

Steeple Bumpstead Surgery

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 Steeple Bumpstead Surgery on 27 July 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. The practice had an effective system in place to manage the MHRA and patient safety alerts they received. We saw evidence of searches in relation to the alerts and documented actions taken. However, on the day of the inspection the practice were not signed up to receive MHRA updates. Following the inspection the practice had rectified this and had also completed searches on all the updates relating to primary care from 2016/17 and 2017/18.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear staffing structure at the administrative level and staff were aware of their own roles and responsibilities. However, it was

Summary of findings

unclear who was the clinical lead at the practice. Staff we spoke with said one of the GPs whilst that GP said that they were not the clinical lead, although would give advice and support if required.

- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- Risks to staff and patients had been assessed and managed appropriately. Staff had received training that was specific to their roles and the practice manager had records that showed the training completed and when it was due for renewal.
- Appropriate checks were carried out as to the fitness of staff to practice and all staff had current and effective registrations with their professional body. All relevant staff had received a disclosure and barring service check prior to employment.
- Staff carrying out chaperone duties had received training and a disclosure and barring service check was in place.
- There was sufficient and appropriate equipment for use in the treatment of patients, including in the event of a medical emergency and the equipment was calibrated to ensure it was working correctly.
- There was a comprehensive business continuity plan in place in the event of an emergency taking place that disrupted the services to patients.
- There was a programme of clinical audit that demonstrated quality improvement.
- Practice policies and procedures had been reviewed to ensure that they were up to date and practice specific.
- Carers were identified, although on the day of inspection the coding was not correct and the system showed two carers. Information supplied following the inspection showed the practice had identified 1.9% of the practice list as carers.

- The practice had an effective patient participation group and meetings showed how the practice had listened and responded to patient feedback.

The practice had actively improved the care and experience for patients with dementia. They had signage that was dementia friendly and had produced a video with a patient and their carer that would be used for training throughout the organisation to improve care for patients and carers.

- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. We viewed practice minutes and saw that complaints were discussed. However there were no documented lessons learned.

Actions the practice SHOULD take to improve:

- Ensure the process for safety alert update is embedded.
- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Continue to improve to manage and monitor processes to improve outcomes for patients.
- Review the process for sharing and documenting lessons learned and actions taken from incidents and complaints.
- Review the regulated activities to ensure the practice is registered for the regulated activity of maternity and midwifery if applicable.
- Consider how best to support patients who are hard of hearing.
- The practice should ensure that all emergency medicines are readily available for use and embed the process for checking of emergency medicines and equipment.

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



- There was an effective system in place for reporting and recording significant events. From the sample of significant events that we reviewed we saw that the practice were open and transparent and that staff from all areas of the practice were reporting and learning from significant events.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- On the day of the inspection the practice were not signed up to receive MHRA safety updates. However following the inspection the practice had rectified this and had also completed searches on all the updates for primary care from 2016/17 and 2017/18. They had a process that they would follow in relation to making sure these were actioned going forward.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly comparable to the national average. The practice following the inspection had a detailed action plan for areas that they needed to improve on.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had worked alongside patients and carers to produce a video for staff to enable better care for people with dementia.
- The practice had completed an assessment of the practice and signage had been devised to make the practice more accessible for patients with dementia or a learning disability.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. We viewed practice minutes and saw that complaints were discussed. However there were no documented lessons learned.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were in the process of being identified.
- Performance for diabetes related indicators was lower compared to the CCG and national averages. For example, 2015/16 indicators were 52% compared with CCG 85% and the national average of 90%. However the unverified data for 2016/17 showed that this had increased to 68% with exception reporting at 4.65%.
- There was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were comparable to the standard target for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Working age people (including those recently retired and students)

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

- The needs of 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 and flexible.
- The practice was a member of the local GP Alliance which offered patients weekend and Wednesday evening appointments at an alternative location.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available with the GP or nursing team.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- Data from 2015/16 showed 75% of patients diagnose with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the national average of 84%.
- The practice specifically considered the physical health needs of patients with dementia.
 - The practice had put together a video with the patient and carers consent. This was to understand the needs of patients and carers with dementia. The video was to be used as part of the corporate training to help staff in the organisation understand things from a patient and carer perspective.
 - The practice had completed an assessment of the practice for patients with dementia. Signage had been made dementia friendly with pictorial additions alongside the wording, for example the toilets had a picture of a toilet alongside the word. The writing was in colours that were easier to be seen.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above some local and national averages. 231 survey forms were distributed and 124 were returned. This represented a response rate of 54% and 5% of the practice's patient population.

- 87% of patients found it easy to get through to this practice by phone compared to the local average of 62% and the national average of 71%.
- 88% of patients said the last appointment they got was convenient. This was better than the local average of 80% and the national average of 81%.
- 81% 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%.

- 73% 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 75% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards which were positive about the service experienced. Patients told us staff were caring and friendly and that the practice offered an excellent service.

We spoke with one member of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice. They spoke highly of the staff and how caring they were.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the process for safety alert update is embedded.
- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Continue to improve to manage and monitor processes to improve outcomes for patients.

- Review the process for sharing and documenting lessons learned and actions taken from incidents and complaints.
- Review the regulated activities to ensure the practice is registered for the regulated activity of maternity and midwifery if applicable.
- Consider how best to support patients who are hard of hearing.
- Embed the process for checking of emergency medicines and equipment.

Steeple Bumpstead Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

Background to Steeple Bumpstead Surgery

Steeple Bumpstead Surgery is located in a purpose built premises in the village of Steeple Bumpstead. The practice provides services for approximately 2480 patients.

- The practice is managed by Provide Community Interest Company. The provider was inspected on December 2016 and was rated as good. Provide Community Interest Company is a community social enterprise, which cares for patients across a wide range of services, delivered from 54 sites. They work from a variety of community settings, such as three community hospitals, community clinics, schools, nursing homes and primary care settings, as well as within peoples' homes to provide over 50 services to children, families and adults. The service provides services across Essex and in Peterborough and Cambridgeshire, as well as the two London boroughs of Waltham Forest and Redbridge. Provide employs approximately 1,100 staff, serving a patient population of more than one million.
- Services are provided from 10 Bower Hall Drive, Steeple Bumpstead, Haverhill, Suffolk, CB9 7ED.
- The practice is registered to provide the following regulated activities; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury. The practice were not registered for the regulated activity of maternity and midwifery.
- The practice holds an Alternative Provider Medical Services (APMS) contract and provides GP services commissioned by NHS Mid Essex Clinical Commissioning Group.
- There is a small car park at the practice and on street parking is also available.
- The practice is staffed by long term locums (three male and two female) an advanced nurse practitioner and two practice nurses.
- The practice also employed a health care assistant and three dispensers.
- The practice has a practice manager supported by four clerical and administrative staff to support the day to day running of the practice.
- The practice has a dispensary that dispenses to approximately 2191 patients (87.5% of patient list).
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice is open between 8am and 6.30pm on Monday to Friday.
- The practice is a member of the local GP Alliance which offers patients weekend and Wednesday evening appointments at an alternative location.
- The practice has a comprehensive website providing details of services and support agencies patients may find useful to access.

Detailed findings

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 July 2017. During our visit we:

- Spoke with a range of staff (management team of the provider, practice manager, GPs, practice nurse, dispensing staff and reception team) and spoke with patients who used the service.
- 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider had introduced a risk management system that would be used for reporting significant events so that themes and trends could be monitored at a provider level.
- From the sample of significant events that we reviewed we saw that the practice were open and transparent and that staff from all areas of the practice were reporting and learning from significant events. There had been three significant events reported in the last year.
- We reviewed the three incidents that had been reported. One of these incidents was relating to an IT failure. The practice had used their business continuity plan and patients were not affected, however there was a cost to the practice due to the lack of IT systems. This was recorded in the investigation of the incident. We spoke with the practice manager who explained that the lessons learned were more celebratory, in the fact that there was good support from Provide (the provider) and that staff dealt with the situation well. However, none of this was documented on the incident form that was completed. Another incident was regarding an aggressive patient. On this incident report we saw that actions were taken and lessons had been learned following this.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw from significant events that patients were contacted when applicable.

- We viewed minutes of practice meetings where these were discussed with the team and staff we spoke with were able to talk about significant events that had been reviewed or that they had completed.
- Significant events were shared with Provide who then produced information as an organisation which was then fed into the practice. Staff said that they were aware of other incidents that had occurred throughout the organisation on a monthly report. This was a standing agenda item at the practice meetings.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice had an effective system in place to manage the alerts they received. We saw evidence of searches in relation to the alerts and documented actions taken. We asked the practice about recent safety alert updates some of which were applicable to primary care. The practice and the provider were not aware of these on the day of the inspection. The provider was not signed up to receiving the updates. Following the inspection the provider signed up to for the updates and completed all searches relating to primary care that had been not been received for 2016/17 and 2017/18. They provided evidence to show this. Four patients were identified and evidence was forwarded after the inspection to show that reviews or medication changes had been made where appropriate. We were told that the searches would be rerun next month to ensure that the relevant actions had been taken. We saw that the practice had a folder of all safety alerts that had been received and a log that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of

Are services safe?

staff for safeguarding and the staff had all the local contact numbers in reception and in each consulting room. We were shown how the practice staff could easily access this information from any computer in the practice on the shared drive. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two as appropriate to their role.
- 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 (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.

- We observed the premises to be clean and tidy. We saw up to date cleaning schedules and monthly audits that had taken place on the cleanliness of the premises. The nursing staff were responsible for their own cleaning of the consulting rooms and their equipment and explained the frequency of this. We were shown schedules documenting when this had been completed.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the provider lead for infection control. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We viewed a sample of records and saw that reviews and monitoring was in place. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a cold chain policy in place and staff could explain the process that they would take should the temperature of the fridge be out of range. We saw evidence that the fridge temperatures were checked daily.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- Systems were in place to ensure prescriptions were signed before the medicines were dispensed and handed out to patients
- A bar code scanner was in use to check the dispensing process however dispensary staff described a process for ensuring second checks by another staff member or doctor when dispensing certain medicines for example controlled drugs.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors.

Are services safe?

Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. An email was sent to the practice manager containing references, evidence of DBS and occupational health checks. The practice manager was required to sign off all new staff before they commenced employment.

Monitoring risks to patients

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

- There was a health and safety policy available and the practice had a quarterly health and safety inspection.
- The practice had an up to date fire risk assessment which was completed in June 2017 and this had identified risks and actions which had been completed. For example, lack of fire notices.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The staff member that dealt with referrals had someone to deputise when they were absent.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. On the day of the inspection we checked the emergency medicines and found that Benzyl penicillin which would be used for suspected bacterial meningitis was not in the Drs bag. We checked the check sheet of the medicines and read that it had expired in May 2017. We spoke to a dispensary staff member and was told that it had been ordered but had not arrived. There was no documented risk assessment in relation to this. Following the inspection evidence was forwarded to show that this medicine was available elsewhere in the practice on the day of the inspection that had not expired. The practice also forwarded a risk assessment in relation to emergency medicines and new processes for more regular checks and documentation of this.
- The practice had a defibrillator which was available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included alternative premises in case of emergency and there was an on call manager available 24 hours a day seven days a week who would be contacted in case of an emergency to deal with the situation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence of folders on the shared drive where staff could access NICE guidance.
- The practice were planning to sign up the practice manager to the NICE website so that updates would come to the practice and the practice manager could disseminate and store them.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF data for 2015/2016 showed the practice achieved 81% of the total number of points available. Their exception reporting was 4.8% which was below the local average of 10.1% and the national average of 9.8%. (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 other than the diabetes. Data from 2015/16 showed:

- Performance for diabetes related indicators was lower compared to the CCG and national averages. For example, 2015/16 indicators were 52% compared with CCG 85% and the national average of 90%. However the unverified data for 2016/17 showed that this had increased to 68% with exception reporting at 4.65%.

- Performance for stroke related indicators were comparable when compared to the CCG and national averages. For example, 2015/16 indicators were 92% compared with CCG and the national average of 97%. However the unverified data for 2016/17 showed that this had increased to 94% with exception reporting at 4.94%.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, 2015/16 indicators were 100% compared with CCG average 92 %and the national average of 93%. However the unverified data for 2016/17 showed that this indicator was 93% with exception reporting at 3.71%.

The practice provided QOF data for the 2016/17 (unverified, to be published in October 2017) which showed an overall increase on the previous year's performance. The practice had achieved 85% for 2016/17 of the total points available. Their exception reporting remained at 4.8%.

There was no formal action plan that identified areas to improve on at the time of the inspection. However following the inspection the practice forwarded a detailed action plan identifying various areas for improvement including diabetes, depression and learning disability patients. The action plan was detailed with action owners and dates for completion and this would be reviewed at the regular practice meetings.

There was evidence of quality improvement including clinical audit:

- There had been numerous clinical audits commenced in the last year, two of these that we reviewed were completed audits where the improvements made were implemented and monitored.
- One of the audits was relating to improving consistency of approach from clinicians to identify best practice. This had led to a more consistent approach for diagnosing Chronic Obstructive Pulmonary Disease. Another audit was to look at prescribing for viral infections. This audit found that the practice was a low prescriber.
- The practice had second cycle audits to be completed.

Effective staffing

Are services effective?

(for example, treatment is effective)

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. The provider organised a set corporate induction covering training such as safeguarding and infection control. On the first day of employment the staff member would spend the day in the practice and the second and third day (fourth if clinical) would be spent at the head office for the corporate induction. This would involve the provider explaining the vision and values of the organisation as well as the training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. As part of the larger organisation training was managed at head office. Regular updates from the provider system informed the manager and the service lead when staff were required to refresh the training so that these could be booked. The practice manager had records that identified staff training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The practice attended time to learn events that were led by the CCG. These meetings were used for training sessions on different topics throughout the year.
- The practice manager had documented checks of registration with staffs professional bodies and indemnity was in place for those staff that required it.

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.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

Are services effective?

(for example, treatment is effective)

- Patients were provided practical advice and signposted to the relevant service

The practice's uptake for the cervical screening programme was 84%, which was comparable with the CCG average 83% and the national average of 81%.

Childhood immunisation rates for the vaccinations given were comparable to the standard 90% for children under one year old. For example;

- The practice achieved 100% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved 82.5% of appropriate vaccinations for children aged two years of age.
- The practice had achieved between 82% and 85% of appropriate vaccinations for children aged five years of age.

The practice had a lower than average number of patients under the age of five. Under 5% of their patient list. This meant that a low number of non-attenders would affect their percentage. We spoke to the practice nurse that was responsible for the child immunisations. They said that the practice telephoned to encourage parents that did not respond to reminders that were sent and explained and offered support were required.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and were in line with national and CCG averages for these. For example, data from the National Cancer Intelligence Network (2015/16) showed the practice uptake for screening patients aged 60-69 years of age for bowel cancer within six months of their invitation was comparable to the local and national average achieving 52% as opposed to 50% locally or 55% nationally. Breast screening uptake for the practice for patients aged 50-70 that were screened for breast cancer in the last 36 months was 71% compared with the CCG average of 70% and the national average or 73%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme. The practice were looking at ways they could ensure the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found that staff members were welcoming and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs.

Both of the patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were caring and friendly and that the practice offered an excellent service.

We spoke with a member of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice.

We spoke with one member of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice. They spoke highly of the staff and how caring they were.

Results from the national GP patient survey, published in July 2017 showed patients reported average levels of satisfaction with the nursing team and confidence and trust in their GPs. For example:

- 80% of patients said the GP was good at listening to them this was below the local average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the local average of 85% and the national average of 86%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the local average and the national average of 95%.

- 75% 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 86%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

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 supported by staff and said that staff listened to their needs and tried to accommodate requests. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, July 2017, showed patients satisfaction levels of the clinical team was in line with CCG and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 84% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 79% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice did not have a hearing loop installed at the practice.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system enabled the GPs to know if a patient was also a carer. The practice had identified two carers (0.08% of their patient list) on the day of the inspection. The practice did not have a carers pack for patients. However there were support groups advertised in the practice. Following the inspection the practice forwarded evidence of carers that had been identified but had not been coded correctly on the patient record system. The evidence showed that the practice had 42 carers (1.9% of the patient list). This also showed that carers had been offered services such as flu vaccinations and health checks. Carers and the identification of them was also part of the action plan that was forwarded following the inspection.

The practice had put together a video with the patient and carers' consent. This was to understand the needs of

patients and carers with dementia. The video was in the final edit and was to be used as part of the corporate training to help staff in the organisation understand things from a patient and carer perspective.

The practice had completed an assessment of the practice for patients with dementia. Signage had been made dementia friendly with pictorial additions alongside the wording, for example the toilets had a picture of a toilet alongside the word. The writing was in colours that were easier to be seen.

Staff told us that if families had suffered bereavement, the practice sent a card and offered support and counselling to the family if required. Staff were also informed of the death and patient records updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice offered patients the option of Wednesday evenings and weekend appointments at a neighbouring practice.
- There were longer appointments available for patients with a learning disability.
- The practice offered face to face and telephone appointments. Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and reviews.
- There were accessible facilities and interpretation services available.
- The practice had made changes to the décor and signage in association with a patient who suffered from dementia. The practice also worked closely with the Alzheimer's Society.
- The practice had a dispensary which dispensed to 2191 patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice was a member of the local GP Alliance which offered patients weekend and Wednesday evening appointments at an alternative location. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey 2017 showed that patients' satisfaction with how they could access care and treatment in some areas was above local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the local average 73% and the national average of 76%.

- 87% of patients said they could get through easily to the practice by phone compared to the local average 71% national average of 73%.
- 82% of patients described the experience of making an appointment as good; this was above the local average of 69% and the same as the national average of 73%.
- 88% of patients told us that the last appointment they got was convenient. This was above the local average of 80% and national average of 81%.

The practice had a system to assess:

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

The practice staff recorded on the system requests for home visits. The clinician would then contact the patient to triage the call and arrange the home visit if required or alternative arrangements if necessary.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster in reception and a leaflet available which told patients how to complain.

We looked at three complaints received in the last 12 months and found that they were all handled in line with the practice policy. The process was that the manager would try and resolve in the practice. However if the patient wished to they could complain directly to the provider who would allocate an investigating office to look into the complaint and respond accordingly. We viewed practice minutes and saw that complaints were discussed. However there were no documented lessons learned.

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 clear vision to deliver high quality care and promote good outcomes for patients.

- Staff we spoke with were clear about the vision and their responsibilities in relation to this. The vision was to provide a range of outstanding services that care, nurture and empower individuals and communities to live better lives.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice manager said that there was no local business plan for the practice. However, they could see the benefit in this for the future.

Governance arrangements

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

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice.
- Meetings were held weekly which included all staff including clinicians.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had the benefit of a provider that oversaw risk management for the organisation. The provider put together reports that were organisation wide for the manager to present at the staff meetings.
- The PPG told us that the provider would also give them any reports that they requested for their meetings.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. However documentation of actions and learning was sometimes brief.
- New processes and guidelines were embedded.
- Risks associated with the premises, equipment, fire safety, infection control, training, recruitment, business continuity, managing test results and medicines had all been assessed and actions had been taken.

Leadership and culture

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

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

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear staffing structure at the administrative level and staff were aware of their own roles and responsibilities. However, it was unclear who was the clinical lead at the practice. Staff we spoke with said it was one of the GPs whilst that GP said that they were not the clinical lead, although would give advice and support if required.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.

Are services well-led?

Good 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the provider. All staff were involved in discussions about how to run and develop the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG met quarterly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had been instrumental in gaining access for patients to the mobile breast screening service that was within approximately five miles of the practice. Due to boundaries of the practice the one that the patients should have attended was over 20 miles away with no public transport. The

PPG were now in the process of improving end of life services for their population. Again due to the boundaries and location of the practice the nearest hospice that the patients could use was 75 miles away and so they were looking to find a more local service.

- Staff through annual appraisals and generally through staff meetings 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff were able to apply for various courses and for funding from the provider. There was criteria to meet but we saw that staff had been able to enrol on various courses and qualifications that would benefit the practice and the staff.

The practice had a meeting the day after the inspection. The areas that had been identified on the day of the inspection had been acted upon and detailed action plans had been submitted.