

Wycliffe Surgery

Quality Report

Cattedown Primary Care Centre
8 Cattedown Road
Cattedown
Plymouth
Devon
PL4 0BZ
Tel: 01752 229902
Website: www.wycliffesurgery.co.uk

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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?		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 Wycliffe Surgery on Wednesday 13 April 2016. The practice was rated as requires improvement for well led but overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, managing and recording serious significant events. The focus at the practice was on more serious events which were managed by the GPs. Evidence was not provided to show what learning had taken place following less serious events.
- Risks to patients were assessed and well managed with the exception of prevention of infection control and management of medicines.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained 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, although an overview of the process to monitor and record outcomes for less serious and verbal complaints was not available.
- 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.

Summary of findings

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

The areas where the provider must make improvement are:

To Introduce systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example;

- Arrangements to risk assess and manage infection control processes and systems.
- Systems to maintain an overview of significant events and complaints to show what action had been taken to identify and monitor trends.

- Assess the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital.
- Systems to ensure evidence is obtained to show nurses are currently on the Nursing and Midwifery Council register.
- Systems to ensure that all staff had an appraisal each year.

The areas where the provider should make improvement are:

- Investigate ways of improving the number of carers identified and provide appropriate support for them.
- Ensure infection control audits are performed in line with current practice guidelines.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an open and transparent approach to safety and an effective system in place for reporting, managing and recording serious significant events. The focus at the practice was on more serious events which were managed by the GPs.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse, although an overview of these did not always take place.
- Risks to patients were assessed and well managed with the exception of prevention of infection control and medicines management. For example, there had been no infection control risk assessment performed since 2014.

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 access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Links to the NICE guidelines were located on computer screens and nursing staff had printed off examples of frequently used guidelines for quick access. Any changes or updates were communicated by email and the instant messenger system.
- Templates were used providing prompts for staff for procedures and health checks, which followed NICE guidelines. For example, these included ones for learning disability health checks, diabetes and asthma reviews.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals for some but not 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 in line or slightly below national averages for several aspects of care. The 12 patients we spoke with and 27 comment cards we received were complimentary about the care received.
- 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.

Good



- 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.

Are services well-led?

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

Requires improvement



- 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.

Summary of findings

- There was a governance framework in place. However, some aspects of this required improvement. For example governance arrangements to manage infection control, systems to maintain an overview of significant events and complaints, assessment of the risk of non-clinical staff generating prescriptions, systems to show nurses were currently on the Nursing and Midwifery Council register and systems to ensure that all staff had an appraisal each year had not been fully implemented.
- 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 practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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 practice is rated as good for the care of older people.

Good



- 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 had a register of patients at increased risk of unplanned hospital admission. This was currently 91 patients which reflected approximately 2% of the adult population, many of whom are elderly. These patients had on the day access to medical assessment and were reviewed pro-actively on a 3 monthly basis as described above.
- The practice offered flu, shingles and pneumococcal vaccinations to the relevant patients in this group.
- The practice had hearing loops in building and the building was accessible for patients with limited mobility and anyone using a wheelchair.

People with long term conditions

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

Good



- The two practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with chronic obstructive pulmonary disease (COPD), asthma or diabetes were aware that they could telephone and talk to the relevant nurse for advice and get quick access to rescue pack medicines for their COPD.
- 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.
- Staff monitored blood levels for patients on certain high risk medicines. For example, blood thinning medicines.
- One of the health care assistants had an extended role of wound management which meant the practice could be more responsive to patient needs. A named member of staff looked

Summary of findings

after patients who were at increased risk of hospital admission. Staff were alerted by a message on the patient's record, highlighting if they were at risk and needed closer monitoring. These patients were reviewed every 3 months.

- The practice worked with outside agencies to improve wellbeing in patients. For example staff encouraged patients to attend the expert patient program run by the Plymouth Guild. The practice had hosted some of these sessions at the practice. The practice also hosted the diabetic education group.
- Health checks for carers of patients with long term conditions were provided at the practice.
- Practice staff were able to access the expertise of a community matron for long term conditions through the district nursing hub referral service.
- Staff offered smoking cessation advice clinics and assessed and referred patients to weight management clinics when needed.
- Practice staff respond to new guidelines regarding long term conditions and discussed any changes with patients.

Families, children and young people

The practice is rated as good 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice demonstrated a responsive and safe approach to all children under five years. The policy ensured that children were seen on the same day, which parents found reassuring.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- There was a designated area for children in the waiting area and facilities for baby changing. Rooms were available for mothers who wanted to breast feed in private.
- Patients had access to full range of contraception services and offered screening for sexually transmitted infections such as chlamydia.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good 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.
- Early morning appointments on Wednesdays were available for working people and telephone consultations were offered for patients who could not get away from work for a follow up consultation.
- Patients could access the on line systems to book appointments and request repeat prescriptions, which they were then able to collect from the pharmacy of their choice.
- Health promotion clinics were offered. These included smoking cessation clinics and cardiovascular assessments.
- Patients could access pre bookable appointments up to eight weeks in advance. On the day appointments were available for each GP, nurse and a duty doctor.

People whose circumstances may make them vulnerable

Good



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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Patients with a learning disability were invited to an annual health check. 46% of patients at the practice with a learning disability had a health check so far this year.
- 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.

Summary of findings

- The practice had a substantial number of asylum seeker patients whose first language was not English. Longer appointments were offered for these patients. Staff used translation services to help with communication.
- Patients were referred to the Asylum seeker mental health service as needed.
- There was disabled access to all areas of the building. There was a passenger lift, accessible toilets and parking facilities.
- Practice staff prescribed controlled medicine substitutes for patients with substance misuse problems and worked effectively with the local drug and alcohol team. These patients were encouraged to attend for a review with the GP every three to six months.
- GPs were aware that some patients could be at increased risk of having and developing long term complications resulting from Hepatitis B infection. Information had been added to the new patient questionnaire offering screening for this infection.

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).

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Patients were screened for dementia using a nationally recognised assessment tool and were referred to the memory clinic and Alzheimer's support group in Plymouth for further support.
- 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.
- Patients with mental illness were invited to have a physical health review every year and were supporting people well. Data from 2014/15 showed that the percentage of patients with

Good



Summary of findings

schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan, documented in their record was 97.67% compared to a national average of 88.47%.

- Patients with depression, anxiety, self-esteem or anger issues were encouraged to access a local library books on prescription resource. This was a national scheme which helped patients manage their mental wellbeing using cognitive behavioural therapy-based self-help books, all written by experts. They were also advised about various websites that people could use for example, the mind gym or living life to the full.
- There was an external counsellor who saw patients in the surgery on a weekly basis.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 251 survey forms were distributed and 105 were returned. This represented about 2% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% 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 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 76% 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 27 comment cards which were all positive about the standard of care received. Patients commented on the polite, professional staff and on the service, care

and treatment they received. There was one negative comment about 'sometimes having a long wait to see a GP of the patients choice. All other patients commented that they were happy with the appointment system.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients told us they were pleased with the appointment system and appreciated that they could see a GP on the same day. Patient said the process for getting repeat prescriptions was good and that the online services were very good. Patients used words including brilliant, fantastic, excellent and very good when describing the service they received and many patients named specific staff members as providing a good service. One patient described the practice as being run like a family business and added that it was efficient but friendly.

We looked at the practice friends and family test results from April 2015. There had been 47 results. 31 of these said they would be either extremely likely or likely to recommend the practice, four results were neither likely nor unlikely. 11 were either extremely unlikely or unlikely and one person did not know.

Areas for improvement

Action the service **MUST** take to improve

Introduce systems and processes to assess, monitor and improve the quality and safety of the services provided and assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. For example;

- Arrangements to risk assess and manage infection control processes and systems.
- Systems to maintain an overview of significant events and complaints to show what action had been taken to identify and monitor trends.
- Assess the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital.

- Systems to ensure evidence is obtained to show nurses are currently on the Nursing and Midwifery Council register.
- Systems to ensure that all staff had an appraisal each year.

Action the service **SHOULD** take to improve

- Investigate ways of improving the number of carers identified and provide appropriate support for them.
- Ensure infection control audits are performed in line with current practice guidelines.

Wycliffe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser and an Expert by Experience.

Background to Wycliffe Surgery

Wycliffe surgery provides a primary medical service to approximately 5,300 patients of a diverse age group. The practice is a training practice for doctors who are training to become GPs and for medical students.

There was a team of two GP partners, one male and one female. The GP partners hold managerial and financial responsibility for running the business. The team were supported by three salaried GPs (all female), a practice manager, two practice nurses, two phlebotomists, a health care assistant and additional administration and reception staff.

Patients using the practice also had access to community psychiatric nurses, counsellors, district nurses, health visitors, midwives, end of life nurses, and social workers.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available between 8.10am and 11.50 each morning and between 2pm and 5.30 pm each afternoon, although times vary for each nurse and GP. Extended hours appointments are also offered each Wednesday morning from 7am until 8am for working

patients. In addition to pre-bookable appointments can be booked up to eight weeks in advance, urgent appointments on the day are also available for people that needed them.

Outside of these times there is a local agreement that the out of hours service take phone calls and provide a service for patients.

Why we carried out this inspection

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

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 13 April 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective 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. We spoke with two patients who had received apologies from staff at the practice. One was following a complaint and another given by a GP who acknowledged where there had been a delay in making a referral and dismissing a concern which had been significant. Both patients told us how they had appreciated the openness of staff and willingness to learn from events.
- The practice carried out a thorough analysis of the serious significant events received, however, routine significant events were dealt with more informally. There was no overview of these events and often no meeting minutes or evidence kept to show what learning had taken place. However, all staff could explain what had happened as a result. For example, when the wrong patient notes had been amended, this was rectified and staff reminded to check the identity of patients.

We reviewed reports of serious significant alerts and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient taking a high risk pain relieving medicine had missed an appointment for a medicine review, including a blood test which was not followed up. This was identified, the patient was seen and the system was adjusted to highlight any

patient who failed to attend these appointments. For example, a process was put in place to stop the prescription being released until the patient was seen. All staff were made aware of these changes.

Overview of safety systems and processes

The practice had clearly defined and embedded 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 on the computer system and within the procedure file in the main office area. The policies clearly 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 attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained at level 2.
- Notices in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We observed the premises to be clean and tidy. The practice was purpose built and equipped fittings including appropriate flooring, sinks, and sluice rooms. Patients said the practice was always clean and tidy and they had seen evidence of staff washing hands and wearing gloves where appropriate. One of the practice nurses was the infection control clinical lead. There was an infection control policy in place which had just been updated. Nursing staff, including the infection control lead had received up to date eLearning but not in-depth infection prevention awareness training. The practice manager contacted us the day after the inspection to say that further training had been booked. Infection control audits had not been performed

Are services safe?

since 2014, although the practice nurses said visual checks and cleaning of clinical equipment and surfaces were done on a daily basis. There was personal protective equipment, handwashing facilities, disposable curtains and needlestick guidelines available. There were sharps bins available but not for the safe disposal of certain medicines being given at the practice. We saw a member of staff disposing of water used to wash leg ulcers. This was disposed of in a dirty sluice area where clean equipment, such as sample pots, were stored. The infection control risk of this was discussed with the nursing team, GP and practice manager who gave assurances they would seek advice about best practice.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. All clinical rooms were locked using keypad for access. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

There were no controlled drugs stored at the practice (medicines that require extra checks and special storage because of their potential misuse). We saw that non clinical staff were uploading details of new medicines prescribed in hospital onto patient notes which then generated acute prescriptions. There were no risk assessments assessing the suitability of this and the GPs told us there had been no significant incidents associated with this process.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken. For example, proof of identification and references taken. However, there were no systems or assurances to monitor that nurses were registered with the appropriate professional body. For example, one nurse file contained a personal identification number (PIN) that had expired in October 2015. The nurse was registered with the Nursing and Midwifery Council and evidence of the PIN number was provided following the inspection. All files contained the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice was leased from an external company who provided evidence to the provider that the building was suitably maintained. For example, we saw examples of risk assessments for fire equipment safety, gas safety and water safety. The landlord carried out checks for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was a health and safety policy available. All electrical equipment had been checked in June 2015 to ensure the equipment was safe to use. Clinical equipment had been checked in December 2015 to ensure it was working properly and safe for patient use.
- 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 and GPs provided cover for each other at times of leave to provide continuity of care where possible.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and clearly labelled in condition specific boxes. All staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive 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 systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Links to the NICE guidelines were located on computer screens and nursing staff had printed off examples of frequently used guidelines for quick access. Any changes or updates were communicated by email and the instant messenger system.
- Templates were used providing prompts for staff for procedures and health checks, which followed NICE guidelines. For example, these included ones for learning disability health checks, diabetes and asthma reviews.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available with an overall exception reporting rate of 10% which GPs identified as mainly being from patients who had moved out of the area or were new to the practice. (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 2014/15 showed:

Performance for diabetes related indicators were consistently better than the national average. For example, The percentage of patients with diabetes, on the register, who had received an influenza immunisation was 98.68%

compared to a national average of 94.45%. In addition the percentage of patients on the diabetes register, with a record of a foot examination was 94.1% compared to a national average of 88.3%.

Performance for mental health related indicators were also consistently higher than national averages. For example, The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 95.65% compared to a national average of 84.01%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded was 100% compared to a national average of 89.55%.

The nursing team ran a chronic disease review system for patients with asthma, COPD, diabetes, heart failure, cardiovascular disease (including peripheral vascular disease), hypertension and chronic kidney disease, cerebrovascular disease, and rheumatoid arthritis. Staff used a recall system on the computer to make sure reminders were sent to patients.

There was evidence of quality improvement including clinical audit.

- We saw four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit was performed in March 2015 which showed that 23% of 96 patients with a heart condition were not receiving appropriate blood thinning medicine. A computer search identified these patients who were then seen and given advice of an alternative type of blood thinning medicine. A repeat of this audit in March 2016 showed that 96.9% of the 97 patients with the same heart condition were receiving appropriate blood thinning medicine. This demonstrated a marked improvement between audits, with almost all patients with a heart condition receiving appropriate medicines.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- 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.
- The learning needs of nursing staff were identified through personal continuous professional development needs. Nurses said there were no restrictions placed on training and said they 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, and support for revalidating GPs. All administration and reception staff had received an appraisal within the last 12 months. However, it had not been identified that nursing staff were overdue an appraisal. These had last been done in 2014. These were arranged at the time of inspection.
- Staff used eLearning for mandatory training and had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was no overview of the training attended by staff. This meant that the practice was not proactive in early identification of when training was out of date. Records showed that one member of staff had not attended basic life support training with no update session booked. A system to provide an overview of staff training had been put in place by the end of the inspection.
- This included 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. The practice had systems to upload specific information about vulnerable patients to the out of hours provider so that these providers would have quick access to information and be able to provide a continuity of service.
- 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. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for patients with complex needs. A named member of staff looked after patients who were increased risk of hospital admission. These patients were able to be assessed on the same day. Staff were alerted by a message on the patient's record, highlighting if they were at risk and needed closer monitoring. These patients were reviewed every 3 months. A system was in place to ensure these vulnerable patients had their care plans reviewed on a regular basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

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.

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from a member of staff at the practice. We spoke with one patient who said they had received ongoing support and added they could not have done it without the support from the smoking cessation counsellor. Data showed that last year 128 patients set a quit date and 45 patients were now non-smokers.

Last year the practice achieved 83.2% of cervical screening which was comparable to national average of 81.83%. Staff had found that telephoning some of the patients who were non-attenders had helped boost the uptake for screening. This also provided patients with an opportunity to discuss any concerns they might have about the procedure. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. The practice had worked with the patient participation group to try and raise awareness of the breast screening programme as the practice had a high number of patients who did not attend (DNA) their screening appointments. Other actions taken by the practice had included proactive communication with these patients and sending patients information newsletters. As a result, the DNA rate for the practice had reduced from 140 to 95 out of the 781 patients eligible.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for 2014/15 for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 94.2% to 100%. These rates were higher than the CCG and national averages.

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 27 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.

We received communication from one member of the patient participation group (PPG) who also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

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

The practice explained that there had been some changes in staff in the last six months which had left patients feeling unsettled and added that new staff were proving popular with patients.

Feedback from the 12 patients we spoke with on the day of inspection did not align with the national patient survey responses. Patients said they felt the GPs and nurses were kind, caring and were very good at listening to them. Many patients told us the new staff were very good and many staff were named individually for providing a good service. Patients said they felt respected by the GPs and nurses and thought the reception staff were polite and very helpful. These views aligned with the 27 comment cards we received, although one comment card referred to one GP rushing on one occasion.

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. We spoke with one patient with mental illnesses. They said the support and involvement they had received in their care had been excellent. 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the 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 used for patients who did not have English as a first language. These included patients from Pakistan, Syria, and Eastern Europe. We saw notices in the reception areas informing patients this service was available. Staff explained that longer appointments were provided when this service was required.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, including carer support. 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 1% of patients, who were also a carer.

The practice were aware this figure was low, and were proactively trying to increase their carers register. The new patient questionnaire asked patients if they were carers. Other staff asked patients opportunistically about their caring responsibilities.

Health checks for carers of patients with long term conditions were provided at the practice and 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 or sent them a sympathy card. 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 offered early morning appointments were offered each Wednesday morning from 7am until 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive some travel vaccinations available.
- The practice was level access and there were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access
- Feedback from patients had resulted in the purchase of a higher chair with arms to assist patients stand without assistance.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available between 8.10am and 11.50 each morning and between 2pm and 5.30 pm each afternoon, although times vary for each clinician. Extended hours appointments were also offered each Wednesday morning from 7am until 8am for working patients. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available on the same day for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 83% of patients said they could get through easily to the practice by phone compared to 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.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling serious complaints. However less serious concerns were not always managed in the same way or recorded in a way that demonstrated a clear outcome, or action taken.

- 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. This included leaflets in the waiting room and information on the computer.

We looked at six significant complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from these individual concerns and complaints. For example, a complaint about the attitude of a member of staff resulted in an apology being sent to the patient. No analysis of trends had taken place to enable the practice to improve the quality of care.

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 clear vision to deliver high quality care and promote good outcomes for patients. This included 'striving to provide a very personal and friendly, but also professional service to patients' and 'treating patients with dignity, respect and confidentiality.'

- Staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business development plan had last been reviewed in February 2016.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and patient care. This framework was led by the GP partners and outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the performance of the practice was maintained
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However some aspects of governance required improvement; for example:

- Governance arrangements to manage infection control were not routinely reviewed.
- Systems to maintain an overview of significant events and complaints to show what action had been taken to identify and monitor trends was not in place.
- Assess the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital was not fully overseen.

- Systems to ensure evidence was obtained to show nurses were currently on the Nursing and Midwifery Council register had not been implemented.
- Systems to ensure that all staff had an appraisal each year had not been fully implemented.

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. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and other GPs were approachable and always took the time to listen to all members of staff. Staff said the morale was good and the practice was a good place to work.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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. For example, we spoke with two patients who said they had received apologies from staff at the practice following a complaint or delay in referral.

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

Staff told us the practice had previously held regular team meetings but these were not held as often. The practice manager explained that there had been poor attendance so were not being held as often but were in the process of restarting them. The practice had gathered feedback from staff through past staff meetings and informal 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.

- Staff appreciated the daily 'coffee morning' catch up to discuss issues about patients but said they could speak

Are services well-led?

Requires improvement 

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

with the GP at other times. Staff added that 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

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. There were 16 members of the PPG who met regularly. They had provided feedback on the

Friends and Family Tests results, waiting room information screen, background music, encouragement of the use of the website and preparation for CQC inspection. The group had also recently ordered a high back chair with arm rests for the waiting room in response to patient comments about being unable to get up out of waiting room chairs.

The practice had gathered feedback from medical students and registrars who had attended the practice on placement. For example, two medical student feedback forms rated the practice as excellent and feedback from a registrar indicated that they would recommend the practice to others as a friendly practice with approachable GPs.

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. The practice were currently in talks to federate with other practices in the area to share knowledge and resources.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—</p> <p>(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);</p> <p>(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity</p> <p>How the Provider was not meeting this regulation</p> <ul style="list-style-type: none">• Governance arrangements to manage infection control processes and systems were not routinely reviewed.• Systems to maintain an overview of significant events and complaints to show what action had not been taken to identify and monitor trends.• Assessment of the risk of non-clinical staff generating prescriptions following changes in medicines for patients discharged from hospital was not fully overseen.• Systems to ensure evidence was obtained to show nurses were currently on the Nursing and Midwifery Council register had not been implemented.• Systems to ensure that all staff had an appraisal each year had not been fully implemented.