to the CCG average of 73% and the national average of 78%.

The practice showed us unpublished data from 2016 to 2017 which showed improvements had been made.

Performance for mental health related indicators was in line with or higher than compared with the CCG and national average. For example:

- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 95% compared to a CCG and national average of 89%.
- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, whose alcohol consumption had been recording in the last 12 months was 94% compared to a CCG average of 85% and an England average of 89%.

There was evidence of quality improvement activity including clinical audit:

- The practice had commenced a range of audits in the last 12 months, two of these were completed audits where the improvements made were implemented and monitored. The audits evidenced improved outcomes.
- The practice participated in local and national benchmarking.

### Effective staffing

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

- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

### Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and

# Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community staff.

## Consent to care and treatment

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

- Some clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. However knowledge of some aspects of the MCA amongst nursing staff could be improved.
- Where a patient's mental capacity to consent to care or treatment was unclear GPs assessed the patient's capacity and documented this appropriately. Nursing staff informed us that they would discuss with a GP before proceeding with any treatment, or ask that the patient returned with another relative.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Smoking cessation was available in house.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 82% and the national average of 81%. There were systems

in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results or non-attendance.

Patients who did not attend were invited by letter, then reminder letters.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line or above CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 62% for the practice, compared to 61% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 78% for the practice, compared to 76% average for the CCG and 72% national average.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard or above the CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 97% which was above the 90% standard.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 92% which was above the 90% standard.
- The percentage of MMR dose one given to under five year olds was 98% compared to the CCG percentage of 95% and the national average of 94%.

Patients had access to appropriate health assessments and checks in-house. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with kindness, dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in the GPs rooms could not be overheard.

All 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered a good service and staff were friendly, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that that staff treated them with dignity and respect.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

- 19% of patients said they found the receptionists at the practice unhelpful compared to the CCG average of 12% and national average of 11%.

### 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. Their view on whether they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them echoed this. Patient feedback from the comment cards we received was also positive for these areas.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have spoken English as a first language, including British Sign Language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available to help patients understand their diagnosis.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 carers (which was 0.9% of the practice list). Carers were sign posted to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice offering condolences and support, if required, either by a telephone call, appointment or home visit. Support was offered by a GP in whichever format they preferred.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and were engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) and other local providers to secure improvements to services where these were identified. For example, the practice had been in discussions with other local practices about combining some of their functions.

- There were longer appointments available for patients for those patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. The practice was a registered yellow fever c
- There were facilities for the disabled and translation services available, including British Sign Language.
- The premises were suitable for babies and young children.
- Appointments were available outside of school hours, as well as a variety of appointments to suit working age people.
- The practice had systems in place to support patients undergoing gender reassignment.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8am to 6pm. GPs saw emergency patients and completed home visits outside of these consultation sessions. On some days where the practice knew demand was higher, there was a dedicated home visiting GP. Extended hours appointments were offered at the following times on Tuesday, Thursday and Fridays between 7am and 8am, and on Wednesdays between 6.30pm to 7.30pm. Out of hour's cover was provided by Primecare. Patients also had access to a clinical pharmacist appointment, which bookable two days in advance. The dispensary is open Monday to Friday 8.30am to 6.30pm and Saturdays 9am to 1pm.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment were in line or below the CCG and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

One of the eight patients we spoke with on the day of inspection told us that they had difficulty accessing appointments with a preferred GP. All patients we spoke with were able to access appointments with a non-specific GP or nurse. Six out of the 26 comments cards we received also cited an issue with accessing appointments.

The practice had developed an action plan following the GP Survey. This included increasing the amount of telephone lines available, as well as an additional option in the menu to cancel appointments. Actions taken regarding lower scores for access to preferred GP included informal list closure and 'future proofing' work, such as, reviewing whether patients were accessing GP care appropriately or whether they could be seen by another professional.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, with clinical input from the GP partners.
- We saw that information was available regarding the complaints system both on the website and within the practice building.

We looked at the complaints received in the last 12 months and reviewed five in detail. One of these related to prescribing of a mineral supplement. The practice fully investigated and an apology and honest explanation was

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

given to the complainant. The complaint outcomes were discussed in practice meetings and learning shared with other staff as appropriate. Other complaints were investigated in a similar manner.

We saw that where a verbal complaint was made the practice apologised and a record of the complaint and actions taken was kept.

# 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

At our previous inspection on 18 February 2016, we rated the practice as requires improvement for providing well-led services as a member of staff carrying out clinical duties had not received a disclosure and barring service check at the time of their employment and a risk assessment had not been undertaken as to why this was not required.

These arrangements had improved when we undertook a follow up inspection on 21 June 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

The practice had a vision to offer a high quality, safe and effective service to their patients, working together with other practices, provider and the CCG.

### Governance arrangements

There was an overarching governance framework which supported the delivery of the strategy and good quality care. The framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- Some staff were unaware of who held some key lead roles. The nursing team lacked direct leadership since the advanced nurse practitioner had reduced their hours, the practice were aware and had plans to restructure this.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.
- Staff were made aware of the practice performance and other issues, such as significant incidents and complaints, through meetings where these were discussed.
- There were systems in place to monitor, review and improve the practice performance through national comparison data, practice audits and through working with the local medicines management team.
- There were practice specific policies which were implemented, updated and were available to all staff.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us that management were approachable. The culture of the practice was friendly, open and honest.

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). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues at team meetings and outside of these and felt confident and supported in doing so.
- All staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice also acted on feedback from external agencies such as CQC and the local CCG.

- The practice had compiled an action plan to respond to issues raised by the national GP Survey.
- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys, health promotion work and submitted proposals for

# Are services well-led?

Good 

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

improvements to the practice management team. For example, the PPG suggested that some patients may not understand why the receptionists needed to ask them what their problem was and suggested a poster by reception explaining the reasoning. This was completed and we saw evidence on during our inspection. Some volunteers had been trained by an external agency who provides health checks, and spent a week offering carbon monoxide testing and signposting to smoking cessation support.

- The practice gathered feedback from staff through staff meetings, appraisals and informal conversations. Staff told us they would not hesitate to give feedback and

discuss any concerns or issues with colleagues and management. Staff told us that they felt able to make suggestions for ways to improve the quality of care and that these, where possible, would be acted upon.

## **Continuous improvement**

The practice told us that they were aware that potential future housing developments would increase pressure on services, therefore they were continually reviewing the services they offered and reviewing whether staff were being used effectively. They were also part of working parties with other local providers to consider collaborative working to improve outcomes for patients.