

# The Charnwood Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Charnwood Practice on 10 February 2016. Overall, the practice is rated as requires improvement.

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

- There was a detailed policy and system in place for reporting and recording significant events. However, the practice told us about an incident which we highlighted was a significant event and had not been reported as such.
- There was a nominated safeguarding lead and all staff were aware of their responsibilities to keep patients safe and safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene and the premises were visibly clean and tidy.

- We found out of date swabs, blood bottles and urine sticks in one doctors bag, as well as a piece of equipment that had not been calibrated since 2008. The practice took immediate action to remove and replace these.
- Risks to patients were generally assessed and managed. However, the practice had not considered risk assessments for the need of a defibrillator on site, or assessed what emergency medicines were appropriate.
- There was a comprehensive business continuity plan in place and was available off site as well as at the practice.
- Clinical templates and care plans supported best practice guidance
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff. Although, the practice management team did not record when a GPs' appraisal or revalidation was due.
  - There were limited clinical audits undertaken to demonstrate quality improvement in performance to improve patient outcomes.
  - Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
  - The practice monitored data provided by the CCG in regards to hospital attendances, admissions and outpatient attendances.
  - Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
  - Carers were identified at the point of registration. However, at the time of our inspection the practice were unable to provide how many carers had been identified.
  - Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a sexual health and contraception clinic was offered at the practice to registered and non-registered patients.
  - Most patients said they found it easy to make an appointment with a named GP and there was continuity of care.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - Information about services and how to complain was available and easy to understand.
  - The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients but the systems in place to enable good governance needed strengthening to achieve this aim.
  - The practice had a number of policies and procedures to govern activity and held regular governance meetings.
  - There was an overarching governance framework, which supported the delivery of the strategy and good quality care. However, some systems were not effective and required improvement.
  - The provider was aware of and complied with the requirements of the Duty of Candour.
  - The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice acted on feedback from the PPG. However, they did not identify trends from complaints received or recorded any lessons learnt as a result of these to improve the quality of care.
- The areas where the provider must make improvements are:
- Ensure governance arrangements in place identify, assess and mitigate against risk. For example:
    - Carry out clinical audits and repeat them to ensure improvements in patient outcomes are made.
    - Ensure all significant events are identified, recorded and investigated.
    - Have systems in place to demonstrate safety alerts have been actioned and NICE guidelines discussed and disseminated as appropriate.
    - Have systems to check doctors have been revalidated.
    - Identify trends from complaints received and any lessons learnt as a result of these to improve the quality of care.
  - Ensure the need for emergency medicines has been assessed.
  - A system is in place to check items kept in doctor's bags, including equipment and single use items.
  - Ensure the decision not to have a defibrillator has been assessed.

**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 inadequate for providing safe services.

- There was a detailed policy and system in place for reporting and recording significant events. However, the practice told us about an incident which we highlighted was a significant event and had not been reported as such.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was a nominated safeguarding lead and all staff were aware of their responsibilities to keep patients safe and safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene and the premises were visibly clean and tidy.
- We found out of date swabs, blood bottles and urine sticks in one doctors bag, as well as a piece of equipment that had not been calibrated since 2008. The practice took immediate action to remove and replace these.
- Risks to patients were generally assessed and managed. However, the practice had not considered risk assessments for the need of a defibrillator on site, or assessed what emergency medicines were appropriate.
- Emergency medicines were easily accessible to staff and in date. However, the practice had not assessed which emergency medicines they needed on site.
- There was a comprehensive business continuity plan in place and was available off site as well as at the practice.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality and compared to the national average.
- Clinical templates and care plans supported best practice guidance
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Requires improvement



# Summary of findings

- Staff received mandatory and role-specific training to meet the needs of patients.
- There was evidence of appraisals and personal development plans for all staff. Although, the practice management team did not record when a GPs' appraisal or revalidation was due.
- There were limited clinical audits undertaken to demonstrate quality improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- The practice monitored data provided by the CCG in regards to hospital attendances, admissions and outpatient attendances.
- The nursing team provided a range of health promotion advice during appointments.

## 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.
- 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 easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- Carers were identified at the point of registration. However, at the time of our inspection the practice were unable to provide how many carers had been identified.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a sexual health and contraception clinic was offered at the practice to registered and non-registered patients.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- The practice offered extended surgery hours on a Wednesday evening until 8pm for patients who could not attend during normal working hours.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

## Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients but the systems in place to enable good governance needed strengthening to achieve this aim.
- There was a leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. However, some systems were not effective and required improvement.
- The provider was aware of and complied with the requirements of the Duty of Candour. The senior partner and practice management team encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and the practice acted on feedback from the PPG. However, they did not identify trends from complaints received or recorded any lessons learnt as a result of these to improve the quality of care.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for patients with enhanced needs.
- All patients over the age of 75 had a named GP.
- Those at high risk of hospital admission were identified and reviewed regularly, this included working with other health professionals to provide co-ordinated care.

**Requires improvement**



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice offered an enhanced diabetes service.
- Longer appointments and home visits were available when needed.
- All patients identified with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. Personalised care plans were in place to ensure the patients' health and care needs were met.
- A phlebotomy service was provided with early appointments for patients that were required to fast before their blood test.
- 76% of patients diagnosed with asthma, on the practice register, had an asthma review in the last 12 months. This was comparable to the national average of 75%.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives.
- The practice offered a sexual health and contraception clinic to registered and non-registered patients.

Requires improvement



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

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

- The needs of the working age population, those recently retired and students had been identified. The practice offered extended hours on a Wednesday evening to ensure services were accessible, flexible and offered continuity of care.
- The practice offered online services to request a repeat prescription and book an appointment.
- A range of health promotion and screening that reflects the needs for this age group were also offered.
- An automated arrival machine was available to give patients the opportunity to arrive themselves for their appointment rather than speak to a receptionist.
- 81% of women aged 25 to 64 medical notes recorded they had a cervical screening test performed in the preceding five years. This was comparable to the national average of 82%.

Requires improvement



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Requires improvement





# Summary of findings

- Home visits were offered to patients living in vulnerable circumstances and could not access the practice.
- 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. There were alerts on patient care records to alert clinicians of specific needs of vulnerable families and children.
- All staff had received safeguarding children and adults training.

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

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

- 84% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, which was comparable to the national average of 84%.
- 95% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, which was better than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.
- The practice hosted Improving Access to Psychological Therapies (IAPT) clinics on a weekly basis.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing predominately in line with national averages. 381 survey forms were distributed and 113 were returned. This represented 2% of the practice's patient list.

- 72% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 56% were able to get an appointment to see or speak to someone the last time they tried (National average 76%).
- 78% described the overall experience of their GP surgery as fairly good or very good (National average 85%).

- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (National average 79%).

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards, the majority were positive about the standard of care received. Comments from patients included staff were professional, polite and welcoming. Two comment cards referred to the difficulty in getting an appointment at the practice.

We spoke with two patients during the inspection. Patients said they were happy with the care they received and thought staff were approachable, committed and caring. The NHS Friends and Family test (FFT) results as of November 2015 showed that 100% of the returns would recommend the practice.

## Areas for improvement

### Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure governance arrangements in place identify, assess and mitigate against risk. For example:
  - Carry out clinical audits and repeat them to ensure improvements in patient outcomes are made.
  - Ensure all significant events are identified, recorded and investigated.
  - Have systems in place to demonstrate safety alerts have been actioned and NICE guidelines discussed and disseminated as appropriate.
- Have systems to check doctors have been revalidated.
- Identify trends from complaints received and any lessons learnt as a result of these to improve the quality of care.
- Ensure the need for emergency medicines has been assessed.
- A system is in place to check items kept in doctor's bags, including equipment and single use items.
- Ensure the decision not to have a defibrillator has been assessed.

# The Charnwood Practice

## 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 adviser and a practice manager specialist adviser.

## Background to The Charnwood Practice

The Charnwood Practice is a GP practice providing primary medical services to around 6,900 patients within a residential area. The practice serves a diverse patient population. The practice's services are commissioned by Leicester City Clinical Commissioning Group (LCCCG).

The service is provided by a senior GP partner and three salaried GPs (two female GPs and two male GPs). There is a nursing team comprising of a part-time nurse practitioner, a paramedic practitioner, two practice nurses (one part-time) and a healthcare assistant. They are supported by a business manager, practice manager and a team of reception and administration staff.

The practice is located within a purpose built health and social care centre and is situated on the ground floor.

The practice is open between 8am and 6.30pm Monday to Friday. Extended surgery hours are offered on a Wednesday between 6.30pm and 8pm. Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

This practice has been inspected twice previously. In February 2014, the practice was found to be non-compliant

with assessing and monitoring the quality of service provision (Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, in particular around infection control and prevention processes. An additional inspection in August 2014 found the practice had made the necessary improvements to meet this regulation. However, the practice has not received a CQC inspection as part of our new comprehensive inspection programme.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2016. During our visit we:

- Spoke with a range of staff, including the Business Manager, Practice Manager, GPs, practice nurse and administrative staff.

# Detailed findings

- Spoke with patients who used the service and observed how patients were being cared for.
- 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.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. A detailed policy was in place to support the system.

- 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 practice carried out a thorough analysis of the significant events reported.

However, staff told us about an incident that was discussed and reflected on between the GPs. This particular incident was not recorded as a significant event, and during our inspection, it was ascertained that, on reflection, it should have been. As a result, we were not confident all serious incidents were reported as a significant event.

When there were unintended or unexpected safety incidents, patients received support and a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records and incident reports, and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a dedicated non-clinical staff member was appointed to be responsible for stock monitoring on a weekly basis and ordering after two incidents occurred when the vaccine required for an appointment had not been ordered.

The practice manager told us safety alerts would be distributed to all staff as a notification on the patient administrative system. Staff confirmed this. However, safety alerts were not discussed and documented at staff meetings to ensure actions were taken as necessary.

### 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 that reflected relevant legislation. Most staff were aware of the safeguarding lead within the practice and knew how to access local

policies and contact information. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. All staff were aware of their responsibilities and received training relevant to their role, including GPs.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. The premises were visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. This included renewing privacy curtains. Hand hygiene audits were also carried out on individual staff members.
- The arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were 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.
- We reviewed five personnel files and found appropriate recruitment checks had been completed before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body (for instance, General Medical Council and Nursing and Midwifery Council) and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

We found out of date swabs, blood bottles and urine sticks in one doctors bag. The practice confirmed there was no check as to what medicines or equipment was kept in a doctor's bag for emergency or home visits. Immediate action was taken regarding the out of date equipment.

### Monitoring risks to patients

Some risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and the majority of clinical equipment was checked to ensure it was working properly. We found a piece of equipment (sphygmomanometer, which is a blood pressure gauge) in a doctor's bag had not been calibrated since 2008. Immediate action was taken regarding this. 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, including reviewing individual planned activity. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and to cover planned leave.
- An information folder and induction pack was in place for all locum GPs. The practice tried to use the same locum GPs when cover was required to ensure they were familiar with the practices' processes and systems.

### 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.
- We noted that six out of 21 staff members had not received basic life support training. However, following our inspection, the practice manager provided evidence to confirm that these staff members had received training in basic life support before our inspection and the training matrix had not been updated to reflect this.
- The practice did not have a defibrillator available on the premises. We were told by staff they would go to the neighbouring walk-in centre (opposite the practice) and use their defibrillator. The practice had not risk assessed the need for a defibrillator, did not have assurances the defibrillator at the walk-in centre was fit for purpose, or had a policy in place to support this.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and most staff knew of their location. All the medicines we checked were in date. However, the practice had not assessed which emergency medicines they needed on site.
- 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 and was available off site as well as at the practice.

# 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 told us NICE guidelines were discussed at fortnightly GP meetings and shared with the nursing team as appropriate. However, meeting minutes we reviewed did not evidence this.
- Clinical templates and care plans supported best practice guidance and staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments 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 99% of the total number of points available, with 9.2% exception reporting. (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 2014/15 showed;

- Performance for diabetes related indicators, for example monitoring of blood sugar levels, was similar to the national average. 81% compared to 78%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. 82% compared to 84%.
- Performance for some mental health related indicators were better than the national average, others were similar. For example, 95% of those with a diagnosis of

schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 84% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

The data for exception reporting for specific clinical areas did not vary greatly from CCG and national averages. For example:

- 15% of patients with atrial fibrillation were unable to attend a review meeting or were not eligible for certain tests and treatments, compared to the CCG average of 11% and national average of 11%.
- 11% of patients with diabetes were unable to attend a review meeting or were not eligible for certain tests and treatments, compared to the CCG average of 8% and national average of 11%.
- 3% of patients with hypertension were unable to attend a review meeting or were not eligible for certain tests and treatments, compared to the CCG average of 4% and national average of 4%.
- 2% of patients with a mental health illness were unable to attend a review meeting or were not eligible for certain tests and treatments, compared to the CCG average of 8% and national average of 11%.

There was no clinical audit plan to demonstrate quality improvement. However, the practice had implemented ongoing monitoring processes regarding specific patient outcomes.

- An audit had been completed at the time of our inspection, however had not been re-audited to ensure any improvements had been sustained. An additional audit had also been started at the time of our inspection.
- The practice had two protocols in place and an efficient monitoring process for patients prescribed warfarin or methotrexate. Warfarin and methotrexate are high-risk medicines that have a heightened risk of causing patient harm if they are used in error.
- The practice participated in local audits, including prescribing audits with support of the clinical commissioning group.

### Effective staffing



# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, health and safety and governance. A locum induction pack was also in place.
- 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, including advanced diabetes skills. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and protected learning time events.
- The learning needs of staff were identified through a system of appraisals and one-to-one meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This was aligned to their continuous professional development plans. This included ongoing support during sessions, appraisals and clinical supervision. All staff had had an appraisal within the last 12 months. There was a system in place to facilitate and support revalidating GPs and GPs were able to demonstrate when they had or were due their appraisal and revalidation. However, the practice management team did not record when a GPs appraisal or revalidation was due. Revalidation is the process by which doctors demonstrate they are up to date and fit to practise. Registration with the General Medical Council (GMC) was reviewed on a six monthly basis.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance.

### 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. Information such as NHS patient information leaflets were also available in patient waiting areas.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were made using the electronic referral service where possible and by fax. All referrals made by fax were followed up the next day with a telephone call to confirm receipt.
- Staff told us they had a commitment to care planning and reduction of accident and emergency attendances and admissions. This included ensuring high-risk patients had a care plan in place. The practice monitored data provided by the CCG in regards to hospital attendances, admissions and outpatient attendances, which had reduced since 2014/15. For example, the number of emergency inpatient admissions had reduced from roughly 900 to roughly 600.

Staff worked together and with other health and social care services 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. Multi-disciplinary team meetings with other health and social care services had not took place since June 2015. We were informed information relevant to a patient was shared with relevant professionals and services using notes on the patient administrative system.

### 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.



# Are services effective?

## (for example, treatment is effective)

- The process for seeking consent for intrauterine devices and implants were monitored through records audits.
- All staff had received training for the Mental Capacity Act (MCA).

### Supporting patients to live healthier lives

The practice had a process to identify patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The nursing team provided advice regarding diet, healthy lifestyles and smoking cessation during appointments. If patients required additional help or advice, they were referred or signposted to the relevant service. This included specific information regarding living with diabetes.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 73% and comparable to the national average of 82%. A policy was in place to write to patients who did not attend for their cervical screening test; in addition, the practice telephoned

the patient if they did not attend for a further appointment. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 66% of females aged 50-70 were screened for breast cancer in the last 36 months (compared to the CCG average of 68% and national average of 72%).
- 45% of patients aged 60-69 were screened for bowel cancer in the last 30 months (compared to the CCG average of 46% and national average of 58%).

Childhood immunisation rates for the vaccinations given were comparable to the CCG for those given to under two year olds. However, were slightly lower than the CCG average for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 77% to 90%. The CCG averages for vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 87% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40-74 and sexual health screening. 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

We saw staff members were courteous and helpful to patients and treated them with dignity and respect.

- Privacy curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

Eleven of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were polite and always made to feel at ease.

We spoke with five members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were helpful, provided support when required and treated patients with care and compassion.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The satisfaction scores regarding consultations with GPs and nurses were comparable to the results for the CCG and nationally. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 82%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 86% said the nurse was good at listening to them compared to the CCG average of 88% and national average of 91%.
- 84% said the nurse gave them enough time (CCG average 88%, national average 92%).
- 89% said they had confidence and trust in the last nurse they saw (CCG average 95%, national average 97%).

- 88% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

### 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. They had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 85% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language, this included sign language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Notices and patient information leaflets in the patient waiting areas told patients how to access a number of support groups and organisations.

We were told patients would only be identified at the new patient registration point if they were a carer. Work was ongoing to ensure appropriate support could be provided to the relevant patients, however at the time of our inspection the practice were unable to provide how many carers had been identified. Written information was available to direct carers to the various avenues of support available to them, including Barnardo's for child carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice received a health need neighbourhood pack from the CCG, which identified hospital attendances including accident and emergency attendances, inpatient admissions and outpatient attendances. The practice attended CCG meetings to discuss this information and what services the practice could improve on to minimise the need for patients attending hospital.
- The practice offered extended hours on a Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All patient facilities were accessible and situated on the ground floor.
- The practice hosted sexual health and contraceptive clinics. Appointments were available to non-registered patients as well as registered patients.
- Online services were available to patients, which included the ability to book appointments, request repeat prescriptions and have access to medical records.
- The practice hosted Improving Access to Psychological Therapies (IAPT) clinics on a weekly basis.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended surgery hours were offered on a Wednesday from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. The practice also offered a minor illness clinic between 9am and 12.30pm Monday to Friday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% patients said they could get through easily to the surgery by phone (National average 73%).
- 87% said the last appointment they received was convenient (CCG average 90%, national average 92%).
- 64% described their experience of making an appointment as good (CCG average 68%, national average 74%). The practice had introduced a new appointment system as a result. Although this had not long been in place at the time of our inspection, patients were positive about the change.
- 53% felt they do not normally have to wait too long to be seen (CCG average 51%, national average 58%).

Patients told us on the day of the inspection they were generally able to get appointments when they needed them. Two of the Care Quality Commission comment cards referred to difficulties in getting appointments. The practice had already identified this and had changed the appointment system, which had positive feedback from patients.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including patient information leaflets in the reception area.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at 13 written complaints received in the last 12 months. We noted in one practice meeting a complaint had

been discussed; however, there was limited information regarding what actions were taken. The practice manager had already acknowledged this was an area for development.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

- The practice management team had a vision to maintain quality care and improve the services provided to patients. This was aligned with the CCG plans for developing local patient services.
- The practice had a strategy that reflected the vision and values. This included developing proactive services to prevent unnecessary hospital attendances and admissions.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of the strategy and good quality care but some systems to enable good governance were not effective and needed strengthening.

- There was no programme of continuous clinical and internal audit which could be used to monitor quality and to make improvements.
- A number of risks to patients and staff had not been identified and we had to bring these to the provider's attention, for example; emergency medicines, the lack of a defibrillator, equipment not being calibrated and out of date single use items.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, available to all staff and reviewed on an annual basis.
- A comprehensive understanding of the performance of the practice was maintained and productivity was monitored on a regular basis.

### Leadership and culture

The senior partner and practice management team had the experience, capacity and capability to run the practice. They prioritised quality and compassionate care. The senior partner and practice management team were visible in the practice. Staff told us they were approachable and always took the time to listen to staff members.

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 had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people support and a verbal or written apology.
- Written records of verbal interactions were kept as well as written correspondence.

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

- Staff told us the practice held regular team meetings. Records of monthly meeting minutes were maintained to confirm this.
- Staff told us there was an open culture within the practice. The practice manager told us staff were encouraged to raise concerns at any time and they had the opportunity to raise any issues at team meetings.
- Staff said they felt respected, valued and supported. They told us they were encouraged to do training.

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

The practice encouraged 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 through surveys received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been involved in discussions regarding improvements of the appointment system; as a result, patient feedback had been that it was easier to get an appointment.
- The practice had gathered feedback from staff through staff meetings. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. For example, streamlining the system for handling medical records.

# Are services well-led?

Requires improvement 

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

- However, the systems to evaluate patient feedback needed to be strengthened to enable the provider to use this effectively to continue to improve the quality of

service provision. For example, the practice had not identified any trends from complaints received or recorded any lessons learnt as a result of these to improve the quality of care.

## 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><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider was not assessing all the risks to the health and safety of service users of receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks.</p> <p>The need for emergency medicines had not been assessed</p> <p>Out of date single use items were contained in doctor's bags and there was no system for checking these</p> <p>The decision not to have a defibrillator had not been assessed</p> <p>Not all equipment had been calibrated to ensure it was giving correct readings.</p> <p>Regulation 12(1)(2)(a)(b)</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><b>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Good governance</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have effective systems in place to enable them to identify, assess and mitigate risk by;</p>

## Requirement notices

Ensuring clinical audits were carried out and repeated to ensure improvements in patient outcomes were made.

Ensuring all significant events were identified, recorded and investigated

Having systems in place to demonstrate safety alerts had been actioned and NICE guidelines discussed and disseminated as appropriate

Having systems to check doctors have been revalidated

The provider did not have effective systems in place to enable them to receive and act on feedback to enable continuous service improvement by;

identifying any trends from complaints received or recorded and any lessons learnt as a result of these to improve the quality of care

Regulation 17(1)(2)(b)(f)



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have effective systems in place to enable them to identify, assess and mitigate risk by;</p> <p>There was no process to check items kept in a doctors bag to ensure they were maintained and fit for purpose.</p> <p>There was no process in place to ascertain appropriate emergency medicines were in stock.</p> <p>There was no assessment of risk by not having a defibrillator on site.</p> <p>Regulation 17(1)(2)(b)</p>