

Dr E.A. Allan & Partners

Quality Report

45 Loyd Close

Abingdon

Oxfordshire

OX14 1XR

Tel: 01235 522379

Website: www.longfurlongmedicalcentre.co.uk

Date of inspection visit: 31 May 2017

Date of publication: 03/07/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr E.A. Allan & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr E. A. Allan & Partners on 29 September 2016. The practice was rated as inadequate for well led, requires improvement for safe and effective and good for caring and responsive. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr E. A. Allan & Partners on our website at www.cqc.org.uk.

An announced comprehensive inspection was undertaken on 31 May 2017. We found significant improvements and overall the practice is now rated as good. Specifically, we have rated the practice good for the provision of safe, effective, caring, responsive and well-led services. All population groups have also been rated as good.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety. In particular, the practice had reviewed how safety alerts were received into the practice, had clarified the role of the chaperone and who could undertake these duties, reviewed the training requirements and updates for staff, ensured blank prescriptions were stored and logged appropriately, had purchased data loggers for the fridges, commenced recording all samples sent for cervical screening and ensured patient group directions were administered in line with current legislation.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they were able to make an appointment with a named GP, although the waiting time could be up to six weeks. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

However, there was one area of practice where the provider should make improvements;

- Ensure carer status of patients is clearly indicated to clinicians.

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?

During our previous inspection in September 2016, the practice was rated as requires improvement for providing safe services. We saw evidence improvements had been made during our inspection in May 2017. The practice is now rated as good for providing safe services.

- The practice had improved their risk assessments and procedures and had become compliant with the regulations.
- All alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were received into the practice to a designated email inbox. The designated person could review and action the latest alerts. This ensured none were missed and all appropriate actions taken.
- Patient group directions were signed appropriately and administered in line with current legislation.
- All staff had received up to date safeguarding training relevant to their role.
- The practice had decided to only offer clinical staff to act as a chaperone. Clinical staff had been trained for the role and had an appropriate background check.
- The practice had reviewed the fridge temperature monitoring process and had improved the systems for recording them. They had purchased data loggers as an additional means of recording temperatures. We noted no breaches of the cold chain in the past three months.
- Staff personnel files were complete and clinical staff showed evidence of ongoing registration with the appropriate governing body.

Good



Are services effective?

During our previous inspection in September 2016, the practice was rated as requires improvement for providing effective services. We saw evidence improvements had been made during our inspection in May 2017. The practice is now rated as good for providing effective services.

- The practice had reviewed the training requirements and updates for staff and ensured everyone was aware when training was due and had been completed.
- The practice had commenced a log of all cervical smears being taken and ensured a result was received for each one. The practice followed up on all abnormal results.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance, such as National Institute for Clinical Excellence (NICE) guidelines.
- Clinical audits demonstrated quality improvement.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Whilst the practice held a carers register, there were no system alerts to identify patients carer status to staff.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice had started to consider and plan for a new housing development of 1200 houses located within the practice boundary by 2020.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they were able to make an appointment with a named GP, although there could be a wait of up to six weeks. However, urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and evidence from the examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

During our previous inspection in September 2016, the practice was rated as inadequate for providing safe services. We saw evidence improvements had been made during our inspection in May 2017. The practice is rated now as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice had a switchboard bypass telephone access for healthcare professionals and other stakeholders.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, the practice had appointed a member of staff as a care co-ordinator to assist patients with appointments, signposting to other services and supporting older patients with their care needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice showed us their latest submitted data to the Quality and Outcomes Framework for 2016/17 which showed the practice had achieved 91% for their Diabetes indicators. This was the same as the previous year and was comparable to local and national averages.

Summary of findings

- The practice QOF achievement for 2016/17 was 98% with 8% exception reporting. These figures had improved from 2015/16 when their overall achievement was 97% and clinical exceptions were 9%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice held a contract with a local boarding school for young males aged between 13 and 18 years. GPs held a clinic at the school every weekday and supplied pitch side medical cover for rugby matches.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible. The practice was part of a federation of six GP practices locally and offered evening and weekend clinics on a rotational basis. Patients unable to attend during core working hours could make an appointment to see a GP at whichever of the five practices was open that evening or weekend.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. However, whilst the practice held a register of known carers, we noted there were no computer system alerts to identify carer status of patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the year 2015/16, which was higher than the CCG average of 82% and national average of 78%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice offered counselling services onsite for patients, which reduced the anxiety associated with travelling for appointments.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice provided the inspection team with their latest Quality and Outcomes Framework data for 2016/17. They had achieved 100% for their mental health indicators which had increased from 98% the previous year.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016; results showed the practice was performing higher than national averages. 223 survey forms were distributed and 115 were returned. This represented 1.2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 31 comment cards which were almost all positive about the standard of care received. Patients said they received an excellent service at the practice and they felt that the GPs, nurses and receptionist were kind, caring and compassionate. Only two cards offered negative feedback regarding GP care and treatment.

We spoke with six patients as part of the inspection. Most patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient felt they were not offered enough time during a GP consultation and had not felt supported or involved when being referred to another service for further treatment.

We looked at the NHS Friends and Family Test for January to December 2016, where patients were asked if they would recommend the practice. The results showed 97% of respondents were likely or extremely likely to recommend the practice to their family and friends.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure carer status of patients is clearly indicated to clinicians.

Dr E.A. Allan & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor.

Background to Dr E.A. Allan & Partners

Dr E. A. Allan & Partners (also known as Long Furlong Medical Centre) provides GP services to approximately 9074 patients in a suburban area of Abingdon in Oxfordshire. The locality has a low level of deprivation, with a higher working age population compared to the national average. Over 80% of the population are under 60 years old and are predominantly white British.

The practice has six GP partners (four female and two male). There are three practice nurses, an advanced nurse practitioner, a health care assistant, a phlebotomist, a practice manager and nine members of the administration team.

Dr E. A. Allan & Partners is located on two floors of the same building. The ground floor has six GP consulting rooms and two nurse treatment rooms. There is step free access to the main entrance, parking (including disabled parking spaces) and automatic entrance doors. The practice has been extended over the years to maximise space.

The practice is open between 8.30am and 6.30pm Monday to Friday. Monday to Friday between 8am and 8:30am the surgery offers an emergency only telephone line. Extended hours appointments are offered across six GP practices in the area who have formed a federation (including with Dr E.

A. Allan and partners). Appointments are available every weekday until 7.30pm and every Saturday and Sunday, for working patients who are unable to attend during core hours.

The practice has opted out of providing Out of Hours services to their patients. The Out of Hours service is provided by Oxford Health NHS Foundation Trust and is accessed by calling NHS 111. Advice on how to access the Out of Hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Dr E. A. Allan & Partners is registered to provide services from the following location:

Long Furlong Medical Centre, 45 Loyd Close, Abingdon, Oxfordshire, OX14 1XR.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr E. A. Allan & Partners on 29 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for well led services, requires improvement for safe and effective services and good for caring and responsive services. Overall the practice was rated as requires improvement.

We also issued requirement notices to the provider in respect of safe care and treatment and good governance and informed them that they must become compliant with the law within six months. We undertook a follow up inspection on 31 May 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr E. A. Allan & Partners on our website at www.cqc.org.uk.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as local Healthwatch, Clinical Commissioning Group and NHS England to share what they knew. We carried out an announced visit on 31 May 2017. During our visit we:

- Reviewed the previous Care Quality Commission (CQC) inspection report and the action plan submitted by the practice outlining how they would make the necessary improvements to comply with the regulations.
- Spoke with a range of staff (including five GPs, one advanced nurse practitioner, one practice nurse and the practice manager). We also requested written feedback from several receptionists, members of the administration team and a practice nurse.
- Spoke with patients who used the service, including representatives of the practice participation group.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing safe services as the arrangements for assessing risk and keeping patients safe were not always effective; Not all staff had received up to date safeguarding or infection control training, staff who undertook chaperoning duties had not all received a background check and some staff did not understand the role of a chaperone. Vaccine fridges were found to be outside the recommended temperature range with no action or escalation, Patient group directions had not been administered in line with legislation, a medicine safety alert had not been identified for action, blank prescription pads were not securely stored or logged to monitor their use and there was no systematic process to identify evidence of ongoing registration with the appropriate governing body for clinical staff.

These arrangements had significantly improved when we undertook a follow up inspection on 31 May 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of two documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For

example, a patient with known medical conditions had been unwell and was still taking their prescription medicines. The GP recognised, during a review, the patient had not been advised of "sick day rules" where certain medicines should have their dosage adjusted if there is a poor dietary or liquid intake due to illness. The practice undertook a search of patients on at risk medicines and offered an information card and explanation letter to these patients.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and process

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of two documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses had been trained to at least level two for child protection and all staff had received adult safeguarding training.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had decided that only clinical staff should act as chaperones. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

Are services safe?

- We observed the premises to be clean and tidy. The practice had cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The nurse had been in post since January 2017 and had not yet received infection control lead training. The practice was aware of this and was waiting for availability on the next facilitated course. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, although this was not formally documented with timescales and which staff member was responsible.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice manager had signed up to a computerised human resources software. All staffing and recruitment records were being added to the online system and alerts were created to remind the practice to review ongoing registrations with an appropriate governing body for clinical staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- 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 stored securely. We noted the emergency trolley had an electrocardiograph machine (ECG – for taking a reading of the heart rate and rhythm) on the top and was located within a curtain area. The practice had not recognised this may cause delay in obtaining the emergency medicines and equipment if the curtain was pulled or if the ECG machine was in use at the time of an emergency. The practice reviewed this arrangement on the day of the inspection and improved accessibility to the emergency equipment and medicines.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 29 September 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff training and ensuring cervical smear results were returned needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 31 May 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

The overall exception rate was 9% compared to the CCG average of 10% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 91% which was comparable to the CCG average of 95% and national average of 90%.
- Exception reporting for diabetes related indicators was 10% which was similar to the CCG average of 13% and national average of 12%.
- Performance for mental health related indicators was 98% which was similar to the CCG average of 96% and the national average of 93%.
- Exception reporting for mental health related indicators was 8% which was similar to the CCG average of 11% and national average of 11%.
- Exception reporting for dementia related indicators was 18% which was higher than the CCG average of 12% and national average of 13%. The practice showed the inspection team they had appropriately exception reported patients and followed up with patients who did not attend their review appointments.

There was evidence of quality improvement including clinical audit:

- There had been 18 clinical audits commenced in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of patients with atrial fibrillation (AF – an irregular heart rhythm) showed 78% were on the correct anticoagulant (blood thinner) therapy with 22% requiring review. The practice reviewed the National Institute of Clinical Excellence (NICE) guidelines and discussed the audit findings at a clinical meeting. The GPs agreed to use a specific assessment tool and called in patients who were not on the most appropriate therapy to offer an informed discussion about treatment options. The repeat audit showed the number of patients on the appropriate therapy had risen to 83%.

Information about patients' outcomes was used to make improvements such as: The practice had undertaken an audit of injuries sustained during rugby matches at the local boarding school for whom they provided GP services. They noted that head injury reporting had increased between 2010 and 2015. The GPs offered an annual educational presentation to the school coaches and nurses in the recognition and treatment guidelines for head injury and concussion. They had also discussed specific changes

Are services effective?

(for example, treatment is effective)

to training and type of rugby matches played. The seminars and continued provision of GP attendance at school rugby matches had successfully reduced overall injuries by 25% and head injuries by 60% in the year 2016.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses had recently undertaken cervical smear training and was currently undergoing supervised practice to be signed off.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- From a sample of documented examples we reviewed, we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 82% and the national average of 81%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- 82% of females aged 50 to 70 years had been screened for breast cancer in the preceding 36 months compared to the CCG average of 76% and national average of 73%.
- 70% of patients aged 60 to 69 years had been screened for bowel cancer in the preceding 30 months compared to the CCG average of 60% and national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Data relating to childhood immunisation rates were comparable to local and national standards;

- Vaccinations given to children under two years showed that the practice had achieved above the 90% national target for four vaccination sub indicators, with outcomes ranging from 96% to 99%.
- The data for immunisation of five year olds receiving the two stage MMR booster showed the practice had achieved 97% for MMR dose 1 (CCG average 97%, national average 94%) and 95% for MMR dose 2 (CCG average 92% and national average 88%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

The vast majority (29 of the 31) of patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 94% of patients said the nurse was good at listening to them compared with the CCG average of 93% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 93% of patients 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%.
- 90% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the lead nurse for the local boarding school described the practice as responsive to the needs of the young patients in their care. The GPs undertook a daily surgery every weekday morning and were contactable for advice at other times. Appointments could be booked at the practice if a young patient became unwell and could not wait until the next weekday clinic to be seen. The lead nurse at the school felt communication links were strong and regarded the practice as colleagues in care.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals. For example, at the local boarding school, GPs discussed medical conditions and treatments in full with the young patients and offered health education.

Are services caring?

Results from the national GP patient survey, published in July 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. This included access to a British sign language interpreter for hearing impaired patients. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The NHS e-Referral Service was used with patients as appropriate. (The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice had identified 139 patients as carers (>1% of the practice list). However, the practice's computer system did not alert GPs if a patient was also a carer. Five of the GP partners had worked at the practice for over 20 years and knew their patients needs and vulnerabilities. This included those that were carers. The practice had not recognised that a carer alert would be beneficial for informing newer members of staff who did not know the patients carer status. The practice had a carers champion and offered all carers an annual health check and flu vaccination. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population: The practice had begun planning for a new local housing development for 1200 houses. They were working with the clinical commissioning group (CCG) to ensure they could provide services for a vastly increased patient list size This included considering the possibility of an additional branch or satellite on the housing development.

- The practice were part of a federation of six GP practices locally and offered extended hours on a rotational basis. The federation arrangement ensured working patients who could not attend during normal opening hours could access GP services from any practice. The extended hours operated Monday to Friday evenings from 6.30pm until 8pm and Saturdays and Sundays at variable times. Patients contacted their own practice to arrange their appointment.
- There were longer appointments available for patients with a learning disability or enhanced care needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. The practice had commenced work to make the door between the reception and treatment room areas automatic, to enable easier access for less mobile patients.

- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.40am to 12pm every morning and 3pm to 6.05pm daily. Extended hours appointments were offered across six GP practices in the area who had formed a federation. Appointments for extended hours clinics were available every weekday until 7.30pm and every Saturday and Sunday. Patients could book an appointment through their own practice. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 97% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 76%.
- 96% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 79% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although an appointment with a specific GP may take up to six weeks.

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The patients own GP (or duty GP) would make a telephone based assessment of clinical need and identify if a home visit was appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.

We looked at two complaints received in the last 12 months and found they were handled satisfactorily and dealt with in a timely way. The practice had an open and transparent approach to dealing with complaints. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a letter with patient identifiable details was sent to an incorrect address. Both the patient and the recipient of the letter were contacted and offered an apology. The practice reviewed their communications policy and discussed using an NHS email address in the first instance for referral letters.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 29 September 2016, we rated the practice as inadequate for providing well-led services as governance arrangements did not always identify or mitigate risks to patients. For example, the practice had not recognised the lack of staff training and updates, non-compliance with maintaining the cold chain for vaccine safety, ensuring PGDs were being used in line with legislation, not securely storing and logging blank prescriptions and ensuring all safety alerts were reviewed and appropriately actioned.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 31 May 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, information received from the Medicines and Healthcare products Regulatory Agency (MHRA) were viewed in a designated email folder and checked daily to ensure none were missed. Any actions to be taken were disseminated to the appropriate staff and followed up at staff meetings.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually. Minutes were comprehensive and were available for practice staff to view.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had highlighted that the tannoy system in the waiting room was not always clear when calling patients through for their appointments. They had proposed a TV screen or ticker tape announcement system. The practice was looking at costings for these.
- the NHS Friends and Family test, complaints and compliments received
- staff through an annual staff survey, through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to

give feedback and discuss any concerns or issues with colleagues and management add your own examples of where the practice had listened to staff feedback. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had identified and reviewed their governance systems and processes to ensure they mitigated all risks as outlined in the previous inspection report. They discussed issues arising when they occurred and followed up on potential risks through meetings and in-house reviews. They were planning for the future of the practice and looking at recruitment, retention and safe staffing levels. In particular they were in discussions with the Clinical Commissioning Group to prepare for a new housing development which would increase the practice list significantly, through construction of a new estate with over 1200 houses.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had offered educational seminars to the rugby coaches of the local boarding school and had helped to reduce sports injuries through recommendations for training, offering pitch side medical care on match days and through continuity of care. Other schools locally were following this structured approach.