

Ashfield House - Annesley Woodhouse

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?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashfield House - Annesley Woodhouse on 13 October 2015. Overall the practice is rated as requires improvement.

Our previous comprehensive inspection carried out in March 2015 found breaches of legal requirements (regulations) relating to the safe, effective and well led domains; and improvements were required. The overall rating from the March 2015 inspection was requires improvement and the practice was required to make improvements within six months as the safe domain had been rated inadequate.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements. The inspection carried out on 13 October 2015 found the practice had made sufficient improvements to comply with all but one regulations they were previously in breach of.

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

- There was a system in place for reporting and recording significant events although this needed to be strengthened to ensure an accurate record was kept of the action taken by staff.
- Staff understood and fulfilled their responsibilities to raise concerns and report significant events.
- Improvements had been made to the assessment and management of risks relating to the health, welfare and safety of patients. This included processes and procedures related to safeguarding children and vulnerable adults from abuse and recruitment checks.
- Action plans were in the process of being implemented to ensure identified risks were sufficiently mitigated and their management embedded.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

Summary of findings

- Some staff had received appraisals; however additional appraisals had been scheduled for all other staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Most patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The national patient survey results showed patient outcomes were lower than the local and national averages in respect to phone access and appointments. However, steps had been taken by the practice to review and address this.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The practice had a number of policies and procedures to govern activity, and some of these were in the process of being reviewed.

The areas where the provider must make improvements are:

- Ensure systems and processes are operated effectively and embedded to minimise risks to people. This includes assessing, monitoring and mitigating risks as well as improving the quality of services. For example, ensure all outstanding actions related to review of policies and procedures, infection control, health and safety and staff appraisals are completed as detailed in the action plan submitted to the CQC.

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.

We found improvements had been made following our March 2015 inspection. For example,

- The practice had strengthened the systems and processes in place to keep patients safe and safeguarded from abuse. This included installing a fire alarm system, undertaking appropriate recruitment checks of new staff and ensuring that staff conducting chaperoning duties were supported with training and fully understood their roles.
- Most risks to patients were assessed and implemented to ensure patients were kept safe. Further improvements had been planned for in areas such as infection control, health and safety and risk assessments related to the premises, environment and management of the service.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Lessons were shared to ensure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received a review of their health needs and medicines to ensure they received safe and appropriate care.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed patients' needs and ensured care was planned and delivered in line with current evidence based guidance.
- Data from the 2014/15 Quality and Outcomes Framework (QOF) showed most of the clinical outcomes for patients were comparable to the local and national averages. The practice had achieved 89.6% of the total points available. This was broadly in line with the clinical commissioning group (CCG) and national averages of 92% and 93.5% respectively.
- The use of clinical audits was driving improvement in patient outcomes.
- Some staff had received appraisals; however additional appraisals had been scheduled for all other staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

- Referrals to other health services and the use of hospital services were reviewed and addressed to improve patient outcomes.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients gave positive feedback about the caring attitude of staff. They told us staff treated them with compassion, dignity and respect and involved them in decisions about their care and treatment.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the national GP patient survey showed patients rated the practice in line with the local and national averages for several aspects of care. For example, 85% said the last GP they spoke to was good at treating them with care and concern compared to the local average of 84% and national average of 85%.
- Information for patients and carers about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Requires improvement



- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Less positive comments related to appointment waiting times and difficulties getting connected to the surgery by phone.
- This feedback was reflected in the national patient survey results. For example:

73% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 83% and national average of 85% and

59% found it easy to get through to this surgery by phone compared to a CCG average of 68% and national average of 73%.

- Practice staff reviewed the needs of its local population and provided a range of services to meet their needs. The practice also engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice was equipped to treat patients and meet their needs.

Summary of findings

- Patients could get information about how to complain in a format they could understand. The practice responded to complaints received but this needed to be strengthened to ensure learning was shared with relevant staff to improve the service.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. However, a robust strategy and supporting business plans had not been developed.
- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework but this was not always effective. Some systems still needed strengthening and better oversight for example those in respect of infection control, health and safety and significant events.
- The practice had a number of policies and procedures to govern activity but some of these were in the process of being reviewed.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).
- Plans were in place to ensure all staff received regular performance reviews or attended staff meetings.

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 provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Care and treatment of older people reflected current evidence-based practice and nationally reported data showed positive outcomes for conditions commonly found in older people. For example:

- 100% of patients aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis, who are currently treated with an appropriate bone-sparing agent was higher than both the CCG average of 84.8% and national average of 92.9%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the CCG average.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients aged 75 and over were allocated a named GP.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported data showed the practice performed in line with local and national averages for most clinical areas assessed.
- Patients were offered a structured annual review to check their health and medicines needs were being met.
- Nursing staff had lead roles in chronic disease management and health screening.
- Patients at risk of hospital admission and those with the most complex needs were identified as a priority. The named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care. This included community specialist nurses, the community matron, Macmillan nurses and a care coordinator.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under one year olds were 98.3% and for two year olds it ranged from 93.1% to 98.3%.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk of abuse or health deterioration.
- We saw positive examples of joint working with midwives and health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided family planning services and 54% of all pregnant women had received a seasonal flu vaccination compared to the CCG average of 45.8%.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- An early morning surgery was offered on a Wednesday from 7am to 8am for working patients and patients could access Saturday morning appointments from a local Kirkby practice

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks and longer appointments were offered to these patients
- At the time of our inspection, 73.9% (17 out of 23) of patients with a learning disability had received an annual health check and had a care plan in place.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for responsive and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Staff had a good understanding of how to support patients with mental health needs and dementia. This included:

- Staff being supported with training in diagnosis and management of depression and anxiety, the mental capacity act and deprivation of liberty safeguards.
- following up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- regular multi-disciplinary working in the case management and coordination of each patient's care. Specifically with the consultant psychiatrist and self-help advisors.
- undertaking dementia reviews in the community including home visits and visiting patients living in care homes when required.
- Signposting and or providing information to patients about how to access various support groups and voluntary organisations.

Data reviewed demonstrated regular review of patients care. For example:

Requires improvement



Summary of findings

- 88.6% of patients diagnosed with dementia had received a face to face review in the last 12 months and this was above the CCG average of 83.3% and national average of 84%.
- 95.7% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 85% and national average of 88.3%.

Summary of findings

What people who use the service say

We spoke with 13 patients including a member of the patient participation group (PPG). Most patients gave positive feedback about the service experienced and confirmed being happy with the care they had received. This included being offered a range of health reviews and screening; and involvement in decisions about their care and treatment. Patients felt most staff were approachable, helpful, caring and treated them with dignity and respect.

Less positive comments related to phone access, availability of appointments and waiting times to be seen by a clinician.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were all positive about the standard of care received.

After our inspection, we reviewed the national GP patient survey results published in January 2016. The results reflected the patient feedback collected between the periods January to March 2015 and July to September 2015. A total of 250 survey forms were distributed and 122 were returned. This represented a response rate of 48.8%.

The results showed the practice performed best in the following three areas:

- 64% of respondents with a preferred GP usually get to see or speak to that GP compared to a CCG average of 54% and national average of 59%.
- 97% of respondents said the last nurse they saw or spoke to was good at giving them enough time
- 95% of respondents say the last nurse they saw or spoke to was good at treating them with care and concern compared to a CCG average of 92% and national average of 91%.

Three areas of improvement for the practice were as follows:

- 40% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 64% and a national average of 65%.
- 59% of respondents are satisfied with the surgery's opening hours compared to a CCG average of 77% and a national average of 75%.
- 68% of respondents describe their overall experience of this surgery as good compared to a CCG average of 84% and a national average of 85%.

Areas for improvement

Action the service MUST take to improve

- Ensure systems and processes are operated effectively and embedded to minimise risks to people. This includes assessing, monitoring and mitigating risks as well as improving the quality of

services. For example, ensure all outstanding actions related to review of policies and procedures, infection control, health and safety and staff appraisals are completed as detailed in the action plan submitted to the CQC.

Ashfield House - Annesley Woodhouse

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ashfield House - Annesley Woodhouse

Ashfield House provides primary medical services to 5,872 patients in Kirkby-in-Ashfield. The majority of patients registered at the practice are between the ages of 18 and 75 (working age, students and recently retired) and this group of patients account for 74% of those registered patients. 9% of patients are over 75 years and include patients resident in car homes. Data from Public Health England shows that the percentage of children and older people affected by income deprivation is higher than the England average in the practice area.

The practice operates from a single location: 194 Forest Road, Kirkby-in-Ashfield, Nottingham, NG17 9JB. Services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery. The practice holds a General Medical Services (GMS) contract to deliver essential primary care services.

Ashfield House is registered with the Care Quality Commission (CQC) as a partnership between four GPs, but changes are being made to reflect the current ownership of the practice.

The practice currently has two GP partners and one salaried GP of whom two are male and one is female. The nursing team comprises of a nurse prescriber, one practice nurse, two healthcare assistants and a phlebotomist. Locum advanced nurse practitioners were also contracted to support the clinical team.

The clinical team are supported by a practice manager, an assistant practice manager, a reception manager and seven administrative and receptionist staff; a whole time equivalent of eight staff. The practice also employs two part time domestic staff.

The practice have opted out of providing out-of-hours services to their own patients and there is information on the website and on the practice answer phone advising patients of how to contact the out of hours service outside of practice opening hours. The out of hours service is provided by Central Nottinghamshire Clinical Services (CNCS).

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 function.

We inspected this service to check that improvements had been made to meet legal requirements and regulations associated with the Health and Social Care Act 2008 following our comprehensive inspection undertaken on 10

Detailed findings

March 2015. The last inspection had rated the practice as Requires Improvement overall; and inadequate for the safe domain and care for people whose circumstances may make them vulnerable

How we carried out this inspection

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 October 2015. During our visit we:

- Spoke with a range of staff including three GPs, the practice manager, assistant practice manager, reception and secretarial staff
- Observed how patients were being cared for and spoke with patients who used the service.
- Reviewed comment cards where patients and shared their views and experiences of the service.
- Reviewed a range of management and patient records to corroborate our evidence.

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

We identified the system in place for reporting, recording and discussing significant events was not always effective at our inspection in March 2015. In addition, the system in place to learn from incidents in an open and transparent manner was not robust and consistent.

At this inspection we reviewed five significant events recorded post our inspection and found some improvements had been made. For example;

- Staff we spoke with were able to explain the significant events that had occurred, the mitigating actions taken to address the risks and the agreed learning.
- Meeting minutes we looked at showed significant events, patient deaths and complaints were a standing item for discussion and review. Lessons were shared to ensure appropriate action was taken to improve safety within the practice and to prevent the same thing happening again. This included reviewing the health care needs and medicines of patients where prescribing errors had been identified.

The practice had an action plan in place to further improve the management of significant events. This included reviewing the related policies and procedures, developing a plan for auditing the practice response to significant events and complaints, and producing an annual report to identify key learning and trends. These were to be actioned post our inspection.

Reliable safety systems and processes including safeguarding

The practice had strengthened its systems to keep patients safe and safeguarded from abuse. For example:

- Safeguarding was a standing item on the practice meeting agenda. Discussions held were documented and minutes of meetings were accessible to all staff. Records reviewed showed relevant staff were updated on the intervention in place to minimise any further risks to the vulnerable patients. This also included feedback received from other health and social care professionals involved in the patient's care.

- GPs we spoke with confirmed a good working relationship with the health visitor to improve patient outcomes although limited input had been received from school nurses.
- GPs used the required codes or alerts on their electronic case management system to ensure risks to children and young people were clearly flagged and reviewed.
- Safeguarding policies were accessible to all staff and the policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff confirmed that the safeguarding procedures had been discussed with them and were scheduled to be reviewed every six months.
- One of the GP partners was the lead member of staff for safeguarding and all staff were aware of this.
- Staff demonstrated they understood their responsibilities and had received training relevant to their role.

Three members of reception staff had been identified as chaperones and they had been supported with training. All the staff we spoke with fully understood their responsibilities when acting as chaperones; including where to stand to be able to observe the examination. Appropriate criminal record checks and / or risk assessments had been completed for staff expected to undertake these duties.

Medicines management

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

The practice participated in the clinical commissioning group (CCG) prescribing incentive scheme for 2014/15. This included attending prescribing meetings with the CCG prescribing advisor, undertaking clinical audits and ensuring appropriate prescribing for specific long term conditions and medicines. Records reviewed showed monthly reviews of the prescribing of specific antibiotics had been undertaken between June and September 2015 to ensure it was in line with best practice guidelines for safe prescribing.

Prescription pads were securely stored and there were systems in place to monitor their use. Two of the locum advanced nurse practitioners were qualified as

Are services safe?

independent prescribers and could therefore prescribe medicines for specific clinical conditions. However informal arrangements were in place to ensure they had received mentorship and support from the GPs for this extended role.

Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Cleanliness and infection control

We found infection control practices were not reviewed regularly and improved on when needed at our March 2015 inspection. At this inspection we observed the premises to be clean and tidy; and found the practice had made some improvements to maintain appropriate standards of cleanliness and hygiene. For example,

- The practice had accessed support from the NHS England infection control matron and a comprehensive infection control audit had been completed on 5 June 2015. We saw evidence of action taken to address some of the identified improvement areas. These included a deep clean of carpets and cleaning of the premises.
- One of the practice nurses was the infection control clinical lead and their working hours had been increased by four hours a week to enable them to focus on undertaking remedial actions from the audit.

Equipment

The practice had suitable arrangements to ensure the safety, availability and suitability of equipment. This included maintenance contracts that allowed for yearly servicing of equipment by external contractors. For example, calibration of medical equipment and testing of portable electrical appliances.

Staffing and recruitment

Improvements had been made to ensure appropriate systems were in place for the recruitment of staff that were of good character, appropriately qualified and fit to do their job. For example, an up to date recruitment and induction policies were in place and this had been implemented in the carrying out of relevant checks when employing / contracting new staff.

We reviewed seven personnel files including those for practice staff, locum GPs and advanced nurse practitioners. We found most recruitment checks had been undertaken

prior to employment. This included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Arrangements were in place to manage the number and skill mix of staff required to meet patients' needs. There were rota systems in place for each staff group to ensure that there were enough staff on duty. The practice regularly used locum advanced nurse practitioners (ANPs) to address the shortfall in GPs. One of the GP partners highlighted the use of ANPs had broadened the clinical team skill mix.

Monitoring risks to patients

We found the practice had carried out a fire risk assessment in October 2012 and appropriate actions required to maintain fire safety had not been completed to address the issues of concern at our March 2015 inspection. As a result of this inspection, we raised our concerns with the Fire and Rescue Service.

At this inspection we found:

- The Fire and Rescue service had inspected the premises on 28 April 2015 and as a result of this visit a fire risk assessment had been completed and a fire detection and alarm system had been installed on 12 September 2015.
- Fire extinguishing equipment had also been inspected on 3 June 2015 by an external company.
- Staff had attended a fire safety awareness course on 22 July 2015 and an evacuation drill had been practised with no concerns identified.
- Regular tests of the fire alarm system and emergency lighting were undertaken.
- A premises audit was in the process of being undertaken with some risk assessments in place linked to flooring having been completed.

Overall, we found systems in place to assess and manage risks to patients had been improved.

Arrangements to deal with emergencies and major incidents

Improvements had been made to ensure the practice had adequate arrangements in place to respond to emergencies and major incidents.

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage and included emergency contact numbers for staff. We however noted that the plan had not been updated to reflect the identified risks and mitigating action taken following a significant event related to power outage that had occurred in September 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Records reviewed showed the practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards. This included staff having access to the National Institute for Health and Care Excellence (NICE) best practice guidelines. GPs we spoke with told us NICE guidance and alerts were discussed as a team and some meeting minutes we reviewed confirmed this. We saw examples of how these guidelines were used to assess patient's needs and ensure care and treatment met their needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice.

The 2014/15 results showed the practice had attained 89.6% of the total number of points available compared to the clinical commissioning group (CCG) average of 92% and national average of 93.5%. The exception reporting was 5.9% and this was below the CCG average of 9.5% and national average of 9.2%. 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.

Performance for indicators related to most long term conditions (such as asthma and rheumatoid arthritis) and mental health were comparable to the CCG and national averages. For example,

- Performance for mental health related indicators was 96.2% which was above the CCG average of 91.1% and the national average of 92.8%. However, the exception reporting rate was above the national average for all six mental health related indicators.
- Performance for dementia related indicators was 100% which was 9.2% above the CCG average and 5.5% above the national average. However, the exception reporting rate was above the national average for one clinical indicator – 50% compared to the CCG average of 13.6% and national average of 8.4%.

- In addition, 88.6% of patients diagnosed with dementia had received a face to face review in the last 12 months and this was above the CCG average of 78.6% and national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was 81.3% which was comparable to the CCG average of 85.3% and the national average of 83.6%

Lower values were achieved for indicators related to chronic kidney disease (75%) and peripheral heart disease (83.3%).

- Performance for diabetes related indicators was 81.4% which was 0.2% below the CCG average and 7.8% below the national average.

Clinical audits demonstrated improvement in the review and monitoring of patients' health needs. For example:

- We were shown four clinical audits completed after our March 2015 inspection. These included: monitoring the blood levels and renal function of patients prescribed specific medicines used to treat blood pressure and heart failure for example; the use of orlistat in obesity, an audit on patients with atrial fibrillation and minor surgery.
- The audit findings were used by the practice to implement changes and to ensure patients were taking appropriate medication where appropriate. For example, five patients with an active diagnosis of atrial fibrillation were started on anticoagulation medication as a result of the audit.
- An ongoing audit programme was in place and plans were in place to repeat the clinical audits in 2016 to ensure full cycle audits were completed.
- Meeting minutes reviewed showed staff discussed the audit findings and reflected on the patient outcomes achieved.

At our March 2015 inspection we found:

- no clinical audit had been completed in respect of the minor surgical procedures undertaken within the practice
- limited records evidencing the regular reviews of elective and urgent referrals and that improvements to practice were shared with all clinical staff.

Are services effective?

(for example, treatment is effective)

- 20% of patients with learning disabilities had received their annual health check and the 2013/14 QOF data showed 57.1% of patients with learning disability had a care plan in place.

At this inspection we found:

- a minor surgery clinical audit had been completed and this had identified no post-operative infections for all 19 minor operations undertaken. However the information recorded needed to be strengthened to ensure it included sufficient detail to demonstrate that all four stages of the initial clinical audit had been completed.
- Meeting minutes and reports reviewed showed regular reviews of referrals made and usage of secondary care services by patients. Clinical staff we spoke with confirmed this was discussed to improve patient outcomes.
- 73.9% (17 out of 23) of eligible patients with a learning disability had received an annual health check and had a care plan in place.

Effective staffing

We found all of the non-clinical staff had not received supervision or appraisal in the last 12 months at our March 2015 inspection.

At this inspection we found, the practice had reviewed and updated its staff development and appraisal policy and related documentation; and identified appraisers for each staff member. Two out of seven non-clinical staff and the health care assistant had received an appraisal and an action plan was in place to address identified individual learning needs.

Four staff members had confirmed dates in October 2015 of when their appraisal would be completed. Pre-appraisal forms had also been given to staff to complete in advance of the meeting. Appraisals for GPs and nurses had also been scheduled.

The practice manager had facilitated one to one supervision meetings with non-clinical staff in the interim of appraisals being completed to ensure they were supported to deliver effective care and treatment.

Staff had access to training to meet their learning needs and to cover the scope of most of their work. This included

training on safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included medical records and investigation and test results. The practice shared relevant information with other services, for example when referring patients for further investigations.

We identified a significant backlog of records waiting to be added to individual patient records at the March 2015 inspection. At this inspection, we found this had mostly been addressed with a manageable amount of records waiting to be scanned. There were no outstanding patient documentation that had not been followed up by the clinical staff. The practice had a system in place to ensure all paperwork received from external health providers was reviewed and actioned in a timely manner.

Staff worked together and with other health and social care services to ensure the provision of integrated care for patients and to assess and plan the ongoing care and treatment of individual patients. This included people experiencing poor mental health, patients with end of life care needs, patients at risk of hospital admission and / or discharged from hospital. We saw evidence of multi-disciplinary team meetings taking place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and recorded the outcome of the assessment. We saw an example of where a best interest meeting and decision had been made when a patient lacked the mental capacity to make a specific decision about their care.

Are services effective?

(for example, treatment is effective)

- Staff demonstrated awareness of the need to carry out assessments of capacity when providing care and treatment for children and young people, in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service including available local support group.

The 2014/15 data showed:

- 71.2% of patients aged 15 or over recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months compared to the CCG average of 79.5% and national average of 86.7%.
- 69.9% of patients aged 65 and over had received a seasonal flu vaccination compared to the CCG average of 74.4%

The practice encouraged its patients to attend cervical screening tests and national screening programmes for bowel and breast cancer screening. The practice's uptake for cancer screening programmes was comparable to the CCG and national averages. For example:

- 80.6% of females aged 25 to 64 attended cervical screening within the target period compared to the CCG average of 78.7% and national average of 74.3%.
- 77.6% of females aged 50 to 70 were screened for breast cancer in the last three years compared to the CCG average of 77.9% and national average of 72.2%
- 62.8% Persons, 60-69, screened for bowel cancer in last 30 months compared to the CCG average of 59.5% and national average of 58.3%

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.1% to 98.3% and five year olds from 87.7% to 98.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had completed 69% of its health checks target. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Twelve out of thirteen patients we spoke with told us they were satisfied with the care provided by the practice. They described staff as being pleasant, accommodating and said their dignity and privacy was respected. This feedback was also aligned with the Care Quality Commission comment cards we received. All four comment cards were positive about the service experienced. Patients said the practice offered a good service and that staff were helpful, caring and treated them with dignity and respect.

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

- 95% said they had confidence and trust in the last GP and this was in line with the clinical commissioning group (CCG) and national averages of 95%.
- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.

We observed members of staff being courteous to patients and maintaining their confidentiality.

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

Care planning and involvement in decisions about care and treatment

All but one patient told us they were fully involved in decision making about the care and treatment they received. Some patients gave specific examples of being proactively supported in expressing their views and staff being skilled at giving information and explanations they

needed. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were available for patients who did not have English as a first language; although this service was not used often as the majority of patients communicated in English.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Most of the results were in line with local and national averages; with higher values achieved for nurses. For example:

- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 89% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 82%.

Patient and carer support to cope emotionally with care and treatment

Patient feedback and comment cards received highlighted that staff responded compassionately when they needed help and provided support when required. This was also aligned with the national GP patient survey results:

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either

followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Records reviewed showed bereavement visits were undertaken by the GPs.

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 patient population and engaged with commissioners of services to improve their health outcomes. This included the NHS England Area Team and the local clinical commissioning group (CCG). Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- A range of clinics and services were offered for the different population groups. This included diabetic and cardiovascular checks, ante-natal clinics and baby checks, family planning and travel vaccinations available on the NHS as well as privately.
- The care of people experiencing poor mental health was coordinated by undertaking regular reviews with a consultant psychiatrist. This enabled GPs to access expert advice and ensure the delivery of holistic care for these patients.
- Patients living with dementia were offered health reviews within their own home and this included people residing in care homes.
- Patients at five local care and nursing homes were registered with the practice. GPs undertook weekly visits to ensure their health needs were reviewed and met.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. This was confirmed by some of the patients we spoke with and our review of the appointment system.
- Longer appointments and easy read information was available for patients with a learning disability.
- An early morning surgery was offered on a Wednesday from 7am to 8am for working patients or those who could not attend during normal opening hours.
- Reasonable adjustments were made and appropriate action was taken to remove barriers when patients found it hard to use or access services. For example, people with mobility needs were offered appointments in consultation rooms located on the ground floor. Baby changing and breast feeding facilities for mothers were also available.
- Patients had a choice of seeing male or female staff.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Morning appointments are available between 8.30am and 11.30am daily; with extended surgery hours being offered between 7am and 8am on a Wednesday. Afternoon appointments are available between 1.30pm and 5.30pm.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice also participated in a pilot scheme which offered weekend appointments to patients in the locality. This service was accessible through the 111 service.

Most of the patients we spoke with told us they were able to get appointments when they needed them; although getting through to the practice was sometimes a challenge as they were kept on hold for "long". This was aligned with the results from the national GP patient survey which showed patient's satisfaction with how they could access care and treatment was lower compared to the local and national averages. For example,

- 59% patients said they could get through easily to the surgery by compared to the CCG average of 67% and national average of 73%.
- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 60% described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 86% say the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.

The management team was aware of the low satisfaction rates and our overall review of the appointment system showed some changes had been made to improve the availability of appointments with the clinical staff. This included offering appointments with locum advanced nurse practitioners (ANPs) who had been contracted to fill in the GP workforce gap. An ANP is an experienced nurse able to diagnose and treat patient's health care needs or refer you to an appropriate specialist if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Higher values were achieved in respect of consistency of care for patients.

- 64% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 54% and national average of 60%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. This included information on the practice website and patient leaflet.

We looked at three complaints received since our March 2015 inspection and found these had been dealt with in a timely way and in accordance with the practice complaints policy. Records were kept of the actions taken in response to the complaints.

Complaints were a standing item on the practice meeting agenda. However, discussions held were not always fully documented as relayed to us by staff to evidence the lessons learnt and / or actions taken to improve the quality of care where applicable.

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 mission statement in place and this was to “improve the health, wellbeing and lives of the patients under our care”. Staff we spoke with knew and understood the practice values and this included: treating all patients with dignity, respect and honesty as well as working in partnership with patients and health professionals to ensure continuity of care.

At our March 2015 inspection we found two of the four practice partners had retired and there was no clear strategy to ensure the future sustainability of the leadership and contingency planning to mitigate the significant effects this had on assessing and monitoring the quality of services.

At this inspection we found the two GP partners had discussed succession planning arrangements for the practice and briefly documented their plans. However, a robust strategy and supporting business plan had not been developed.

The partners were actively recruiting for a GP and were very much aware of the challenges relating to the nationwide GP shortages and recruiting to a practice within a rural location. In the interim, advanced nurse practitioners had been employed to increase the practice’s clinical capacity and broaden the skill mix of clinicians. The partners were keen to ensure stability within the clinical team given one of the salaried GPs had resigned and another salaried GP was due to leave the practice on 31 December 2015.

Governance arrangements

We found some changes had been made to the overarching governance framework to support the delivery of good quality care. However these were not always sufficient or effective and therefore did not enable the providers to effectively assess and monitor the quality of the service; as well as ensure that risks were sufficiently identified, assessed and mitigated. For example

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions had been strengthened.
- Regular meetings were held to discuss performance, quality and risks; although the record keeping required

strengthening. Management plans for areas identified had been carried out and identified action had either been implemented or was in progress of completion to ensure safe patient care.

- Written records of significant events were kept but some records reviewed were brief, lacked details of the investigation and discussion or did not accurately reflect the detailed information shared by staff.
- Policies and procedures for monitoring and managing risks to patient and staff safety were in the process of being reviewed and updated. We saw evidence of staff having signed updated policies related to blame free culture, looked after children, violence and aggression for example. We found this had been a slow process given the progress made by the practice since our March 2015 inspection.
- Improvements had been made to ensure a programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Some of the lead roles previously assigned to the full-time GP partner had been delegated to the practice nurse and practice manager. This included infection control and recruitment.
- Further improvements to infection control practices were still required. This included updating the practice’s policies and procedures, staff training, risk assessments related to staff vaccinations and management of waste for example; although an action plan was in place. The practice told us these improvements would be completed to minimise risks to patients and progress made would be reviewed together with the infection control matron in December 2015.

Leadership and culture

The part-time GP partner who also assumed the role of the Registered Manager was still not in day-to-day charge of the regulated activities carried out by the provider. They told us they worked in liaison with the full-time GP partner and practice manager to try and ensure the service was delivered safely and to the appropriate standards. The full-time GP partner told us they were very much aware of the demands on them to balance the clinical care they delivered and to maintain managerial oversight for their lead areas.

Are services well-led?

Requires improvement 

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

- The partners were visible in the practice and staff told us they were approachable and took the time to listen to them.
 - There was a clear leadership structure in place and staff felt supported by management.
 - Staff told us the practice held regular team meetings although these did not include all non-clinical staff. Plans were in place to have a full practice meeting but a date had not been confirmed at the time of our inspection. An email distribution list for all permanently employed staff had been created and this allowed staff to access meeting minutes and add agenda items for discussion. The practice manager was of the view this had improved communication within the practice.
 - The practice had gathered feedback from patients through the patient participation group (PPG), complaints and surveys. There was an active PPG which met regularly. The PPG member we spoke with told us they were encouraged to share proposals for improvements. For example, PPG members had been invited to observe the reception team to get a better understanding of their role and suggest areas of improvements.
 - The practice had gathered feedback from staff through staff meetings, supervision and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and to implement the outstanding improvement actions to ensure a good service was provided to patients.
- Seeking and acting on feedback from patients, the public and staff**

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

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have effective and fully embedded systems to enable them to: <ul style="list-style-type: none">• identify, assess and / or mitigate risk in relation to infection control and health and safety;• assess and regularly review the quality of service through staff appraisals, patient complaints and business plan.