

Magna Group Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Magna Group Practice on 23 November 2016. Overall the practice is rated as Requires Improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff had not consistently followed the processes in place to monitor and prevent any possible risks to patients. Processes to assess and manage risks to patients were not always applied consistently and required additional monitoring to ensure improvement. For example, there were some shortfalls in systems for the management of safety alerts, infection prevention and control, security of prescription forms, cold chain for vaccine storage fridges and staff recruitment.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The provider had trained staff to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Improve systems for the management of safety alerts to ensure all alerts are actioned in a timely manner and a record of actions taken is maintained. Review and implement the actions in the Department of Health estates and facilities alert January 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.
- Improve infection prevention and control (IPC) processes and monitoring systems in line with The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance. Develop and implement an action plan to address shortfalls identified in audits and clarify staff roles and responsibilities in IPC processes. Improve stock control processes to ensure equipment does not exceed the expiry date.
- Implement consistent systems for the management of blank prescription forms in line with NHS protect security of prescription forms guidance 2013.
- Implement consistent systems across all sites to ensure the cold chain is maintained in vaccine storage fridges and appropriate action and a record of the action taken is maintained when temperatures are outside the recommended ranges in line with Public Health England; Protocol for ordering, storing and handling vaccines 2014.

- Consistently implement the practice recruitment policy and procedure and ensure all appropriate recruitment checks are completed prior to employment.
- Provide a warning sign where oxygen is stored at Thryburg site and ensure oxygen cylinders are safely stored.
- The provider must obtain copies of health and safety risk assessments undertaken by the landlord for the Wath branch site to ensure all actions that are the responsibility of the provider are completed. The provider must periodically check health and safety records at the branch site in order to assure themselves all actions are being undertaken by the landlord. The provider must ensure health and safety checks at this branch site such as gas service and fire extinguisher service are up to date.

The areas where the provider should make improvement are:

- Provide evidence clinical staff have undertaken the relevant level of safeguarding training.
- Emergency equipment should be checked at least weekly in line with recommendations by the Resuscitation Council.
- Review and risk assess the systems for updating patient's medicines following changes by secondary care providers.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff had not consistently followed the processes in place to monitor and prevent any possible risks to patients. Processes to assess and manage risks to patients were not always applied consistently and required additional monitoring to ensure improvement. For example, there were some shortfalls in systems for the management of safety alerts, infection prevention and control, security of prescription forms, cold chain for vaccine storage fridges and staff recruitment.
- There was a system in place 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 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.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was participating in the care home enhanced service and provided weekly ward rounds to a local care home.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, staff had not always applied the systems in place consistently across each site. For example, there were some shortfalls in systems for the management of safety alerts, infection prevention and control, security of prescription forms, cold chain for vaccine storage fridges and staff recruitment. The

Requires improvement



Summary of findings

management team were reviewing procedures and working towards a more consistent approach. A programme of clinical and internal audit was used to monitor quality but had not always been used effectively to ensure improvements.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The management of safety alerts required improvement to ensure all alerts were actioned in a timely manner commensurate with risk.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

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 provider is rated as requires improvement for safety and for well-led and good for effective, caring and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was participating in the care home enhanced service and provided weekly ward rounds to a local care home. The enhanced service had been implemented by the CCG in 2016. However, the practice had commenced this service in 2015, prior to the enhanced service being implemented. They had started the service in response to the needs of the patients in the care home and due to concerns about the care provided by the home.

Requires improvement



People with long term conditions

The provider is rated as requires improvement for safety and for well-led and good for effective, caring and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 88%, which was 4% above the CCG average and 2% below the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider is rated as requires improvement for safety and for well-led and good for effective, caring and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider is rated as requires improvement for safety and for well-led and good for effective, caring and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The provider is rated as requires improvement for safety and for well-led and good for effective, caring and responsiveness. The

Requires improvement



Summary of findings

concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for safety and for well-led and good for effective, caring and responsiveness. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 80% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is 4% below the national average.
- Performance for mental health related indicators was 100%, 8% above the CCG average and 7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing above with local and national averages. 261 survey forms were distributed and 115 were returned. This represented 1% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients told us the staff were kind and helpful and they could get appointments when they needed them. They said they felt listened to and received good care and treatment.

We spoke with four patients during the inspection. All the patients said they were satisfied with the care they received and thought staff were approachable, helpful and caring. They told us they could get appointments when they needed them.

In the friends and family test 97% of patients would recommend the practice.

Magna Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

Background to Magna Group Practice

Magna Group Practice is managed from Kilnhurst Surgery a purpose built building in Rotherham.

The practice provides Primary Medical Services (PMS) for 9,112 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area. Enhanced services are provided and include those for patients living with dementia.

Services are provided across four sites although only three are included under this registration currently. Valley Health Centre is separately registered with CQC although an application to include this site within this registration is in progress with CQC.

The sites within this registration and visited during the inspection are:

Main site

Kilnhurst Surgery
Highborn Road
Rotherham
S64 5UP

Branches

Wath Health Centre, 35 Church Street, Wath upon Dearne, Rotherham, South Yorkshire, S63 7RF.

Thrybergh Medical Centre, 21 Park Lane, Thrybergh, Rotherham, South Yorkshire, S65 4BT.

Car parking is provided at Kilnhurst Surgery and Wath Health Centre.

The practice has a slightly higher than average over 50 year old patient population and lower than average 20 to 50 year old population. The practice is situated in one of the second most deprived areas nationally.

This is a teaching practice, teaching qualified doctors to be GPs.

There are two male partners and one female partner, two of whom are registered with CQC and one whose application is pending. There are five salaried GPs, two female and three male. There are also three practice nurses including a nurse practitioner, two health care assistants and an apprentice healthcare assistant. There is a practice manager and an assistance practice manager who oversee a team of administration staff at each site.

The practice is open Monday to Friday at the following times,

Wath Surgery- Monday to Friday 8am to 6pm.

Kilnhurst Surgery – Monday, Tuesday, Wednesday and Friday, 8.30am to 6pm, Thursday 8.30am to 1pm.

Thrybergh Surgery – Monday to Friday, 8.30am to 6.30pm.

Appointments are available to all the patients in the group at variable times across the three sites.

Patients can also access appointments at the Valley Health Centre site and extended hours are provided 6.30pm to 8pm on a Wednesday at this site.

Detailed findings

Care UK provide services 8am to 8.30am and 6pm to 6.30pm and out of hours services are accessed through NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 November 2016.

During our visit we:

- Spoke with a range of staff (four GPs, two nurses, a health care assistant, deputy manager and five administration and reception staff) and spoke with patients who used the service.
- Observed the interactions between staff and patients and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events although there was no summary log to enable the practice to monitor patterns and trends effectively.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

Staff told us patient safety information and learning from incidents was shared with them at meetings, however there was a lack of written evidence of the meetings on the day of the inspection. The practice manager, who was unavailable on the day of the inspection, provided copies of the monthly clinical meeting minutes for 2016 following the inspection. The minutes provided showed significant events had been discussed at some of clinical meetings and actions had been agreed. More recent meeting minutes lacked detail about the discussions, learning identified and any agreed actions in relation to significant events.

Staff told us patient safety alerts were shared with them and where appropriate were actioned. However, there was no log of the alerts received and actions taken. We identified that the practice had equipment that should have been checked following a recent alert. Staff were

unaware of this and relevant checks had not been undertaken. We received written confirmation following the inspection that the equipment in the practice had been checked and no further action was required.

Staff told us, and there was some evidence from records, that lessons were shared and action was taken to improve safety in the practice. For example, where a patient had been prescribed two inhalers, but it was not appropriate to have both, the practice had conducted a search of patient records for other patients prescribed both inhalers and had reviewed their medicines to minimise the risk of further errors.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs did not attend safeguarding meetings but always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all said they had received training on safeguarding children and vulnerable adults. However, the level of training provided and whether this was relevant to their role could not be evidenced. For example, GPs told us they had attended CCG training events and were trained to child protection or child safeguarding level three but there was no evidence to support this. The GPs told us they had also attended training on sexual exploitation with the CCG. They said they recorded information about patients relating to this area although they did not use any specific prompts or templates to ensure consistent practice.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had not received training for the role. The provider was aware of this requirement and had scheduled training for December 2016. Staff we spoke with showed an awareness of their role as a chaperone and had received a Disclosure and Barring Service (DBS)

Are services safe?

check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff told us they did not record their role as a chaperone in patient notes.

- The three sites were clean and tidy. A GP partner told us they had been the infection prevention and control (IPC) clinical lead since April 2015. However, the GP lead was unsure of the processes in place to manage this area such as infection control audits and risk assessments. Staff told us they had received up to date IPC training. We found there was an IPC protocol in place but this did not clearly describe staff roles and responsibilities. Annual IPC audits were undertaken although an action plan for improvement had not been completed. In addition, some clinical waste bins had no lids, there was a lack of bins for clinical/sanitary waste in toilets and touch top bins were in use. Some clinical rooms had hand turn taps and plugs in sinks. There was no schedule for changing curtains in clinical rooms and no evidence of when staff had last carried this out this. The sticky labels on cupboard doors compromised the effectiveness of staff cleaning the treatment room doors at a branch site and there were holes in a wall in treatment room at another branch site. We also observed there was a lack of stock control relating to sterile items and found some items at both branch surgeries, which had exceeded the date of safe use, (expiry date) such as dressings, needles and sterile wipes. There was also evidence of water ingress on consultation room ceilings at Wath surgery. The staff said repairs had been completed by NHS property services but redecoration had not been completed and the roof continued to leak at times.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required improvement. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found that where medicine changes were made by secondary care providers GPs reviewed the letters describing the changes and updated the patient's prescription particularly where this related to controlled drugs and children's medicines. However, on some occasions administration staff changed the medicines on the patient record. The two staff responsible had not completed any additional training for this role but the GPs told us they were competent. The GPs did not check the changes made by administration staff to assure themselves the changes had been correctly transcribed.
- Blank prescription forms and pads were securely stored except where these were held in printers overnight. The systems in place to monitor the use of blank prescriptions did not include receipt and use at the branch surgeries. The cold chain for storage of vaccines was not adequately monitored at the branch surgeries and action had not been taken when the temperatures were outside recommended range. For example, we found one of the fridges at Thryberg surgery had a maximum temperature recorded above the recommended eight degrees centigrade for one week and another vaccine fridge had temperatures below the recommended two degrees centigrade on numerous occasions over a three month period. There was no record of action taken in relation to the readings, for example, contacting the manufacturers of the vaccines. The fridges only had one thermometer and one of the fridges had not had maximum and minimum temperatures recorded. At Wath surgery we noted the temperatures of the vaccine fridge had risen above the recommended eight degrees centigrade on two occasions in August, the records showed the manager had been informed but any further action was not recorded.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found not all the required recruitment checks had been undertaken prior to employment as per the practice policy and procedure. For example, there were no references for a salaried GP. One reference for a member of the management team had been received three months after employment and their second reference, a "to whom it may concern" reference, had been written five months prior to employment. The full employment history for the member of the management team had

Are services safe?

not been obtained. We also found there were no records of interview and one person did not have a contract. DBS checks had been obtained for all the staff we checked.

- Medical indemnity insurance had not been obtained for a nurse, this was an error following the nurse recently transferring from self-employed to employed status. This was reported to the local clinical commissioning group (CCG). The practice took immediate action in response to this issue.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have up to date fire risk assessments but they had arranged for these to be completed the day after the inspection. They had carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- At Wath surgery, which is an NHS property services building, there was no fire risk assessment available and staff were not aware of any health and safety risk assessments for the building. We saw evidence of weekly fire alarm checks but other health and safety documents held at the practice were out of date. For example, the last gas service record was 16 June 2015 and the last fire extinguisher service record was 7 May 2014. Following the inspection the practice provided evidence of the fire risk assessment which had been completed in September 2015. They also provided evidence that gas boilers had been serviced in June 2016. Additional evidence was also provided to show emergency lighting and water temperatures had been checked after the inspection on 6 December 2016

- We saw that blinds in areas accessed by patients at Highthorn Road Surgery did not meet Department of Health guidance in that some of the blinds had looped cords which could create a risk of serious injury due to entanglement.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

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 instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available. We observed that records of checks of the medicines were maintained. We saw at Thryberg Surgery the records identified two items had expired at the last check, water for injection and Chlorphenamine (an antihistamine to ease allergic reactions); these had been removed but not replaced. We informed the GP on duty at the time of the inspection.
- The surgeries had a defibrillator available on the premises with adult pads. Equipment to enable the defibrillators to be used for children was not provided, a risk assessment had not been completed to support this. Oxygen was also available. We noted the emergency equipment was checked monthly. The Resuscitation Council recommends emergency equipment is checked at least weekly. We observed the room where the oxygen was stored at Thryberg was not identified with a warning notice. The oxygen cylinder was not safely stored in that it was free standing and could have easily been knocked over and damaged.
- A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 some systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE. GPs we spoke with there were no formal systems to review the guidance although it was discussed at clinical meetings sometimes. They told us they used the CCG best practice guidelines and policies and procedures and the CCG website to access NICE guidance. We observed from meeting minutes best practice guidance and learning from training events was shared at team meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We observed learning from clinical audits were also shared at meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 98% of the total number of points available with a 7% exception reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 88%, which was 4% above the CCG average and 2% below the national average.
- Performance for mental health related indicators was 100%, 8% above the CCG average and 7% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits. We noted in the two medicines audits we reviewed there had been little impact on the outcomes for patients. For example, in one medicines audit for cocodamol and paracetamol more patients were taking the medicines in the second review than at the initial audit although the practice merging with another surgery had impacted on outcomes. We saw patients medicines had been reviewed and in some cases reduced or stopped where they were no longer required. Outcomes had been presented at clinical meetings and clinical staff were reminded to review prescribing practice relating to these medicines. This outcome was replicated in the second audit we reviewed.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had a basic induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice manager told us staff completed shadowing as part of their induction but this was not recorded and they were further developing this process.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We observed the nurse we spoke with had completed a wide variety of training relevant to their role such diabetes, spirometry, ear care and learning disabilities.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Administration staff had last received appraisals in April 2015. The practice manager told us they were late with these due to changes in the management team over the past few months but this would be resolved as soon as possible. Clinical staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, external events and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We were told meetings took place with other health care professionals on a quarterly basis when care plans were reviewed and updated for patients with complex needs. There records of these meetings. The provider told us the community nurses don't always attend meetings although they said the practice clinical staff completed regular joint visits with the community staff.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice did not have a record of whether any of their patients who were living at a care home for elderly mentally ill patients had deprivation of liberty safeguards (DoLS) in place. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Written consent was obtained for some surgical procedures.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and provided a variety of clinics within the practice. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A GP held weekly substance misuse clinics with a shared care specialist worker were held at the practice. The practice also hosted clinics by an alcohol specialist worker.
- The practice had four smoking cessation trainers and had gained an award in 2016 for the highest number of patients within the CCG who had stopped smoking.
- The practice also hosted acupuncture, physiotherapy and health trainer and community psychiatric nurse services.
- The practice provided joint injections some minor surgical procedures.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured a female sample taker was available. The

Are services effective?

(for example, treatment is effective)

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 49% to 99% and five year olds from 66% to 99%. The CCG rates were 47% to 98% and 71% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (0.75% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

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 engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the care home enhanced service and provided weekly ward rounds to a local care home. The enhanced service had been implemented by the CCG in 2016. However, the practice had commenced this service in 2015 prior to the enhanced service being implemented. They had started the service in response to the needs of the patients in the care home and due to concerns about the care provided by the home.

- Patients could access appointments at the Valley Health Centre site and extended hours were provided 6.30pm to 8pm on a Wednesday at this site.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice is open Monday to Friday at the following times,

Wath Surgery- Monday to Friday, 8am to 6pm.

Kilnhurst Surgery – Monday, Tuesday, Wednesday and Friday, 8.30am to 6pm, Thursday 8.30am to 1pm.

Thrybergh Surgery – Monday to Friday, 8.30am to 6.30pm.

Appointments are available to all the patients in the group at variable times across the three sites.

Patients can also access appointments at the Valley Health Centre site and extended hours are provided 6.30pm to 8pm on a Wednesday at this site.

Care UK provide services 8am to 8.30am and 6pm to 6.30pm and out of hours services are provided by NHS 111 service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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

Listening and learning from concerns and complaints

The practice had 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters were displayed and a leaflet had been developed

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with

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

in a timely way. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint, staff were provided with training in learning

disabilities. The systems for booking appointments for patients with a learning disability was reviewed and alerts relating to appointment requirements were added to patient records.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had undergone a number of management changes in the last 12 months and the current management structure had been in place for less than six months at the time of the inspection. The new practice manager and their deputy were in the process of reviewing governance procedures. The practice had also managed a move into a new branch premises and the merger of another practice into the group in the last 12 months. The management team recognised the challenges of ensuring consistent practice across four very different sites and work was ongoing to achieve consistency in practice across all the sites. A new group website was also being developed.

Governance arrangements

The practice had a governance framework. However, the systems in place were not always applied consistently across each site. The management team were reviewing procedures and working towards a more consistent approach. The procedures in place included :

- A clear staffing structure and staff were, in the main, aware of their own roles and responsibilities.
- Practice specific policies which were implemented although additional monitoring would ensure a more consistent approach. The policies and procedures were available to all staff.
- Monitoring systems to ensure an understanding of the performance of the practice was maintained
- A programme of clinical and internal audit was used to monitor quality but had not always been used effectively to ensure improvements. For example, in infection prevention and control.

- Some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were in place. However, processes to assess and manage risks to patients were not always applied consistently and required additional monitoring to ensure improvement. For example, there were some shortfalls in systems for the management of safety alerts, infection prevention and control, security of prescription forms, cold chain for vaccine storage fridges and staff recruitment.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had raised concerns about the lack of appointments and these were reviewed and the situation had been improved. The PPG members we spoke with said there were no longer issues with accessing appointments.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was participating in the care home enhanced service and provided weekly ward rounds to a local care home. The enhanced service had been implemented by the CCG in 2016. However, the practice had commenced this service in 2015, prior to the enhanced service being implemented. They had started the service in response to the needs of the patients in the care home and due to concerns about the care provided by the home.

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 person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. This was because;</p> <ul style="list-style-type: none">• Management systems for safety alerts did not ensure all alerts were actioned in a timely manner and a record of actions taken was maintained. Action had not been taken in response to the Department of Health estates and facilities alert January 2015 relating to blinds and blind cords to minimise the risk of serious injury due to entanglement.• An action plan had not been developed following infection prevention and control (IPC) audits. Staff roles and responsibilities in IPC processes were not clear. Stock control processes had not ensured sterile equipment did not exceed the expiry date at branch sites.• Systems were not applied consistently to ensure blank prescriptions were managed in line with NHS protect security of prescription forms guidance 2013.• Consistent systems were not in place across all sites to ensure the cold chain was maintained in vaccine storage fridges and appropriate action would be taken where the storage fridge temperatures were outside of the recommended range in line with Public Health England; Protocol for ordering, storing and handling vaccines 2014..• The practice did not have copies of health and safety risk assessments undertaken by the landlord for the Wath branch site and had not ensured all actions that were the responsibility of the provider or the landlord

This section is primarily information for the provider

Requirement notices

were completed. The provider had not ensured health and safety checks at this branch site such as gas service and fire extinguisher service were up to date. Oxygen at the Thryburg site was not safely stored.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not do all that was reasonably practicable to ensure fit and proper persons were employed. This was because;

- The practice recruitment policy and procedure had not been consistently implemented to ensure all appropriate recruitment checks were completed prior to employment.

This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.