

# Dr Cassidy and Partners

## Inspection 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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

**This practice is rated as Requires Improvement overall.** (Previous inspection February 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

We carried out an announced comprehensive inspection at Dr Cassidy & Partners on 16 May 2018. This inspection was carried out 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 was 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.

At this inspection we found:

- When incidents happened, the practice learned from them and improved their processes.
- Not all safety systems were well governed and operating effectively. For example those related to staff vaccinations and risk assessments needed improvements.
- Most staff had the skills, knowledge and experience to carry out their roles although the practice could not demonstrate training records for all staff.
- Clinical performance data was comparable to the national and local data.
- There were systems to review the effectiveness of the care provided and there was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed; so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- Systems for monitoring staff competencies and registrations were not developed.

- Patients we spoke with told us staff had treated them with compassion, kindness, dignity and respect.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Patients we spoke with advised that they found the appointment system had improved and reported that they were able to access care when they needed it. Some patients did comment on difficulties making future appointments.
- The practice team displayed a willingness to learn and improve.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the requirement notice section at the end of the report for more detail).

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

- Undertake regular review and analysis of significant events and complaints to identify and trends and areas of risk or improvement.
- Undertake regular fire drills.
- Encourage eligible patients to undertake NHS health checks for those aged 40 to 74 years.
- Continue with efforts to improve uptake of national cancer screening programmes.
- Continue to identify and support carers in their population.
- Continue with efforts to improve patient satisfaction and performance in the national GP patient survey; with particular regard for patient experience during GP consultations and with the telephone system.
- Establish a structured meeting system for the practice team in line with staff feedback.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager adviser and a CQC inspection manager.

## Background to Dr Cassidy and Partners

Dr Cassidy and Partners, also known as Ashfield Medical Centre provides a range of primary medical services, including minor surgical procedures, from its location at Perrydown, Beanhill in Milton Keynes. It serves patients who live in the Beanhill, Netherfield and Coffee Hall areas of Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract for providing services, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities.

The practice serves a population of approximately 11,500 patients with slightly higher than average populations of males and females aged 0 to 18 years. There are slightly lower than national average populations of patients aged over 65 years. The practice population is largely White British, with 30% of the practice population being from Black and Minority Ethnicity backgrounds.

Information published by Public Health England, rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The clinical team consists of four male GP partners, a female GP partner, three advanced nurse practitioners

(female), a practice nurse (female) and two health care assistants (one male, one female). The team is supported by a practice manager and a team of non-clinical, administrative staff. Members of the community midwife and health visiting team also operate regular clinics from the practice location. Trust community staff (District nurses) are also based at the premises. The practice is a teaching practice and accepts FY2 doctors every four months. FY2 doctors are trainee doctors in their second year of foundation training, the completion of which allows them to

apply for further study and training in a specialised area of medicine. At the time of our inspection there was one FY2 doctor in situ.

The practice operates from a two storey purpose built property. Patient consultations and treatments take place on the ground level. There is a large car park outside the surgery, with disabled parking available. There is a pharmacy and a dental practice situated within the building but not attached to the practice.

Dr Cassidy and Partners is open between 8am and 7pm Monday to Friday. The out of hours service can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

# Are services safe?

## We rated the practice as good for providing safe services.

The practice was rated as good for providing safe services

### Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff we spoke with demonstrated a good understanding of their safeguarding responsibilities and all clinical staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. However, records for non-clinical staff training in relation to safeguarding were incomplete. We were told that refresher safeguarding training for non-clinical staff was scheduled to take place shortly. After our inspection we received confirmation that this training had been completed as scheduled.
- We noted that safeguarding training was encompassed in the induction for new staff.
- Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example there were regular meetings with health visitors and other concerned professionals to ensure the safety of vulnerable children.
- The practice carried out appropriate staff checks at the time of recruitment.
- There was a system to manage infection prevention and control (IPC). We noted that the healthcare assistant was the IPC lead for the practice and had undertaken advanced training for this role. We saw evidence of weekly audits of clinical rooms to ensure cleanliness and infection control. The premises were well maintained and we did not identify any concerns in relation to IPC. However we did not see a systematic approach to infection control, for example through a

recent annual infection control audit and appropriate follow on risk assessments. We were informed that the practice had made contact with the CCG locality lead for IPC and planned to undertake a full audit in June 2018.

- On the day of inspection the practice was unable to demonstrate that clinical and non-clinical staff had the recommended immunity status relating to specific viruses as detailed in Public Health England guidelines. Clinical staff we spoke with informed us that they had received vaccines as per recommendation. We were informed that the practice would collate records of staff immunity status as a matter of urgency following our inspection and that risk assessments would be undertaken for any staff members declining vaccinations or tests. Shortly after our inspection the practice submitted evidence to support immunity status for all clinical staff. Although they advised that all staff immunity status would be verified and risk assessments undertaken where needed, our findings indicated that at the time of our inspection there was not an effective employee immunisation programme in place.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

We reviewed the systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for new staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. We saw that when medical emergencies occurred they were recorded as significant events; to allow for reflective discussions amongst the practice team and to ensure areas of learning or good practice were identified.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in

## Are services safe?

need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Receptionists were due to undertake training on 24 May 2018.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

### Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

### Track record on safety

We reviewed the practice's track record on safety.

- There were comprehensive risk assessments in relation to health and safety issues, including COSHH, Fire safety and Legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice was employing a handyman to undertake weekly temperature checks of the practice water system. A further sampling test had been undertaken in January 2018 and the water was certified to be free from Legionella.
- We noted that the practice did not have a regular schedule for undertaking fire drills.
- The practice monitored and reviewed activity for example through review of significant events, complaints and safety alerts as they occurred. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. The practice did not routinely review all significant events and complaints to identify trends.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice and all of the population groups as requires improvement for providing effective services overall.**

**All population groups were rated requires improvement for effective because:**

- The provider was rated requires improvement for providing effective and well led services and the issues identified affected all patients including the population groups.

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

- The practice did not have systems to provide assurance that staff requiring registration with an appropriate body maintained valid registration.
- Verification of mandatory staff training was unavailable and records were incomplete at the time of our inspection. Although some evidence of training was provided shortly after our inspection, we found that previously the practice had not taken an active approach and were not always following an effective mandatory training programme.
- Clinical supervision for staff involved in advanced roles, such as non-medical prescribing was not established.

**Effective needs assessment, care and treatment**

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had invested in technologies to improve care. For example, the practice used software to help manage anticoagulation treatment in patients to ensure accurate decision making.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Patients aged over 75 were offered priority appointments, bypassing the practice's triage system to ensure they were always seen when needed.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, nurses received advanced training in chronic obstructive pulmonary disease (COPD) and asthma management.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, COPD, atrial fibrillation and hypertension).
- The practice was able to offer patients on-site BNP testing to identify signs of heart failure.
- Patients with chronic musculoskeletal conditions were referred to physiotherapy services if needed.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.

## Are services effective?

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 66%, which was below the 80% coverage target for the national screening programme. The practice was aware of this and was making efforts to improve uptake through active promotion and opportunistic discussions with patients. The practice provided data following our inspection to demonstrate that performance had improved to 79% (for the period 01/04/2017 to 31/03/2017).
- The practices' uptake for breast cancer screening was in line the national average. Uptake for bowel screening was below local and national averages. The practice was aware of this and was actively promoting national screening initiatives within the practice.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. The practice had completed 55 health checks in the 12 months preceding our inspection and 977 since they began undertaking healthchecks in 2013. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Patients with no fixed abode were able to use the practice address for medical mail.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice's performance on mental health indicators was in line with local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 93% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the national average.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

### Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided which included where appropriate participation in local and national improvement initiatives. For example:

- Through a programme of clinical audit. We saw that following changes to NICE guidelines relating to the management of patients requiring anticoagulants, the practice undertook an audit of patients to ensure that any patients eligible to have their medicines changed were identified. Following the audit the practice ensured that all patients taking a specific anticoagulant were provided with up to date information and an alert card to carry with them at all times.
- Through joint work with the Clinical Commissioning Group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to



## Are services effective?

improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).

- Through participation in the Quality Outcome Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice.)
- We saw that the practice was aware of high levels of prescribing of hypnotics, compared to local and national averages. The practice demonstrated that they were working to reduce prescribing of hypnotics through close monitoring and adjustments to treatments where possible.

The most recent published QOF results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 94%. The overall exception reporting rate was 11% compared with a national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) (Please note: Any QOF data relates to 2016/17.)

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received two letters and phone call from the practice before being excepted. We were informed that due to the transient nature of the practice's patient population it was often difficult to provide follow up and reviews to patients.

### Effective staffing

We reviewed evidence provided to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- Records of the required update training for staff responsible for immunisations was not available on the day of the inspection but subsequently provided.
- The practice understood the learning needs of staff and provided protected time and training to meet them. However records of skills, qualifications and training were not well maintained. Whilst staff demonstrated a good understanding of key areas of training, such as information governance, safeguarding and data protection; verification of staff training was unavailable and records were not complete. Immediately following our inspection we were sent evidence to support the practice's efforts to improve these systems. For example, we saw that information governance training for all staff had been completed and training records updated.
- The practice did not have adequate systems to ensure that all staff requiring registration with an appropriate body had such. During the course of our inspection it was identified that the registration for a member of the nursing team had lapsed. We were informed that the staff member concerned would be given amended duties until their registration was re-established. Following our inspection the practice submitted an updated policy to improve management oversight of staff registrations in the future. The provision of appropriate indemnity insurance for all applicable staff was evidenced.
- Staff were encouraged and given opportunities to develop. For example we saw that the practice manager had previously been a member of the reception team.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate.
- We noted that there was no formal supervision for nursing staff, in particular for those employed in advanced roles, including non-medical prescribing. Immediately after our inspection the practice formulated a schedule and guidance for supervision of the nursing team.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

# Are services effective?

We reviewed how staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- The practice used a traffic light system to prioritise hospital letters and ensure that patients requiring urgent follow up received the appropriate care.
- There was a register of patients requiring palliative (end of life) care and the practice advised that palliative care patients were discussed as part of multi-disciplinary safeguarding meetings held bi-monthly. We noted the district nurses had not attended the last two multi-disciplinary team meetings where palliative care patients are usually discussed. However records were shared as needed with other services through the practice's IT software or when requested. Following feedback on the day of inspection the practice recognised this as an area they could improve upon by establishing separate more frequent meetings for palliative care discussions. We were informed after our inspection that a schedule of monthly palliative care meetings had been developed. We were informed that safeguarding meetings would continue to be held bi-monthly.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Young people were offered Chlamydia screening opportunistically and advised of long term family planning options. Patients under the age of 25 were signposted appropriately to Brook (a free, confidential sexual health and wellbeing service for under 25s).
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

## Consent to care and treatment

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

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

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback received from patients on the day of our inspection was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- We witnessed the practice staff acting compassionately and with concern for a vulnerable patient presenting at the practice in a distressed state. Staff worked together to try and calm and reassure the patient, quickly transferring them to a private room to maintain their dignity.

We reviewed data from the national GP patient survey published in July 2017. We noted that the practice was performing below local and national areas in several areas. In particular:

- Likelihood of patients recommending the practice to someone moving to the area.
- GP listening and treating patients with care and concern.
- Confidence and trust in GPs.

The practice was aware of the survey results. Staff told us they worked hard to meet the needs of the challenging population they served. We noted that the practice was in an area of extremely high deprivation and demands on the service were high. We were informed that staff dealt with violent and aggressive patients on an almost daily basis. Patients we spoke with on the day of inspection were positive in their feedback on the surgery and their views did not align with those demonstrated in the survey results. The practice had also undertaken its own patient satisfaction surveys for GP consultations and feedback had been positive. For example, for one GP, of the 35 surveys conducted only one patient commented negatively on the GPs listening. We saw that the GP had reflected on these comments to see if improvements in consultation style could be improved.

The practice advised that they felt patient dissatisfaction was linked to difficulties booking appointments. They advised that they had introduced a triage system as part of

their efforts to improve patient satisfaction. A recent survey undertaken between February and May 2018 showed an improvement in satisfaction with 123 out of 151 (81%) patients saying they would recommend the surgery.

## Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. Clinical staff were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.) Although non clinical staff were not aware of the standard, it was apparent during our discussions with them that they were working within the guidelines established. Immediately after our inspection the practice submitted evidence that all staff had undertaken formal training on the Accessible Information Standard.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's performance in the national patient survey was below local and national averages for GPs ability to explain tests and treatments and for involving patients in decisions about care and treatment. Patients we spoke with and comments cards received did not support these results. Patients were positive in their feedback on GP consultations and their involvement in treatment planning and discussions.

## Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. On the day of inspection we observed how staff responded to quickly to distressed patients to ensure their dignity was maintained.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

## Are services caring?

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice as good for providing responsive services .**

**All population groups were rated requires improvement for responsive because:**

- The provider was rated requires improvement for effective and well led services and the issues identified affected all patients including the population groups.

**Responding to and meeting people's needs**

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- In particular the practice supported residents in two local care homes providing visits and reviews as required.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GPs worked with the district nursing team to accommodate home visits for those who had difficulties getting to the practice.
- There was a dedicated prescription line for elderly and housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local on-site district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice offered D-dimer testing for patients. (D-dimer tests are used to rule out the presence of a blood clot).
- The practice provided an insulin initiation service for diabetic patients.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Children under two years of age were offered priority appointments, bypassing the practice's triage system to ensure they were always seen when needed.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and late afternoon appointments with health care assistants and nurses.
- All new patients were offered blood borne virus screening. In addition tuberculosis screening was offered to patients identified as at risk.
- The practice provided telephone consultations daily.
- The practice had enrolled in the Electronic Prescribing Service (EPS). This service enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- The practice encouraged the use of the on line services to make it easier to book appointments and order repeat prescriptions.

People whose circumstances make them vulnerable:

## Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients suffering from ongoing mental health conditions were offered ongoing support and structured annual reviews with the GPs.
- All patients presenting in secondary care with self-harming behavior were followed up as a matter of priority.
- Patients were referred as needed to local mental health services and IAPT (Improving Access to Psychological Therapies is a national programme to increase the availability of talking therapies for people who have mild to moderate mental health difficulties).

### Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- The practice made continued efforts to reduce waiting times, delays and cancellations.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that they had noted improvements in the appointment system.
- Phlebotomy services were available daily, reducing the need for patients to attend secondary care for routine blood tests.

The practice's performance in the national GP survey for patient satisfaction with telephone access was significantly

below average. We noted that the data reviewed was captured between January and March 2016. We discussed these results with the practice and we were informed that when the practice had introduced the telephone triage system it was using a digital cloud technology to manage calls. The practice had experienced high levels of dissatisfaction during that time, as callers were kept waiting for prolonged periods due to a technical error with the functioning of the cloud based system. When the problem was identified the practice removed the cloud system and saw a marked improvement in caller satisfaction. We saw that the practice had planned staffing accordingly to ensure more staff were available to answer calls in the mornings. The practice provided evidence that demonstrated a 25% reduction in the number of patients aged under 16 years attending the local walk in centre following implementation of the telephone triage service.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints as they occurred. However the practice did not undertake a routine analysis of complaints to identify trends. It acted as a result to improve the quality of care. For example, when a complaint was received from a patient about the manner in which they were spoken to by reception and their inability to book an appointment, the practice offered a written apology and affected staff were reminded of the need for specific groups of patients to be offered appointments when needed.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

## We rated the practice as requires improvement for providing a well-led service because:

Systems or processes that enabled leaders to assess monitor and improve the quality and safety of the services contained gaps and were not always operated effectively. For example:

- There were gaps in records to support staff training, clinical supervision and competencies.
- We noted gaps in the oversight of professional registration for clinical staff, for example, one member of the nursing team had not renewed their annual registration with the Nursing and Midwifery Council.
- There was a lack of regular communication with the practice team to share learning and drive improvement.

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care but challenges meant they did not do this consistently.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were approachable. They worked with staff and others to make sure they prioritised compassionate and inclusive leadership. However due to pressures on the service whole practice meetings did not occur routinely and staff informed that they did not regularly see or speak to the management team.

### Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting plans to achieve priorities. The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Not all staff were specifically aware of the vision, values and strategy but discussions with them demonstrated an alignment in their approach to their roles and to the principles and objectives established.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.

### Culture

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. However some staff informed that they did not always know the outcome of concerns raised.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. We saw that the practice operated a zero tolerance approach towards violent and aggressive patients. Staff informed that they felt well supported in dealing with the often challenging population they served and the high number of aggressive patients who visited the practice.
- The practice actively promoted equality and diversity. Staff had not undertaken formal equality and diversity training but demonstrated a positive approach to ensuring they were inclusive. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

# Are services well-led?

There were clear responsibilities, roles and systems of accountability to support good governance and management, however these were not always effectively implemented and there were gaps in the systems established.

- Structures, processes and systems to support good governance and management were clearly set out, understood and available. However there were gaps in the systems developed. For example, the practice did not have established processes for maintaining oversight of staff qualifications, competences and registration with appropriate bodies as required.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established policies, procedures and activities to ensure safety however some of these need expanding to provide assurance.

## Managing risks, issues and performance

We reviewed the processes for managing risks, issues and performance.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety, however there were gaps in these processes and we noted that the practice did not always take an active approach in relation to these. For example, a member of the nursing team had not renewed their registration with an appropriate body.
- The practice processes to manage current and future performance needed improvement. In particular formal supervision of nursing staff employed in advanced roles needed to be implemented. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care. For example, the practice had worked with the CCG to improve medicines optimisation for patients in two local care homes.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice utilised a two way text messaging service (Mjog) to improve and monitor services.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

We reviewed the arrangements to involve patients, the public, staff and external partners to support high-quality sustainable services.

- The service was transparent, collaborative and open with stakeholders about performance.
- There was an active patient participation group (PPG) who met regularly however their level of engagement was minimal. The members we spoke with could not provide examples of practice developments they had been involved in. They also advised that they did not always receive information from the practice on outcomes of concerns or suggestions made.
- We saw evidence of regular weekly meetings between the partners and bi-monthly multi-disciplinary meetings held. However staff informed that regular meetings for non clinical staff and whole practice meetings did not occur. Whilst staff advised they were kept informed through face to face communication and emails several



## Are services well-led?

also advised that more structured meetings would be beneficial in improving communication between the practice team. The practice partook in the locality protected learning time and closed for 10 afternoons a year to provide time for practice training.

### Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The practice demonstrated willingness to learn and improve.
- We were informed of future plans to become a training practice and support qualified doctors to train as GPs.

- The practice adopted innovative ways of working to improve patient access. An advanced nurse practitioner had been employed following difficulties recruiting a GP. They had also implemented a telephone triage system to manage appointments.
- At the time of our inspection the practice had developed a system to identify patients aged 65 and over who were living with moderate or severe frailty. It was planned that those identified as being frail would receive a clinical review including a review of medication.
- One of the GPs was partaking in a locality pilot scheme to provide dedicated ward rounds at local care homes to improve continuity of care for those patients and reduce pressures on the service.

**Please refer to the Evidence Tables for further information.**

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 the service provider was not meeting. The provider must send CQC a report that says what action it is 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><b>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</b></p> <ol style="list-style-type: none"><li>1. Some quality assurance processes were insufficient. At the time of our inspection there was no formal clinical supervision for the nursing team, including those employed in advanced roles such as non-medical prescribing.</li><li>2. During our inspection we found that the provider did not take a systematic approach to infection control, this included a lack of infection control audit and appropriate follow on risk assessments. Furthermore, the provider was unable to provide evidence to support that an effective employee immunisation programme was in place for all relevant staff.</li></ol> <p><b>There was additional evidence of poor governance. In particular:</b></p> <ul style="list-style-type: none"><li>• The provider did not keep accurate and valid records of staff training and competencies. In particular, required update training for staff responsible for immunisations had not been completed by all relevant staff.</li><li>• The practice did not have systems to provide assurance that staff requiring registration with an appropriate body maintained valid registration.</li></ul>