

Rivermead Gate Medical Centre

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		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

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 Riverhead Gate Medical Centre on 2 June 2016. Overall the practice is rated as good.

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

- The system for managing safety incidents and significant events required improvement. Although incidents were being reported, some staff were unsure what constituted a significant event, some investigations were incomplete and learning was not being routinely cascaded to relevant staff.
- The practice followed current guidance in relation to infection control. A lead had been identified and regular audits took place where areas for improvement had been actioned.
- Patient safety and medicines alerts were received and acted on at the practice. Where required the medicines of patients were reviewed and changed.
- The practice had an effective recruitment process and staff were suitably qualified and experienced.
- Not all staff who acted as chaperones were trained for the role and they had not received a Disclosure and Barring Service check (DBS check) or risk assessment. The practice assessed and managed risks to patients and staff. These included risk assessments for health and safety, legionella and the checking of electrical and medical equipment in use at the practice.
- The practice performance against the Quality and Outcomes Framework was in line with local and national averages.
- The practice had only carried out two clinical audits in the last two years. There was no other quality improvement process in place.
- Staff at the practice received support and development through the appraisal. Staff spoken with felt supported and was encouraged to develop additional skills.

Summary of findings

- The practice was in line with local and national averages in relation to national screening programmes, including breast and bowel cancer, cervical screening and child immunisation.
- There were a low number of carers who were patients identified at the practice.
- Data from the national GP patient survey published in January and July 2016 reflected that patients were very satisfied with the services provided at the practice including the interactions between the GPs and the nurses.
- The practice responded to the needs of their patients. The facilities had been adapted to accommodate the needs of disabled patients and those with limited mobility.
- The national GP patient survey data indicated that patients were not satisfied with being able to get through to the surgery by phone and the appointment system.
- An effective system was in place to record, manage and analyse complaints. This included cascading learning from them.
- Leadership roles were clearly defined at the practice and staff spoken with told us that they were supported and involved in discussions about the management of the practice.

The areas where the provider must make improvement are:

- Ensure that staff undertaking chaperone duties have received training and a disclosure and barring service check or a risk assessment is in place as to why one is not required.
- Improve the system for managing significant events and safety incidents to include investigation and analysis, cascading learning and ensuring that all staff understand how to recognise and report such events.

The areas where the provider should make improvement are:

- Improve the system for the identification of patients who are carers and provide them with appropriate support.
- Take action to respond to patient feedback in relation to telephone access at the practice.
- Improve the performance for the monitoring and review of patients with diabetes.

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 requires improvement for providing safe services.

Requires improvement



- The practice had a system for reporting and recording significant events; however the learning from such events was not being routinely shared throughout the practice or not always actioned. Some staff were not aware of what constituted a significant event.
- When mistakes happened, patients received an apology and were told about actions taken to improve processes to prevent re-occurrence.
- The practice had arrangements in place to safeguard children and vulnerable patients from abuse.
- Staff worked within the scope of their qualifications, competence, skills and experience to ensure safe delivery of care.
- Clinical staff assessed risk with consideration of links between infection prevention and control, antimicrobial stewardship and how medicines were managed.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Not all staff who acted as chaperones were trained for the role and they had not received a Disclosure and Barring Service check (DBS check) or risk assessment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice data performance from the Quality and Outcomes Framework (QOF) identified patient outcomes were at or above average compared to the CCG and national average.
- Patient's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation.
- There was limited quality improvement processes in place and clinical audits were not taking place routinely.
- Information about patient's care was collected and monitored.
- Staff were qualified and had skills to carry out their roles effectively and in line with best practice.
- The staff received appraisals and personal development plans.
- When patients received care from a range of different staff, teams or services, it was coordinated effectively.

Summary of findings

- Staff supported patients to live healthier lives.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients and family members spoken with were positive about the services provided.
- Patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients and staff worked together to plan care and there was a shared decision making process about care and treatment.
- The practice held a register for patients identified as carers, although the current number of patients identified was low.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients and family members spoken with were positive about the services provided. We reviewed written CQC comments cards from patients that described the staff as good to excellent for support and respect.
- Urgent appointments were usually available on the day they were requested. However patients told us that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a 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.
- The practice had some systems and processes to identify and assess risks to the health, safety and wellbeing of patients. The

Summary of findings

risks to patients from staff acting as chaperones without a disclosure and barring service check had not been assessed. The system for handling significant events and safety incidents required strengthening.

- There were structured lines of accountability at the practice. Staff were all clear about their own roles and responsibilities.
- The governance at the practice required improvement. Systems for monitoring and assessing the quality of the services provided at the practice required improvement.
- The practice held regular meetings to discuss clinical issues, and general staff meetings were arranged for wider issues. Staff put forward the items for discussion at their meetings
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active. However the practice had not responded to patient satisfaction data in the national GP patient survey in relation to telephone access.

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 overall.

Good



- Older patients with complex needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to provide continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice used specific templates for the older person health check that prompted a falls assessment, dementia screening, carer details and also offered carers' wellbeing/health checks.
- The practice provided GP care to patients living in three local care homes. Representatives from the care home confirmed that the practice worked with them in a supportive and helpful way.
- The practice had a wheelchair available for frail patients, also a lower level reception desk, and toilets for the disabled and a lift.

People with long term conditions

The practice is rated as good overall. However some issues identified as requiring improvement affected patients with long term conditions.

Requires improvement



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators at 72% was below the CCG average of 79% and the national average of 89%. The level of exception reporting for diabetes patients was also noted to be higher than local and national averages.
- Longer appointments and home visits were available when needed.
- There was a process to call and re-call patients for their review.
- Patients with more than one long term condition had a longer review so all conditions could be reviewed together holistically.

Families, children and young people

The practice is rated as good overall.

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided an online appointment booking facility and online ordering of repeat prescriptions.
- Patients we spoke with on the day, and feedback received from our comment cards, stated 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 held quarterly meetings with the health visitor, and also reviewed any children on a child protection plan at their own monthly clinical meeting.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.
- The practice's uptake for the cervical screening programme was 71% which was lower than the CCG average of 81% and the national average of 82%.

Working age people (including those recently retired and students)

The practice is rated as good overall.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good overall.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Not all staff who acted as chaperones were trained for the role and they had not received a Disclosure and Barring Service check (DBS check) or risk assessment.

Good



Summary of findings

- The practice had identified a low number of patients who were carers.
- 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 practice is rated as good overall.

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The practice encouraged Improving Access to Psychological Therapies (IAPT).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients that had been identified as needing support to manage their medicines were provided medicines compliance aids (boxes organised into compartments by day and time), to support compliance with the taking of medicines at the correct dosage and time of day.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 264 survey forms were distributed and 116 were returned. This represented a 44% response rate.

- 44% of patients who responded said they could get through easily to the practice by phone compared to the local average of 63% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 85%.
- 78% of patients described the overall experience of this GP practice as good compared to the local average of 83% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 76% and 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 32 comment cards with mostly positive comments about the care received. Patients described staff as friendly, polite and helpful, and care they had received was high. However there were five comment cards that reported poor access to appointments and waiting a long time past their appointment time to be seen.

During our inspection we spoke with eight patients. They told us they were satisfied with the care and treatment they received. Patients confirmed that they waited a long time from their appointment time before they were seen but they told us they were not concerned by it. We also spoke with three members of the Patient Participation Group (PPG) who were also registered patients. A PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. They said they were satisfied with the standards of care they received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that staff undertaking chaperone duties have received training and a disclosure and barring service check or a risk assessment is in place as to why one is not required.
- Improve the system for managing significant events and safety incidents to include investigation and analysis, cascading learning and ensuring that all staff understand how to recognise and report such events.

Action the service **SHOULD** take to improve

- Improve the system for the identification of patients who are carers and provide them with appropriate support.
- Take action to respond to patient feedback in relation to telephone access at the practice.
- Improve the performance for the monitoring and review of patients with diabetes.

Rivermead Gate Medical Centre

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 and a practice manager specialist advisor.

Background to Rivermead Gate Medical Centre

Rivermead Gate Medical Centre is an established GP practice that has operated in the area for many years. It serves approximately 13000 registered patients and has a general medical services contract with NHS Mid Essex CCG. Rivermead Gate Medical Centre is the administrative centre for the practice serving patients in the north of Chelmsford. The branch surgery is located at 158 Wood Street, Chelmsford which is situated in the south of the city.

The practice team consists of six GPs, two nurse practitioners three nurses and one health care assistant. Administration staff includes a practice manager who is supported by administration and reception staff. It is a teaching practice involved with the training of GPs.

The opening times for main surgery were between 8am and 6.30pm Monday to Friday. The branch times are Monday to Friday from 8.15am to 1pm and in the afternoon from 3pm to 6pm. The practice has opted out of providing extended opening hours. Pre-bookable appointments can be booked

up to four weeks in advance; urgent appointments are available for patients that need them. Patients are also able to book on the day appointments or for the following two days if necessary.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we spoke with a range of staff including GPs, nurses and administrative staff. We reviewed a range of the practice's policies and procedures and a small sample of patients' records. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service. We did not visit the branch of the practice.

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

Detailed findings

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events but it required improvement.

- The practice carried out investigations of significant events and these were a standing item at the partners meetings that were held every two weeks. However there was no system in place to share lessons with all the staff. The practice manager told us they would discuss learning with any teams that were involved in the incident only.
- We were told by staff that they would report safety incidents, concerns and significant events on a form on their computer system or on paper in a book kept in the reception area. However several staff spoken with during the inspection could not identify what constituted a significant event.
- We were shown evidence of how patients were kept informed when they were affected by something that went wrong. Outcomes from the investigation into the incident were shared with patients concerned and when relevant, their families, carers and advocates. They were given a verbal and a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We saw that nine significant event issues had been recorded in the past 12 months and we saw that they had been investigated to identify safety concerns. We found that the investigation, results and actions identified were discussed at clinical meetings; however three of the nine investigations were not complete. The three incomplete investigations had no learning points identified, no action identified to be implemented or evidence of shared learning.

Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts, the National Institute for Health and Care Excellence (NICE) guidance and through the Central Alerting System (CAS). This enabled staff to understand risks and gave an accurate overview of safety. When necessary the practice used the National Reporting and Learning System (NRLS). This is a means of sharing lessons learned from safety incidents. These alerts have

safety and risk information regarding medicines and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medicines from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received; reviewed and shared with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where required. Alerts were kept and accessible to staff to refer to as needed.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Not all staff who acted as chaperones were trained for the role and they had not received a Disclosure and Barring Service check (DBS check) or risk assessment. (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 manager confirmed the following day they had applied for a DBS check for staff undertaking chaperone duties and that a risk assessment had been undertaken.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and had received additional training for this role. There was an infection control

Are services safe?

protocol in place and staff had received up to date training. Six monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for ensuring that, for high risk medicines, the doctor carried out a review before authorising the next repeat prescription. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Sufficient equipment and medical devices were available to meet patients' needs. Processes were in place to ensure these devices were in working order. For example all electrical equipment had recent portable appliance testing (PAT) and equipment that required calibration was carried out and recorded.
- We reviewed four personnel files of the most recently recruited members of staff, including clinical and nonclinical staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and all clinical staff had DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health, clinical waste and legionella. (Legionella is a term used for a particular bacterium which can contaminate water systems in buildings).

- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions. Portable appliance testing (PAT) of all electrical equipment was undertaken annually.
- The practice manager has a system in place to ensure there was enough staff with the right skill mix to ensure consistent safe patient care.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines available in the treatment room including those required to treat patients if they had adverse effects when they received minor surgery.
- 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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice had identified GP leads in specialist clinical areas such as, diabetes, heart disease, asthma and gynaecology; the practice nurses supported this work. One of the practice nurses had a special interest in diabetes and heart conditions and another practice nurse supported respiratory conditions.

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 reflected that the practice had achieved 91% of the total number of points available, compared to a CCG average of 92% and a national average of 95%

The practice had an overall exception reporting of 16%, compared to a CCG average of 9% and national average of 9%. Exception reporting is the exclusion of patients from the list who meet specific criteria. This includes, for example, patients who choose not to engage in screening processes or accept prescribed medicines. The results for 2015-16 had not been validated by the CCG but it indicted 12% for the overall exception rating.

QOF data for the year 2014/2015 showed the practice was in line with the CCG and national averages;

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was

74% compared to the CCG of 72% and national average of 77%. The practice exception reporting rate was 15% compared to the CCG of 11% and national average of 11%.

- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 57% compared to the CCG of 74% and national average of 78%. The practice exception reporting rate was 14% compared to the CCG of 8% and national average of 9%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 73% compared to the CCG of 75% and national average of 81%. The practice exception reporting rate was 17% compared to the CCG of 12% and national average of 12%.

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as nerve damage, heart disease and stroke are identified and minimised where possible.

We asked the practice about the low data in relation to blood pressure checks for patients with diabetes. They told us the checks were being performed but had not been recorded correctly.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 81% compared to the CCG of 84% and national average of 83%. The practice exception reporting rate was 10% compared to the CCG of 3% and national average of 4%.
- Those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with specific cardiac medicines was 100% compared to the CCG of 97% and national average of 98%. The practice exception reporting rate was 0% compared to the CCG of 12% and national average of 14%.
- The percentage of patients with asthma who had a review within the previous 12 months was 71% compared to the CCG of 71% and national average of 75%. The practice exception reporting rate was 20% compared to the CCG and national average of 7%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 90% compared with the CCG of 88% and national average of 90%. The practice exception reporting rate was 31% compared to the CCG of 15% and national average of 11%.

We asked the practice manager and a GP why the practice exception rating was higher than average for some conditions. They told us the data had been discussed with the CCG. The practice explained that they had changed the system for reviews by inviting patients in for reviews that coincided with their birth date. They also said that many patients were from the local university and would return to their home GP for their review. During the inspection we reviewed some exception reported criteria and found the rationale used by the practice was acceptable.

Patients who did not attend (DNA) for their reviews received up to three telephone call reminders and if necessary a letter.

The practice was signed up to the national avoiding unplanned admissions enhanced service and also a locally agreed enhanced service which focused specifically for the vulnerable and the over 65 years of age. The practice used computerised tools to identify patients who were at high risk of admission to hospital and automatically ensured housebound patients were on this register so that this specific group of vulnerable patients could have their needs met. Patients on this register had annual reviews of their collaborative care plans, which we were shown, and their named GP acted as co-ordinator for their care. We saw that after these patients were discharged from hospital they were followed up by the duty GP to ensure that all their needs were continuing to be met.

There was evidence of clinical audit but no ongoing programme of clinical audit and re-audit to ensure outcomes for patients were maintained and improved.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- Clinical staff had undertaken an audit of prescribing of a specific antibiotic. There had been two previous audits for this medicine. The latest audit undertaken this year

included further actions that were had been shared with GPs during their clinical meeting. By sharing information on care and treatment with all GPs this led to a uniform and improved approach to antibiotic prescribing.

- The practice was registered to provide minor surgery procedures at the practice. There was a log of all minor surgery carried out that monitored for wound infections. The results to date were zero for post procedure infections. Two audits had been carried out for complications of minor surgery (joint injections) dated November 2014 and January 2016. No issues were identified.

Apart from the two clinical audits there were no other quality improvement processes in place at the practice.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff were provided with a staff training support manual at the start of employment that provided them with practice information and policies that they could quickly refer to.
- 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, administering vaccinations and taking samples for the cervical screening programme they had undergone extended training and updates to ensure nationally recognised evidence based guidance was being incorporated in their care delivery.
- The learning needs of staff were identified through a system of 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 on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: 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. Staff we spoke with told us they had the opportunity to build on their knowledge and development to enhance the services they provided to patients.

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. The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. Electronic task management was effective.

The practice worked collaboratively with other health and social care professionals to assess and plan the ongoing care and treatment of patients; this ensured efficient ways of delivering integrated care for patients. We spoke with a district nurses during our inspection they told us they had a positive working relationship with practice staff and felt suitable arrangements were in place to facilitate effective communication and coordinated care for patients.

The practice provided GP care to patients living in three local care homes. Representatives from the care home confirmed that the practice worked with them in a supportive and helpful way.

Consent to care and treatment

Patients we spoke with told us that they were provided with sufficient information during their consultation and that they always had the opportunity to ask questions to ensure they understood before agreeing to a particular treatment.

Clinical staff we spoke with understood the key parts of Mental Capacity Act (MCA) legislation and were able to describe how they implemented it in their work. The managers of the care homes that the practice supported told us that GPs responded in a timely manner to requests for referrals for Mental Capacity Assessments and also to complete end of life care plans for their residents to ensure their wishes were respected. They told us the GPs always consulted family members where appropriate and

available. Clinical staff with duties involving children and young people under 16 was aware of the need to consider Gillick competence. This helped them to identify children aged below 16 years of age who had the capacity to consent to medical examination and treatment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and patients who may be at risk of developing dementia. Patients were also signposted to other relevant services as appropriate.
- The practice used specific templates for the older person health check that prompted a falls assessment, dementia screening, carer details and also offered carers' wellbeing/health checks.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, female patients, aged 50-70, screened for breast cancer in last 36 months was 76% which was comparable to the CCG average of 76% and the national average of 72%. Patients aged between 60-69, who had been screened for bowel cancer in the last 30 months was 64%. This was also similar to the CCG average of 62% and a national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 92% to 98%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a person centred culture and staff and management were committed to working in partnership with patients. During our inspection we overheard and observed good interactions between staff and patients. We observed that patients were treated with respect and dignity during their time at the practice. All of the patients we spoke with and received comments from, during our inspection made positive comments about the practice and the service they provided. Patients reported that all the staff were friendly and helpful and they were happy with the care that they received.

We saw that patient's confidentiality was respected when care was being delivered and during discussions that staff were having with patients. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that facilities were available for patients to talk confidentially when they were at the reception desk and there were notices informing patients of this. We observed staff were careful to ensure confidentiality when discussing patients' treatments in order that confidential information was kept private. Staff we spoke with were aware of their role in relation to confidentiality.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with care and concern. The practice was comparable to CCG and national averages for its satisfaction scores on consultations with GPs. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 84% and the national average of 85%.

The practice scored high and above local and national averages for patient's feedback about the nursing staff. For example:

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% and the national average of 91%.
- 96% of patients said the nurse was good at listening to them compared to the local average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

The practice was comparable to local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

We received 30 completed Care Quality Commission comment cards those comment cards that referred to the provision of a caring service were positive about the service experienced. However five patients raised an issue with regard to difficulties gaining telephone access to the surgery in the mornings and the availability of appointments once they were able to speak to a receptionist. All patients said they felt the practice offered a professional service and staff were helpful, caring and treated them with dignity and respect.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved and encouraged to be partners in their care and in making decisions. Patients were communicated with and received information in a way that they could understand. Patient feedback from the comment cards we received mostly aligned with these views.

We saw that personalised care plans were in place for the practice's most vulnerable patients with long term conditions and complex care needs and those plans from health reviews were shared with patients and other healthcare providers.

Are services caring?

Results from the national GP patient survey, published 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 the local and national averages. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Nursing staff received positive results. For example:

- 96% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92%, national average of 91%.
- 92% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91%, national average of 90%.
- 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Patient/carer support to cope emotionally with care and treatment

Literature in the form of leaflets and posters were displayed in the waiting room area signposting a number of support groups and organisations that could be accessed for patients, relatives and carers. These included information about support for those with long term conditions such as diabetes and advice for carers in relation to equipment and benefit payments. There was a display of information about dementia and support services available.

When a new patient registered at the practice they were asked if they were a carer and offered appropriate support. The practice had only identified 46 patients who were also carers this represented less than 0.4%. Staff and clinicians were automatically alerted to patients who were also carers. This ensured that GPs and clinical staff were aware of the wider context of the patients' health needs.

Staff told us families who had suffered bereavement were identified and the electronic records system was updated to inform all staff at the practice. This helped to ensure that when a bereaved patient attended the practice, staff were able to respond appropriately. They told us that recently bereaved families were called by their usual GP. This call was either followed by a consultation at the practice, or a home visit where this was more appropriate. The GP also made a further phone call approximately one month after the bereavement to see how the patient was coping and to provide additional support if this was needed. There was also a variety of written information available to advise bereaved relatives and direct them to the local and nationally available support and help organisations.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The leaders were seeking and adjusting their working practices to ensure they meet the needs of individual patients. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve the service provided. For example, the practice worked to ensure unplanned admissions to hospital were prevented. They had identified patients who were at risk and developed care plans with them to manage their wellbeing therefore prevent an unplanned admission.

GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Robust systems were in place to ensure referrals to secondary care and results were followed up.

- Longer appointments were available for patients. Double appointment slots could be booked for patients with complex needs or learning disabilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs triaged home visit requests to ensure these were appropriate.
- The practice has a wheelchair available for frail patients also a lower level reception desk, toilets for the disabled and a lift.
- Patients with more than one long term condition had a longer review so all conditions could be reviewed together holistically.
- A text reminder service was used to help reduce non-attendance for appointments.
- The practice remained open throughout the day. Patients were able to ring the practice or drop off prescriptions or samples during their lunchtime period.
- The waiting area was able to accommodate all patients including those with limited mobility or who used wheelchairs. There were also toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.

- Patients that had been identified as needing support to manage their medicines were provided medicines compliance aids (boxes organised into compartments by day and time), to support compliance with taking of medicines at the correct dosage and time of day.
- Some of the comment cards and patients we spoke with during the inspection were not all positive about their experience in obtaining both urgent and routine appointments. However data from the national GP patient survey in January 2016 found 90% of patients stated the last appointment they got was convenient. This was in comparison to a CCG average of 92% and a national average of 91%. The data from the July 2016 survey remained at 90%.
- There was a clear approach to seeking out and embedding new ways of providing care and treatment. For example, the practice was investigating the reasons for patient attendance at Accident and Emergency Departments (A&E) where patients could have otherwise been seen at the practice to support the reduction of unnecessary A&E attendance.
- The practice held quarterly meetings with the health visitor, and also reviewed any children on a child protection plan at their own monthly clinical meeting.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday; they had opted out of offering extended opening hours. Pre-bookable appointments could be booked up to four weeks in advance, urgent appointments were available for patients that needed them. Patients were also able to book on the day appointments or for the following two days if necessary.

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 in line with local and national averages.

- 68% of patients who responded were satisfied with the practice's opening hours compared to the local average of 72% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 86% and the national average of 85%.
- 83% of patients who responded said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 86% and the national average of 87%.

However there was one area where patient satisfaction was not in line with local and national averages as follows;

- 44% of patients who responded said they could get through easily to the practice by phone compared to the local average of 63% and the national average of 73%.

The data had not improved from a figure of 48% from the January survey. We did not find that the practice had taken any action in relation to this data to improve telephone access for patients.

Three patients spoken with and five of the 32 CQC comment informed us that they were not always able to get appointments when they felt they needed them. Several patients said that they were unhappy to have waited for a week for a routine appointment, and one patient said that they had waited for two weeks. Most patients who told us about their experience of requesting an urgent or emergency appointment said that they had been seen on the same day, but one patient said that they had not been seen for four days.

Patients told us that they felt that they sometimes had to wait too long to be seen. Most patients said that they normally waited for about ten minutes after their appointment time slot, but several patients reported regularly waiting up to 30 minutes. They told us they were not informed when appointment times were running late.

We reviewed the appointment system and found the next routine GP appointment available was in 14 days' time and seven days for a nurse appointment. On the day of the inspection 20 appointment slots were available for urgent

requests (13 in the morning and 8 in the afternoon). These had all been booked. We were told there were no systems in place to escalate further appointment requests. Patients were told to call the following day.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.

Reception staff recorded information centrally for the GPs on the appointment system. GPs telephoned the patient or carer to gather further information. This ensured home visits were prioritised according to clinical need. 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 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. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with on the day had not needed to make a complaint in the past. They told us they would speak with either the GP or the practice manager and felt confident their concerns would be listened to and where required action would be taken. We saw that verbal complaints were recorded and reviewed to identify any trends.

We reviewed complaints that had been received in the last twelve months and found these had been dealt with appropriately and where relevant had been dealt with as significant event.

Are services well-led?

Good 

(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 statement of purpose which outlined its aims and objectives. These included

- High quality, easily accessible care within a safe family orientated and confidential environment.
- Staff will show patients courtesy and respect at all times.
- Promotion of good health and wellbeing to all patients by education and information signposting.
- Encouraged patients to get involved in the running of the practice by being a member of the patient participation group.

The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. However their mission statement was in their practice information leaflet which incorporated their aims and objectives.

Governance arrangements

There was a clear staffing structure and all the staff were aware of their own roles and responsibilities. There were systems in place to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically.

The practice had systems in place for identifying, recording and managing most risks. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary but improvements were required. Some staff acting as chaperones had not received training. The practice had not undertaken disclosure and barring service checks on all staff acting as chaperones or conducted a risk assessment.

There was a system in place and a lead person identified to manage complaints. There was openness and transparency in the way complaints were dealt with.

Staff had access to appropriate support. They had annual appraisals, opportunities to meet as a team and they told us they had access to the training they needed for their roles.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed two clinical audits in the last two years and there was no other system in place for quality improvement to monitor and evaluate the services provided at the practice.

Leadership and culture

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. 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.

Meetings took place to share information; look at what was working well and where any improvements needed to be made. We noted that consistency could be improved at some meetings by having regular agenda items such as complaints and safeguarding. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. Patients could also leave comments and suggestions about the service via the practice website or in the suggestion box located in the waiting area.

- The practice had not responded to patient satisfaction from the data available to them from the national GP patient survey. The results published in both January 2016 and July 2016 reflected that patients were not satisfied with telephone access to the surgery and no action had been taken to improve.
- The practice had a Patient Participation Group (PPG) that met with practice staff three to four times a year. We met with representatives from the PPG. They told us that improvements had been made to the practice as a result of their involvement. They told us they felt they were listened to and that their opinions mattered. For example, the appointment systems were reviewed and services available had been better publicised to the patients.
- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on practice.
- The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Some staff acting as chaperones had not received training for the role or a disclosure and service check and a risk assessment was not in place as to why one was not required.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered provider did not have an effective system in place to monitor and review significant incidents to ensure that learning and risks from these incidents were routinely shared with all relevant staff to improve practice.</p> <p>Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>