

Dr Ildiko Spelt

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?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out a comprehensive inspection at the practice on 25 June 2014 at a time when the Care Quality Commission did not rate practices. We found a number of concerns at the practice and issued them with compliance actions to improve.

We then carried out a comprehensive inspection on the practice on 23 June 2015 using our new inspection methodology to rate the practice and to check whether the improvement areas identified in the June 2014 inspection had been actioned. At this inspection in June 2015 we found that the areas for improvement had not been satisfactorily actioned and consequently we rated the practice overall as inadequate and specifically inadequate for safe, effective and well-led services and requires improvement for caring and responsive services. The practice was placed into special measures on 05 November 2015.

At the inspection in June 2015 we identified some immediate concerns in relation to the regulations for care

and treatment, governance and staffing. We issued warning notices to the provider to make improvements in these areas within three months of the date of those notices. This was in addition to being placed into special measures.

We carried out an announced focused inspection at Dr Ildiko Spelt on 21 December 2015 in order to see whether the practice had complied with the concerns raised within our warning notices. The inspection on 21 December was therefore focused on identifying whether the improvements in relation to the warning notices had been achieved.

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

- The practice had a system in place to act on patient safety and medicine alerts. An audit trail was in place which reflected that patients affected by the alerts had been identified and appropriate reviews had taken place, followed up by an audit process to ensure that systems were effective.

Summary of findings

- The practice had an effective system in place to monitor and review those patients on high-risk medicines. This included identifying those affected and ensuring that they received a review in line with guidance and regular blood tests where required.
- The fridge used at the practice for the storage of vaccinations and medicines was being effectively monitored. A system was in place to record fridge temperatures that included the action to take when they fell below the recommended ranges for the storage of medicines.
- Emergency medicines in use at the practice were being monitored to ensure they did not expire. Records were being kept of the checks made.
- The practice had undertaken a health and safety risk and legionella risk assessment and the risks were being reviewed regularly.
- A system was in place to record, investigate and analyse significant events and safety incidents. Information was shared with staff to identify improvement opportunities and learning cascaded. Records were being maintained on appropriate forms and in minutes of team meetings and an audit trail was in place that reflected that action had been taken in a timely manner.
- A complaints manager was in place and records had been kept of all complaints affecting the practice. These were analysed and investigated and staff were involved in identifying where improvements might be achieved. There was clinical and managerial oversight of the complaints and an annual review was taking place to identify themes and trends.
- The practice had responded to patient feedback by undertaking a patient survey. This included seeking the views of patients about the appointment system.
- A member of the nursing staff had received training to carry out consultations for minor illnesses and was going through a period of supervised assessment to ensure they were competent to carry out the role unsupervised.
- Clinical members of staff undertaking reviews of patients on blood thinning medicines had received appropriate training and were receiving ongoing supervision and support from a GP who had also received an appropriate level of training. Written policies and protocols were in place to support staff.

- All staff had now received an annual appraisal and an assessment of their competency. A system was in place to identify the training that staff should undertake to meet the needs of the patients at the practice and this was being monitored.
- The leadership at the practice had improved. The provider was working more closely with the practice manager and the quality of the systems in place were being monitored and improved to ensure patients received appropriate care and treatment.

We found that the warning notices issued after the inspection in June 2015 had been complied with to a satisfactory standard. The practice then remained in special measures for a period of six months from 05 November 2015 when a further comprehensive inspection was carried out.

A further comprehensive inspection at Dr Ildiko Spelt was undertaken on 28 June 2016 to check whether the practice had maintained and made further improvements identified at the July 2015 inspection and those contained within the requirement notices specified at that time. We found that the majority of the improvements had been made.

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

- There was effective management of the procedures in place for reporting and documenting safety events and incidents. The provider was aware of and complied with the requirements of the duty of candour.
- Patient and staff risks were well managed, this included; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice using recommended current clinical guidance.
- Patients commented about the care received at the practice during the inspection and told us they were treated with dignity and respect. Members of the practice patient participation group told us they were involved with practice development.
- There was a procedure to process, record, and investigate complaints and share findings. Any lessons learned from complaints were shared with staff members to ensure recurrence was reduced.

Summary of findings

- The practice had introduced walk-in surgeries twice each week where no appointments were required, to improve patient satisfaction in relation to the unavailability of appointments.
- There were urgent appointments and available on the day they were requested.
- The practice had suitable facilities and equipment to treat patients and meet their needs.
- The practice maintained satisfactory standards of cleanliness and hygiene.
- The leadership structure at the practice was clear and staff members told us they were supported by management.
- Medicine was stored securely and within the expiry date for safe use.
- Information regarding how to complain was available at the practice, on the practice website, and available in an easy to read format.
- Patient satisfaction rates were lower than local and national averages across the majority of the areas reported in the national GP patient survey published in January and July 2016. We did not find any evidence that the practice had effectively responded to patient feedback or made any improvements.
- The number of carer's identified at the practice was low.

The areas where the provider must make improvements:

- Provide improved access via the telephone for patients.

- Provide improved access to appointments in the practice.
- Implement a system to act on feedback about the practice to improve current low patient satisfaction.

The areas where the provider should make improvements:

- Review all policies and procedures to ensure they are all updated with practice specific guidance.
- Improve the system in place to identify patients who are carers and provide them with appropriate support.

This service was placed in special measures in November 2015. Insufficient improvements have been made such that there remains a rating of inadequate for providing responsive services. The practice will now remain in special measures for a further six months. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 a system in place and staff members knew how to raise concerns, and report safety incidents. Incidents and lessons learned were shared with staff members in bi-weekly clinical meetings and monthly in reception meetings.
- Staff members had received safeguarding training that was appropriate for their roles to keep patients and staff safe from abuse. Safeguarding was a standing agenda item on the practice monthly meetings.
- Risks to patients were assessed documented, managed, and these included premises, equipment and the management of patient safety and medicine alerts, to ensure patient safety.
- Medicines were stored securely at the correct temperature and records showed us cold storage was monitored daily to ensure medicine was at their optimum temperature for safety.
- Clinical staff members were appropriately trained for the tasks required of them and appropriate checks were made prior to their employment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available to us from 2014 to 2015 showed patient outcomes were average for the locality.
- Data at the practice was reviewed during clinical and practice meetings to ensure staff members were aware of their quality outcome achievements.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Palliative patients were reviewed in regular multidisciplinary team meetings.
- Staff members could evidence the skills, knowledge and experience to deliver effective care and treatment in a primary care environment.
- There was evidence of clinical audit with the information being used to improve patient outcomes.

Are services caring?

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

Requires improvement



Summary of findings

- Data from the 'National GP Patient Survey' published in January and July 2016 showed patients rated the practice lower than other practices both locally and nationally for most aspects of care.
- When we spoke with patients on the day of inspection they told us they were satisfied with the service at the practice although this was not aligned with the data in the national patient GP survey data published in January and July 2016. Patients told us they were treated with dignity, respect, and were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect within the reception area and maintained patient information confidentiality.
- The practice had identified 44 patients who were carer's. This was low and represented 0.6% of their patient population.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group.
- The practice offered its patients online access to request repeat prescriptions and appointments.
- A notice displayed information about how to complain, and there was further information on the practice website. Evidence seen showed complaints were well documented and staff members were involved with any learning recognised.
- The practice was adequately equipped to treat and meet patient's needs.
- Appointment times and availability were flexible although still appeared not to meet patient needs. Same day urgent appointments were available. Home visits and telephone consultations were available as needed. However patients complained there were not enough appointments and they could not get through on the phone to request an appointment or home visit.
- Staff members had access to translation services to support patients who did not speak English.
- Feedback from patients we spoke with on the day reflected they had ready access to a GP; however the results of the January and July 2016 GP survey showed satisfaction to be very low.

Inadequate



Summary of findings

- Although the practice was aware of /and had received concerns and complaints about their telephone system and access to practice services, we saw no changes had been put in place to improve this issue.

Are services well-led?

- The practice is rated as requires improvement for being well-led.
- The practice had an aim to deliver high quality care and promote good outcomes for patients. Staff members told us the aims of the practice had been discussed during practice meetings.
- Staff members told us they were well supported by GPs and the practice management.
- The practice had a number of policies and procedures to govern activity some of these still needed updating with practice specific guidance on the day of inspection.
- Information was shared with staff members to ensure appropriate practice action and lessons from safety incidents were learnt.
- There were documented arrangements to monitor and improve patient care and identify any risks.
- Staff members were seen to have regular appraisals and their role objectives were met and training needs assured.
- Regular meetings where performance of quality work was shared with staff members that encouraged them to improve performance.
- The practice patient participation group supported the practice to work with patients and provide feedback about their services provided.
- The practice had sought feedback from their staff members during appraisals and practice meetings to support developments and improvements at the practice.
- Patient's satisfaction about the services has been consistently low over a period of time. This included the appointment system, GP consultations and access to the practice by telephone. We found no plans in place to tackle this issue and patient satisfaction remained low.

Requires improvement



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 good for safe and effective services, requires improvement for caring, and well-led services, and inadequate for responsive services. The issues identified by these ratings affected all patients including this population group.

Examples of the care provided were:

- All patients in this population group had been provided with a named GP.
- Older people at the practice were offered home visits for those with mobility or enhanced needs.
- The practice held a register of 44 patients that were carers from this population group, they were supported with health checks and flu vaccination to protect their health.
- Information was shared with the out of hours provider computer system if consent to share information had been given. This ensured continuity of care if seen outside the practice core hours.
- Flu vaccination, pneumococcal and shingles vaccines were offered to patients over the age of 65 annually.
- Patients in this population group were followed up and reviewed after discharge from hospital or accident and emergency visits.
- Palliative patients were reviewed in regular multidisciplinary team meetings.
- Proactive work to support older people was provided to reduce admissions to hospital.
- The practice worked with a GP care advisor that supported patients at the practice needing help with social needs. For example; completing benefit forms, accessing services from the community for both medical and social needs and any specialist equipment needs.

Requires improvement



People with long term conditions

The practice is rated good for safe and effective services, requires improvement for caring, and well-led services, and inadequate for responsive services. The issues identified by these ratings affected all patients including this population group.

Examples of the care provided were:

- All patients in this population group had a named GP.

Requires improvement



Summary of findings

- The GP worked with relevant local health care professionals to support patients with complex needs.
- The practice held reviews for patients with long term conditions with a recall system. This entailed checking every month, writing to patients, and advising them to make an appointment. Patients that needed a review living in care homes were visited on a weekly basis by a GP and once a month by the nurse to ensure these reviews were provided.
- Patients in this population group had care plans documented in their records and their homes for those with complex needs, and/or those seen by multiple healthcare agencies to ensure continuity of care. Consistent templates were used in the clinical system to ensure all patient treatments and progress could be monitored.
- Appointments were used efficiently to ensure all tests, injections and reviews for patients were completed at one visit to the surgery wherever possible.

Families, children and young people

The practice is rated good for safe and effective services, requires improvement for caring, and well-led services, and inadequate for responsive services. The issues identified by these ratings affected all patients including this population group.

Examples of the care provided were:

- A process to identify and follow up children living in disadvantaged circumstances or when they had attended accident and emergency services or were at risk.
- Immunisation rates were average for all standard childhood immunisations compared with local surgeries.
- The national quality performance data showed the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years at the practice was 81% (locally 83% and nationally 82%).
- Appointments were available outside of school hours and there were extended hours available on Monday, Tuesday and Wednesday evenings up to 8pm for patients within this population group.
- Patients from this population group had access to on-line repeat prescriptions requests and appointments.
- There was child health surveillance at the practice, and GPs attended child protection forums when able.
- There was a policy regarding Gillick competency nursing staff members told us how they applied this guidance when treating parents or carers if children under 16 attend the practice alone.

Requires improvement



Summary of findings

- A number of specific clinics were available for this populations group for example; family planning, weight management, smoking cessation, immunisations, and ante-natal.
- Women's health and screening services reflected the needs of this population group.

Working age people (including those recently retired and students)

The practice is rated good for safe and effective services, requires improvement for caring, and well-led services, and inadequate for responsive services. The issues identified by these ratings affected all patients including this population group.

Examples of the care provided were:

- Patients from this population group could order their repeat prescriptions and appointments on-line.
- There were extended hours available on Monday, Tuesday and Wednesday evenings up to 8pm for patients within this population group.
- Telephone consultations were available with doctors and nurses for patients unable to visit the practice due to work commitments.
- A range of health promotional services such as smoking cessation, weight management, health checks, and flu vaccination clinics were available.
- A range of health promotional information and services were offered, seen on notices and leaflets in the waiting/reception area.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated good for safe and effective services, requires improvement for caring, and well-led services, and inadequate for responsive services. The issues identified by these ratings affected all patients including this population group.

Examples of the care provided were:

- Longer appointments were available for patients with a learning disability.
- There were 39 patients identified as living with a learning disability, all these patients had been offered an annual learning disability check.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children, they were also aware of their

Requires improvement



Summary of findings

responsibilities when they did. This included information sharing, documentation of safeguarding concerns and who to contact. Practice staff knew they could ask the safeguarding lead GP at the practice for advice if they had any concerns.

- Information was shared with the out of hours provider computer system if consent to share information had been given. This ensured continuity of care was provided if seen outside the practice core hours.
- Home visits were offered to those patients unable to attend for routine or emergency care.
- Consistent template care plans were in place to support people from this population group.
- Care homes were visited on a weekly basis by the GP and the nurse visited monthly to undertake any blood tests that needed to be taken. The care home staff members that we spoke with told us the practice had improved their communication with them in the last six months. They told us this had improved the support for the patients they cared for.
- The practice had identified a low number of patients who were carers.

People experiencing poor mental health (including people with dementia)

The practice is rated good for safe and effective services, requires improvement for caring, and well-led services, and inadequate for responsive services. The issues identified by these ratings affected all patients including this population group.

Examples of the care provided were:

- The practice provided people experiencing poor mental health with information about how to access support and voluntary groups in leaflet format was in the reception area. There was also information on the practice website.
- Patients in this population group had their next of kin details, and power of attorney arrangements identified on their records.
- Data from 2014-2015 showed: 93%
- The practice used consistent, clinical, good practice templates to ensure care plans and optimum treatment was in place to support people experiencing poor mental health (including people with dementia).

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January and July 2016. The results showed the practice was performing below local and national averages. In January 2016, 240 survey forms were distributed and 108 were returned. This represented a 45% return rate compared with a national return rate of 38%. In July 2016 227 survey forms were distributed and 118 were returned. This represented a 52% return rate compared with a national return rate of 38%.

- In the January 2016 survey, 34% of patients found it easy to get through to this practice by phone (locally 73% and nationally 73%). In the July 2016 survey, 34% of patients found it easy to get through to this practice by phone (locally 73% and nationally 73%).
- In the January 2016 survey, 44% of patients were able to get an appointment to see or speak to someone the last time they tried (locally 76% and nationally 76%). In the July survey 2016, 58% of patients were able to get an appointment to see or speak to someone the last time they tried (locally 84% and nationally 85%).
- In the January 2016 survey, 64% of patients described the overall experience of this GP practice as good

(locally 84% and nationally 85%). In the July 2016 survey, 56% of patients described the overall experience of this GP practice as good (locally 84% and nationally 85%).

We spoke with 11 patients on the day of inspection they told us that staff were respectful and helpful. Patient opinion regarding the new open surgeries (attend before 10am and sit and wait) was divided; some liked them as they knew they would be seen on the day and others did not like the extra wait at the surgery to be seen. All the patients we spoke with told us they received confidential caring treatment.

We received 15 completed care quality commission comment cards, one was less positive. The cards were confident about the services received from both the clinical and administrative teams. They trusted the professionalism and commitment of the staff members to meet their health and welfare needs.

We spoke with staff at two care homes that provided care to elderly people with dementia and/or learning disabilities. The staff members we spoke with told us the practice had improved their communication with them in the last six months.

Areas for improvement

Action the service **MUST** take to improve

- Provide improved access via the telephone for patients.
- Provide improved access to appointments in the practice.
- Implement a system to act on feedback about the practice to improve current low patient satisfaction.

Action the service **SHOULD** take to improve

- Review all policies and procedures to ensure they are all updated with practice specific guidance.
- Improve the system in place to identify patients who are carers and provide them with appropriate support.

Dr Ildiko Spelt

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Ildiko Spelt

The practice is known as Dr Ildiko Spelt and is situated in Clacton On Sea, Essex. The practice is one of 40 practices in the North East Essex Clinical Commissioning Group (CCG) area. They provide primary care services to their patients via a PMS contract. There are approximately 7700 patients registered at the practice with a higher percentage of patients being over 60 years of age. The practice is located in an area of low deprivation with low ethnicity concerns.

The practice lead GP is an individual provider. There are two full-time salaried GPs and they are supported by a locum GP. There is a mixture of male and female GPs. The GPs are supported by three practice nurses, and three health care assistants. There is a practice manager, an assistant practice manager, an office manager and eight administrative/receptionist support staff members who undertake various duties. All support staff at the practice work a range of part-time hours.

The practice is open between 8.30am and 7.30pm on a Monday, 8.30am and 8pm on Tuesdays and Wednesdays and 8.30am to 6.30pm on Thursdays and Fridays. They are closed at weekends. On Mondays and Tuesdays the practice provides walk in sessions where patients did not need to make an appointment to be seen between 8.30am and 10am. The GPs have morning and afternoon sessions daily and there are three late evening sessions each week

until 8pm. The practice has opted out of providing 'out of hours' services which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

We inspected this practice on 25 June 2014 at a time when we did not rate practices. They were non-compliant with the regulations and we issued compliance actions for Regulation 10 (assessing and monitoring the quality of service provision), Regulation 21 (requirements relating to workers) and Regulation 23 (supporting workers) of the Health and Social Care Act (Regulated Activities)

Regulations 2010. The practice was issued with compliance actions for improvement.

The practice was given time to make the required improvements and they wrote to us in March 2015 to confirm completion of the improvements required. We then carried out a comprehensive inspection on 23rd June 2015 to rate the practice in line with new methodology and to ensure the required improvements had been made. We found that not all of the improvements had been made. We rated the practice inadequate for safe, effective and well-led and requires improvement for caring and responsive. These ratings meant the report was inadequate overall and the practice was placed in special measures on 05 November 2015. At the inspection in June 2015 we identified some immediate concerns in relation to the regulations for care and treatment, governance and staffing.

Therefore in September 2015 we issued warning notices to the provider to make improvements in these areas within three months of the date of those notices. This was in addition to being placed into special measures. We carried out an announced focused inspection at Dr Ildiko Spelt on 21 December 2015 in order to check the practice had complied with the concerns raised within our warning notices. This inspection was focused on the issues

Detailed findings

identified in the warning notices and to check whether the practice had taken the necessary action for improvement. We found that the warning notices had been complied with. The practice then remained in special measures.

We then carried out a comprehensive inspection on 28 June 2016, in-line with our GP inspection policy for practices in special measures to check that continuous improvements from the December inspection had been implemented and maintained and to re-rate the practice.

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 practice had previously been inspected: in June 2014, June 2015 and December 2015. The latest inspection in June 2016 was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We were also looking at the overall quality of the service, and to provide a further 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. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the requirement notices we had provided them. We carried out an announced 28 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, assistant practice manager, practice manager,

administrative assistants, the secretary and receptionists. We also spoke with 11 patients who used the service and two professionals from local care homes.

- We observed communications between staff members, patients, carers, and family members.
- Reviewed national GP practice survey results published in January 2016 and July 2016.
- Reviewed staff records to check that; training, recruitment, and appraisals were undertaken appropriately.
- Reviewed practice policies and procedures.

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

Safety within the practice was monitored using procedures that included the reporting and recording of safety incidents.

- The practice manager led on recording safety incidents within the practice. Staff members knew who they should report to if they became aware of an issue.
- The practice carried out investigations of safety incidents, and lessons learned were shared with staff members this was seen in practice meeting minutes. This ensured action taken were embedded in the practice processes to minimise incident reoccurrence. We reviewed minutes of monthly meetings where incidents were discussed. We saw that people affected by incidents received appropriate communication, in a timely fashion. For example, the entrance and exit to practice car park was very narrow and a hazard. The practice were not permitted to widen the space and so have used improved signage to deter and explain the issues if people do use the car park.
- The incident recording process endorsed 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).
- Safety alerts about medicines or patient safety were received by the practice, reviewed, shared with the staff team, acted on appropriately and their actions documented. When alerts required patients' medicine to be reviewed or changed we found evidence this had been undertaken.

Overview of safety systems and processes

The practice had procedures and policies to safeguard patients from abuse, which included:

- A policy that reflected legislation and local controls, this was accessible to all staff members and outlined who to contact when they had safeguarding concerns.
- There was a GP lead for safeguarding at the practice and GPs and nurses had received level 3 training.
- GPs attended local safeguarding meetings when possible, and provided reports when requested for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and

vulnerable adults to ensure patients were safe from abuse. Staff members had received training relevant level for their role, this was being updated by staff members using e-learning.

- Chaperones were available for patients during consultations; there was a notice in the waiting room that advised patients they were available. Staff who acted as a chaperone had received training for the role and 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).
- Appropriate standards of cleanliness and hygiene were seen at the practice and there was a senior nurse that led on infection control. The practice had performed and documented the checks of their clinical cleaning processes; these were audited to ensure effective infection control was maintained. We also saw audits of hand hygiene that had been undertaken.
- Clinical waste was disposed of appropriately and stored securely until it was collected.
- Medicines were stored securely at the correct temperature, and within their expiry date. Records showed medicines requiring cold storage were kept in refrigerators maintained and monitored daily. Staff members knew what action to take in the event of temperature failure.
- The practice carried out audits with the support of the local clinical commissioning teams to monitor prescribing was safe and met best practice. Repeat prescribing processes including the review of high risk medicines were seen.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and were tracked through the practice in accordance with national guidance. The practice had processes in place to monitor medicines taken by patients that required extra and regular monitoring. These processes ensured the appropriate tests and checks were undertaken in accordance with the patient's needs. These patients received the appropriate higher level of monitoring to ensure patient welfare, safety, and improved outcome.

Are services safe?

- Patient group directions and patient specific directions had been adopted to allow nurses and healthcare assistants to administer medicines in line with registration. These were overseen by the nurse practitioner prescriber for the practice.
- Arrangements for emergency medicines, and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- We reviewed four sets of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example; proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the 'Disclosure and Barring Service'.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. We found that records had been kept which reflected that the risks were being monitored and acted on where necessary.
- Electrical equipment seen had been checked to show it was safe to use and the practice held a service and maintenance contract. The premises and equipment seen at the practice were appropriate and safe for patients.
- The practice fire equipment was suitable and had been checked to ensure it was safe. We saw evidence that fire drills were taking place.
- The practice manager monitored the number and mix of staff members needed to meet patients' needs, annual leave and staff sickness was factored into the planning.
- The practice demonstrated their understanding of the control of substances that were hazardous to health

(COSHH) used by the cleaner at the practice. There were information sheets and guidance in the cleaner's cupboard. The cleaning of the practice was checked and overseen by the infection control lead to monitor the standards within the policy.

- The safety of water at the practice was checked with regular legionella testing in line with the practice policy for infection control. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- A messaging system on the computers in all consultation and treatment rooms could be used to alert staff should an emergency arise.
- Staff had received basic life support training and knew the location of the emergency equipment and medicines, which we checked and saw was safe for use. There was oxygen with masks for adults and children, a defibrillator, and emergency medicine available on the premises. There was also a first aid kit with an accident book available.

The practice had an updated business continuity plan in place to inform staff members what actions to take in the event of a major incident such as power failure or building damage. The plan included staff responsibilities in the event of such incidents and contained emergency contact numbers for staff members and connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice clinicians had access on their computer desktops to guidelines from National Institute for Health and Care Excellence (NICE) and used them for information, and /or research, to care and treat patients. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This enabled clinical staff to understand clinical possibilities to give them a clear, accurate, and current picture to keep patients safe.

Management, monitoring and improving outcomes for people

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 recently published data from 2014/15 showed the practice had gained 93% of the total number of points available and this was above other practices in the local area of 91% and comparable with the national average 95% of the total number of points available.

The practice exception reporting was 16% which was above the local CCG practices by 8% and was above the England average by 7.4%. (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 an outlier for QOF exception reporting percentages. We spoke with the practice manager and GPs with regards to this issue and they were surprised by this information and unaware of this above average exception reporting data for 2014/15. They told us they had not changed their exception reporting criteria. To verify this we checked the previous three years exception reporting and found the percentages for the practice were; 6.5% for 2013 – 2014, 4.2% for 2012 – 2013 5.5% for 2011 – 2012. These figures were below the local and national averages each year. We looked at the current exception report record on the patient system for 2015 – 2016 (This data had yet to be validated) we found the exception percentage was 4.5%.

Data from 2014/15 showed;

- Performance for diabetes related indicators was above the local and national average. The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 86% in comparison to the local figure of 72% and the national average of 76%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% which was higher than the local average of 77% or the national average of 78%.
- Performance for mental health related indicators higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 99% compared with the local average of 88% or national average of 88%.

The practice participated in local health audits with other local CCG practices, along with patient safety and medicine alerts. Those clinical staff members taking samples for patient cervical screening were audited to ensure their competency. We saw the audit results of medicines and screening procedures to identify any actions that may be required and acted on them. For example; earlier this year a medicine alert resulted in the practice auditing records to check patients prescribed the medicine in question did not also have a condition known to be made worse if they took it. They identified only one patient that met these criteria so they were changed to a medicine known not to be a problem make the condition worse. They also discussed in their clinical meeting this medication should be prescribed when the patient had this condition that could be made worse.

Effective staffing

Staff had received appropriate training, and had the skills, local knowledge, and experience, to deliver effective care and treatment.

- The practice had an induction process for new staff members. We spoke with a recently appointed staff member who told us the practice induction training had given them confidence and prepared them for their new role. They had been provided training in safeguarding, health and safety, and maintaining patient confidentiality.

Are services effective?

(for example, treatment is effective)

- Nurses that administered vaccinations and took samples for the cervical screening programme had received specific training; this included a regular audit to verify their competence annually. Staff that administered vaccinations had access to on-line resources and discussed clinical practice at team meetings.
- We saw appraisals were used by management to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last six months.
- We checked four staff members' records and saw that they had received: safeguarding, basic life support skills confidentiality and health and safety training. Staff members were able to access e-learning training modules at the practice.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available and accessible to clinical staff members through the practices' patient record system and their own intranet system.

- Areas included; medical records with consultation notes, investigative processes, and communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available for staff members to print out for patients.
- When clinicians referred patients to other services they shared relevant information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients, however the practice was not able to provide evidence of minutes to show the topics discussed. We were told the practice worked with other health and social care service providers to understand, assess, and plan on-going care and treatment for their patients.

Consent to care and treatment

Staff sought patients' consent for care and treatment in line with legislation and guidance set out in their policy.

- Staff members knew the practice consent and decision-making processes and had an understanding of legislation and guidance; including the Mental

Capacity Act 2005. Staff members carried out assessments of capacity to consent in-line with guidance prior to providing care and treatment for adults, children and young people.

- When mental capacity to consent for care or treatment was unsure, clinicians assessed patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who may need extra support were well known at the practice and had their needs indicated on their records. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation.

We saw evidence that patients were signposted or referred to appropriate services.

- Uptake for cervical screening was 81% which was comparable with the local p average of 83% and the national average of 82%. There was a procedure in place to contact and remind patients that had not attended for their test. Patients were encouraged to attend for breast cancer screening, which were comparable with local and national practices.
- However practice bowel screening figures were at 56% and these were lower than the local average of 61% and the national average of 58%. We found information and posters displayed at the practice promoting screening services.
- The practice clinical staff told us they urged patients opportunistically during appointments and displayed posters at the practice.
- Palliative patients were reviewed in regular multidisciplinary team meetings. We were shown minutes taken during these meeting where care was discussed.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% and five year olds from 90% to 96%.

Patients had access to appropriate health assessments and clinical checks. These included new patient health checks,

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40 – 74 and senior health checks. Appropriate follow-up appointments were made when any issues were found during health assessments or long term condition reviews.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that reception staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was respected and maintained by the provision and use of curtains that encircled examination couches.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. The patients we spoke with told us the staff members were helpful and tried their best although they felt the telephone system was an issue.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk recognised when patients appeared distressed or needed to speak about a sensitive issue. We were given examples of when this had occurred and they told us patients were offered a private space/room to talk confidentially.
- As part of this inspection, we compared patient satisfaction data from the national GP patient surveys published in January and July 2016. We found that;
- In the January 2016 survey, 69% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%. In the July 2016 survey, 64% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- In the January 2016 survey, 75% of respondents said the GP gave them enough time (CCG average 85%, national average 86%). In the July 2016 survey, 89% of respondents said the GP gave them enough time (CCG average 92%, national average 92%).
- In the January 2016 survey, 81% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%). In the July 2016 survey 78% of respondents said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- In the January 2016 survey, 70% of respondents said the last GP they spoke to was good at treating them with

care and concern (CCG average 85%, national average 85%). In the July 2016 survey 58% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- In the January 2016 survey, 83% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%). In the July 2016 survey, 85% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- In the January 2016 survey, 76% of respondents said they found the receptionists at the practice helpful (CCG average 87%, national average 87%). In the July 2016 survey, 73% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

The data comparisons reflected that little improvement had been achieved in patient satisfaction. We asked the practice what action they had taken in relation to the low survey data. They told us that they discussed low satisfaction rates in clinical and administrative meetings. We found no evidence of an improvement plan in place to improve the satisfaction rates of patients in relation to the issues raised about the GPs communication at the practice.

Care planning and involvement in decisions about care and treatment

During the inspection most of the eleven patients we spoke with told us they felt involved in the decision making processes during the care and treatment they received.

Results from the national GP patient survey published in January and July 2016 showed satisfaction scores were lower with GPs and nurses than local and national averages:

- In the January 2016 survey, 65% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%. In the July 2016 survey 60% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- In the January 2016 survey, 63% said the last GP they saw was good at involving them in decisions about their

Are services caring?

care (CCG average 82%, national average 82%). In the July 2016 survey, 55% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).

- In the January 2016 survey, 73% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%). In the July 2016 survey, 71% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Reception staff members told us they had access to translation services for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access support groups and organisations if they were a

carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities.

Currently the practice had identified 44 carer's and this equated to 0.6% of the practice population. The practice told us they were continuing to identify more carer's and offered these patients health checks and flu vaccines to monitor their health. There were notices and leaflet information in the reception area to support patients that were carer's to identify support.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. There was information for the bereaved in the reception area and on the website to provide people assistance. The secretary added information with regards to outside agency support to the letters sent to bereaved families.

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. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered access to patients from 8.30am each morning through to 7.30pm on Mondays, 8pm on Tuesdays and Wednesdays and until 6.30pm on Thursday and Friday evenings, along with face to face and telephone consultations.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when needed.
- Translation services were available at the practice if needed.
- The practice had identified 39 patients living with a learning disability; all these patients had been offered an annual learning disability check.

Access to the service

The practice opening hours were: 8.30am to 7.30pm on a Monday, 8.30am to 8pm on Tuesdays and Wednesdays and 8.30am to 6.30pm on Thursdays and Fridays. They were closed at weekends. On Mondays and Tuesdays the practice has added walk-in clinics between 8.30am and 10am (No need to book an appointment, walk in before 10am). The GPs have morning and afternoon surgeries daily and there were three late evening sessions each week until 8pm. The practice had opted out of providing 'out of hour's' services to their patients which was now provided by Care UK, another healthcare provider. Patients could also contact the NHS 111 service to obtain medical advice if necessary.

- The GP consultation rooms and the patient toilet facilities were all accessible on the ground floor of the premises.

We compared the results from the national GP patient surveys published in January and July 2016.

- In the January 2016 survey, 73% of patients that responded were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%. In the July 2016 survey, 60% of patients that responded were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- In the January 2016 survey, 34% patients that responded said they could get through easily to the surgery by phone (CCG average 73%, national average 73%). In the July 2016 survey, 32% patients that responded said they could get through easily to the surgery by phone compared (CCG average 71%, national average 73%)
- In the January 2016 survey, 44% of patients that responded said they always or almost always see or speak to the GP they prefer compared to the (CCG average 76%, national average 76%). In the July 2016 survey, 57% of patients that responded said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 76%). In the January 2016 survey, 44% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 76%) In the July 2016 survey, 58% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).

We spoke with five members of the patient participation group (PPG). They told us they had been involved in identifying improvements, including the suggestion of an open surgeries, to improve access at the practice. However the results of the January and July 2016 GP survey showed satisfaction still to be very low.

We were told by the practice staff members that the recent addition of morning open surgeries twice a week had helped to relieve some of the access issues but this was not evidenced in the survey data. We found no other improvement plans in place.

The eleven patients we spoke with on the day of the inspection said they were relatively satisfied with the services provided at the practice. However patients complained there were not enough appointments and they could not get through on the phone to request an appointment or home visit. Although the practice was

Are services responsive to people's needs?

(for example, to feedback?)

aware of /and had received concerns and complaints about their telephone system and access to practice services, we saw no changes had been put in place to improve this issue.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns.

- Their complaints policy had been recently reviewed and recognised guidelines for GPs in England and local CCG requirements.
- The assistant practice manager was the designated staff member that led and managed complaints.

We saw there was information available to help patients understand the complaints system for example; a notice in the reception area, and information on the practice website. We looked at three complaints that had been received in the last 12 months; they were found to have been dealt with in an open, timely manner, as described in their policy. Experiences learnt by the practice from concerns or complaints had led to changes to improve patient care. Complaints were a standing item on the practice meeting's agenda, staff members told us they felt included and could learn from understanding concerns or complaints received at the practice.

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. The practice stated their responsibilities were to provide the best possible treatment to their patients in partnership with other social and healthcare providers, and deliver a professional service. We were told they aimed to be considerate and responsive to their patient needs, and offer an open communication to maintain standards in the service they provide.

The practice charter was displayed in the waiting room area and informed patients what they could expect from the practice and staff members.

Governance arrangements

The practice had an overarching governance framework of practice specific policies and procedures which supported the delivery of their strategy. Since the last inspection the practice had acted on most of the findings and made some improvements as follows;

- An effective system was now in place to act on patient safety and medicine alerts.
- High-risk medicine reviews were effective ensuring relevant tests were being undertaken in line with published guidance
- Medicines were managed safely including the storage of vaccines in fridges and the monitoring of the expiry dates of emergency medicines.
- Legionella risk assessments and practice risks were being monitored and reviewed regularly.
- There was an effective system in place for recording and analysing significant events and safety incidents. Learning was being shared with staff.
- A complaints manager was in place and details of all complaints were being recorded.
- Nursing staff had received training to undertake consultation for minor illnesses and were being supervised.
- Written policies and protocols were in place to support staff.
- All staff received an annual appraisal.

In addition we found that;

- Some policies were still in the process of being reviewed by the practice when we inspected. Staff members showed us they knew how to access the practice policies.
- The practice had a comprehensive understanding of the practice quality performance which they discussed at the monthly practice meetings with all staff members to support them to improve their patients care and clinical outcomes.
- Risks were well managed; rated, and documented, actions were seen to improve patient safety.

Leadership and culture

Since the last inspection we found that the leadership at the practice had improved with the provider working closer with the practice manager. The lead GP at the practice had local experience, capacity and capability to lead the clinical care and treatment at the practice. The GP and salaried GPs were visible at the practice and all staff members told us they listened to them and supported their views on improvement suggestions. The GP encouraged a culture of openness and honesty and was aware of and complied with the requirements of the 'Duty of Candour' seen when dealing with safety incidents complaints and events. The practice had arrangements and knew how to deal with notifiable safety incidents when they arose.

- Patients affected by a safety incident were given an honest explanation with an apology when it was appropriate.
- There was a leadership structure in place that staff members understood and felt well supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the openness that now existed within the practice since the CQC had inspected previously. We were also told by staff members that they felt confident to raise any topics and felt supported when they did.
- Staff members said they felt respected, valued and supported, particularly by the practice manager and assistant manager 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. They used feedback gathered from their patient participation group to gather patient's opinions or suggestions.

- The practice told us they monitored satisfaction rates through the national GP survey. In order to improve patient satisfaction about the appointment system. They had introduced two walk-in open surgeries each week where patients could access GP services without the need to make an appointment. Survey data for July 2016 had reflected a slight increase in patient satisfaction for being able to get an appointment but this remained well below the local and national averages. However open access appointments had only been implemented a few weeks before we carried out their inspection, and was six weeks before the latest July 2016 survey.
- We found that in the majority of the areas measured in the national GP patient surveys there had been no improvement and in some cases the data had got worse. We saw no action plans in place to make further improvements to the performance in the area of patient satisfaction. This has been a consistent feature since the practice was inspected in June 2015.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc

The practice had a patient participation group (PPG) where they had discussed the issues from previous inspections undertaken. The PPG members we spoke with told us they were keen to support the practice going forward and improve patient experience. They told us that they had worked with the practice giving their opinions to try open surgeries and to make improvements highlighted at previous inspections.

Continuous improvement

There was no evidence of a programme of continuous improvement, however there was evidence of recent learning within the practice to improve for the future. For example:

- Changes made to access the clinicians to alleviate the high demand on certain days.
- Nursing staff have received extra training in areas of clinical work to ensure they can support the GPs in a consistent manner.

The practice administration and reception staff members have been encouraged to get involved with ideas for development and improvement at the practice. This has resulted in staff members now feeling more included and valued, thus improving their work experience.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services</p> <p>Regulation: 17 Good Governance</p> <ul style="list-style-type: none">• The practice did not have effective access via the telephone for patients.• The practice did not have effective access to appointments in the practice• The practice did not have an effective system to act on feedback about the practice to improve current low patient satisfaction. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>