

Doctors Lewis, Hawkes and Dicks

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

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 Doctors Lewis, Hawkes and Dicks on 3 February 2016. Overall the practice is rated as inadequate.

We found the practice inadequate for providing safe and well-led services. The practice requires improvement for responsive services and good for effective and caring services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough. Patients did not always receive a verbal and written apology.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice employed a prescription administrator which resulted in good processes and systems for the handling of prescription safety.
- Patients said they did not find it easy to make an appointment with a GP.
- Appointment systems and access via telephone were not working well so patients did not receive timely care when they needed it.
- The practice had a number of policies and procedures to govern activity. However some were overdue a review and did not contain up to date information. This meant there was no surety they met the needs of the service.
- The practice had a newly formed patient participation group.
- Clinical risks to patients were assessed and well managed.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had no clear non clinical leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Improve the access to the practice through the telephone system and the availability of appointments during core practice hours.
- Review the process and procedures for patient complaints and significant events and introduce robust processes for reporting, recording, acting on and monitoring complaints and significant events. Ensure appropriate and accessible signposting for patients around the complaint system.
- Ensure policies and procedures are easily accessible to staff; are updated to reflect current guidelines and legislation and contain, where necessary referral pathways. For example, the safeguarding vulnerable adults reporting processes. Implement a staff checking system for staff understanding, changes and updates to policies.
- Review the recruitment policy /procedures and arrangements to include all necessary employment checks for all staff are completed before employment commences and role and location specific induction packs are available for all staff including locums.

- Ensure appropriate, legal and that relevant governance arrangements are in place for Patient Group Directions (PGDs).

Ensure there is a holistic and comprehensive understanding of safety systems in place with managerial oversight of and documentation of risk assessments and safety checks. For example, fire drills, staff immunisation records, legionella and a system for checking of and calibration of medical equipment.

- Ensure there are effective structures, processes and systems of accountability in place which reflect a systematic approach to maintaining and improving the quality of patient care and service delivery.
- Ensure adequate support for GP partners in the non-clinical business management of the practice.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration or vary the terms of their registration with the Care Quality Commission. Being placed into special measures represents a decision by the Care Quality Commission (CQC) that a practice has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Special measures will give patients who use the practice the reassurance that the care they get should improve.

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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, staff vaccinations against infectious disease; disclosure and barring (DBS) checks on staff and the checking of medical equipment.
- There was not enough staff to keep patients safe. For example, administrative staff had recently left the practice and had not been replaced. There were not enough GPs to provide adequate care and treatment to meet patient needs.

Inadequate



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) from 2014/15 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Although the practice had reviewed and understood the needs of its local population and had in place a plan to secure improvements for all of the areas identified they were limited by limited staffing levels.
- Feedback from patients reported access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Access to the practice was limited to one telephone line. This meant that patients had difficulty accessing care and treatment.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain from attending the practice in person. Information was not available on the practice website.
- Complaint logs were not always completed. For example, they did not contain action plans or lessons learnt.

Requires improvement



Are services well-led?

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

- There was a clear leadership structure and staff felt supported by GPs.
- The practice had a number of policies and procedures to govern activity. However the system for policies needed reviewing and some policies needed updating to reflect current guidelines. There was no system to demonstrate that all staff understood and were trained in practice procedures.
- The practice had sought feedback from patients however this was not collated and an action put in place to deal with patient concerns.
- Staff told us they had received regular performance reviews and had clear objectives.
- The provider was aware of the Duty of Candour. The GPs encouraged a culture of openness and honesty.
- There was not a comprehensive overview of the non-clinical management of the practice.

Inadequate



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 inadequate for the care of older people. The provider was rated as inadequate for safe and well-led, requires improvement for responsive and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Patients identified as at risk of admission to hospital had a care plan.
- Patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for safe and well-led, requires improvement for responsive and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data showed performance for diabetes related indicators was comparative to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe and well-led, requires improvement for responsive and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe and well-led, requires improvement for responsive and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safe and well-led, requires improvement for responsive and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Inadequate



Summary of findings

- 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. However we found the safeguarding adults policy required updating.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe and well-led, requires improvement for responsive and good for effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data showed performance for mental health related indicators was comparable to local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out memory screening and advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

We looked at the national GP patient survey results published in July 2015. The results showed the practice was performing generally below local and national averages. Survey forms were distributed to 357 patients and 125 were returned. This represented approximately 2.8% of the practice's patient list.

- 60.2% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 78.6% and a national average of 73.3%.
- 80.7% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the Clinical Commissioning Group (CCG) average of 88.8% and national average of 85.2%.
- 57.6% of patients describe their overall experience of making an appointment as good compared to the CCG average of 79.2% and national average of 73.3%.
- 90.5% of patients described the overall experience of their GP practice as good compared to the CCG average of 88.3% and national average of 84.8%.

- 74.1% of patients said they would recommend their GP practice to someone who has just moved to the local area compared to the CCG average of 82.5% and national average of 77.5%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. This is in contrast to results from the national GP patient survey (July 2015). However two patients' highlighted problems they have had with the appointment system and a locum GP. Patients told us that staff were kind, caring and supportive; GPs and practice nurses listened to them; the treatment provided was of a good quality and the practice was clean and tidy.

We spoke with twelve patients (including nine members of the patient participation group) during the inspection. All twelve patients said they were happy with the care they received and thought staff were approachable, committed and caring.

We looked at the NHS Friends and Family Test from June 2015 to November 2015, where patients are asked if they would recommend the practice. The results showed a variable of 65% and 92% of respondents who would recommend the practice to their family and friends.

Areas for improvement

Action the service MUST take to improve

- Improve the access to the practice through the telephone system and the availability of appointments during core practice hours.
- Review the process and procedures for patient complaints and significant events and introduce robust processes for reporting, recording, acting on and monitoring complaints and significant events. Ensure appropriate and accessible signposting for patients around the complaint system.
- Ensure policies and procedures are easily accessible to staff; are updated to reflect current guidelines and legislation and contain, where necessary referral pathways. For example, the safeguarding vulnerable adults reporting processes. Implement a staff checking system for staff understanding, changes and updates to policies.
- Review the recruitment policy /procedures and arrangements to include all necessary employment checks for all staff are completed before employment commences and role and location specific induction packs are available for all staff including locums.
- Ensure appropriate, legal and that relevant governance arrangements are in place for Patient Group Directions (PGDs).

Summary of findings

- Ensure there is a holistic and comprehensive understanding of safety systems in place with managerial oversight of and documentation of risk assessments and safety checks. For example, fire drills, staff immunisation records, legionella and a system for checking of and calibration of medical equipment.
- Ensure there are effective structures, processes and systems of accountability in place which reflect a systematic approach to maintaining and improving the quality of patient care and service delivery.
- Ensure adequate support for GP partners in the non-clinical business management of the practice.

Doctors Lewis, Hawkes and Dicks

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, a second CQC inspector and a practice nurse specialist adviser.

Background to Doctors Lewis, Hawkes and Dicks

The practice is located in Bridgwater, a town located close to the M5 motorway eight miles south west of Taunton, on the edge of the Somerset Levels in the Sedgemoor district of the county of Somerset. The practice provides primary medical services for the town and some surrounding rural villages and hamlets.

The practice is located in a purpose built building within a community development which was built in 1984 in the grounds of a recreation park. The facilities include a pharmacy, children's nursery and a children's centre. Active living programmes and a green gym within the park are examples of services provided to the local community.

The practice has a population of approximately 4600 patients. The practice has a higher than England average number of patients under the age of 30 years and a lower than England average number of patients over 50 years of age. The practice has a high level of deprivation with a score of 25 which is higher than the England average of 23.6 and the Somerset average of 18.

The public health profile for the practice shows it has a higher rate of mortality and a much less healthy population when compared to local and national data. For example, obesity, smoking and drug and alcohol addictions are all higher than the Somerset average. The practice population has the worst unemployment in Somerset and 32% of the patients live in one of the most deprived areas in Somerset.

The practice has a Primary Medical Services contract (PMS) with NHS England to deliver primary medical services. The contract is currently going through a contract review process. The practice provides enhanced services which include facilitating timely diagnosis and support for patients with dementia; childhood immunisations and enhanced hours patient access.

In April 2015 Dr Hawkes (a GP partner) left the practice. The practice is currently registered with the Care Quality Commission with two partners, Dr Lewis (female) and Dr Dicks (male). The Primary Medical Services contract is for Dr Lewis and Dr Dicks. At the time of our inspection Dr Dicks was not at the practice.

The practice team includes a newly qualified, male, salaried GP which together with Dr Lewis provides the practice with 13 GP sessions per week. In addition a female nurse practitioner provides approximately 3.5 sessions per week. In addition the team comprises of two female practice nurses, two health care assistants, a practice manager, a prescribing manager, five part time administrative staff which include receptionists and secretaries and a business administration apprentice.

The GPs had special interests and additional skills in areas including substance misuse; obesity and bariatric surgery; occupational medicine and medicines management.

Detailed findings

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are bookable six weeks in advance and are for 10 minutes each. The national GP patient survey (July 2015) reported that patients were less than satisfied with the opening times and making appointments. The results were below local and national averages.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and Somerset Urgent Care Doctors provide an Out Of Hours GP service.

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

We carried out an announced visit to the practice on 3 February 2016. In advance of the inspection we reviewed the information we held about the provider and asked other organisations to share what they knew.

During the inspection we spoke with eleven staff and twelve patients. We looked at documentation and observed how patients were being cared for.

We reviewed 41 comments cards, sent to the practice in advance of our visit for patients to complete. These were 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to data collected in 2014/15 prior to changes to GP availability at the practice. And is the most recent information available to the Care Quality Commission.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff had access to a recording form available on the practice's computer system to raise and record any significant events. However some staff told us that they the practice policy and would provide written details in their own format.
- The practice carried out an analysis of the significant events.

We reviewed safety records, 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, staff were updated on significant events during the monthly practice meeting; a significant event meeting was held twice yearly to review each event in detail however minutes for these meetings did not contain action points or lessons learnt.

We spoke to the practice manager about significant events. We saw no documented evidence that when there were unintended or unexpected safety incidents, patients received reasonable support. This included patients receiving truthful information, a verbal and written apology and an explanation of actions taken to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had 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 reflected relevant legislation and local requirements. We looked at the safeguarding children policy and saw that it contained information that was seven years out of date. However the practice followed local procedures with the South West Child Protection Procedures (SWCPP) pathway available on every computer. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for child protection and safeguarding vulnerable adults from abuse.

- A notice in the waiting room advised patient's 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 the 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. 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 relevant staff had received up to date training. Annual infection control audits were undertaken and we saw evidence action was taken to address any improvements identified as a result.
- The practice did not have a system in place to ensure clinical and non-clinical staff were up to date with routine immunisations and immunisations for staff for specific disease prevention, for example, Hepatitis B, TB and chickenpox. We were told GPs and practice nurses were self-directed. This meant the practice was not complying with the requirements for this as set out in the Health and Safety at Work Act (HSWA) 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 1992.
- The arrangements for managing medicines, including emergency medicines and vaccines, 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 local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice employed a prescribing administrator who had undertaken additional, recognised training in the management of substance misuse medicines. We saw they had produced good quality written procedures around the management of patient prescriptions.
- We saw prescription pads were securely stored and there were good systems in place to monitor their use.

Are services safe?

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We found PGDs that had not been signed by an approved person. This meant practice nurses had not been authorised to administer these medicines. We found one PGD was out of date. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment in two files. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, in the third personnel file, we saw that a member of staff had commenced work prior to their DBS check being concluded. We saw no evidence of a risk assessment being completed prior to commencing work or appropriate assurances sought from checks with other systems. For example, the NHS performers list. Other staff had received the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The health and safety, building management and fire risk management had been outsourced to different companies. We saw that the practice did not have an oversight of risk assessments and safety checks. For example, we were told that fire drills had taken place however the record of staff attendance and dates were not held by the practice.
- The practice had a legionella risk assessment which documented checks required. During our inspection the practice were unable to locate the checklist documenting when checks were carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We spoke to the practice and after the inspection we were sent a checklist document for the past month.

- We found the practice did not have a safe system for ensuring all electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was calibrated to ensure the results were within an acceptable range. The records for testing were not current and related to 2009. We found medical equipment that had no evidence of checks being undertaken. For example, blood pressure machines. It was unclear if the practice had maintained a list of medical equipment available to staff and those that required annual calibration checks.
- 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 and infection control. We saw these were up to date and regular and appropriate checks were in place. However these did not include staff specific disease prevention through immunisation.
- One member of staff told us they took the responsibility for a weekly premises inspection. These checks were not recorded and there was no checklist available to understand what the weekly inspection included.
- Arrangements were in place for planning and monitoring the number of staff that the practice had available. There was a rota system in place for the different staffing groups and these included requirements for locum GP cover. There was not enough staff to keep patients safe. For example, administrative staff had recently left the practice and had not been replaced. There were not enough GPs to provide adequate care and treatment to meet patient needs. The practice was aware of and currently working with other organisations to address staffing concerns.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received basic life support refresher training.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- A first aid kit and accident book were available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment to meet patient needs.
- The practice monitored these guidelines were followed through risk assessments, audits, clinical meetings 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 98.6% of the total number of points available, with 6.1% 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:

- The percentage of patients at the practice diagnosed with diabetes was 5.5% of the practice population. Data showed performance for diabetes related indicators was comparative to the Clinical Commissioning Group (CCG) averages and slightly above the national average. For example, patients with diabetes who had received a foot examination was 82.9% compared to the CCG average of 76.7% and national average of 81.5%.
- The percentage of patients at the practice with high blood pressure was 2.7% of the practice population. The percentage of patients with high blood pressure who had received a blood pressure test in the past year was 81% which was better than the CCG average of 78.09% and slightly below the national average of 83.6%.
- The percentage of patients at the practice with a diagnosed mental health condition was 0.69% of the

practice population. Data showed performance for mental health related indicators was comparable to other practices. For example, the percentage of patients with a comprehensive care plan in place was 69.2% which was better than the CCG average of 54.9% and below the national average of 77.2%. Data for recording health screening (records for blood pressure checks, body mass index and alcohol consumption) was much better than CCG and national averages.

- The percentage of patients at the practice with asthma was 7.1% of the practice population. The percentage of patients with asthma who had received an asthma review in the last twelve months was 43.2% which was worse than the CCG average of 55.7% and the national average of 69.7%. The practice nurses had improved the attendance of patients which was currently at 64%. Over the telephone assessments were undertaken for patients who would not attend.

Clinical audits demonstrated quality improvement.

- We saw four clinical audits completed in the last two years. The practice had regular clinical audit cycles in place and clinical audits showed where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit on patients who had undergone bariatric surgery. (Bariatric surgery is a procedure to reduce weight through reduction of the size of the stomach). Recent action taken as a result included a register for patients who had undergone bariatric surgery; a recall system for follow up tests, injections and annual reviews.

Information about patients' outcomes was used to make improvements.

Effective staffing

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

- The practice had an induction checklist for all newly appointed administrative staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However there was no practice induction packs for new GPs or practice nurses.

Are services effective?

(for example, treatment is effective)

- The practice used an induction template for locum GPs and nurses however this was not practice specific. This meant there was a potential risk to patients as locum staff could be unfamiliar with the practice and the practice did not equip staff to work safely and effectively.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training including: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.

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.
- 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 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. We saw evidence multi-disciplinary team meetings took place on a three monthly basis and additional meetings took place between these times when required. For example, the practice had a high percentage of vulnerable children and meetings with health visitors were undertaken bi-monthly. We looked at care plans and saw they were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, 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 assessed the patient's capacity and recorded the outcome of the assessment. We saw good examples of the practice managing concerns around a patient's ability to consent. For example, when a pregnant, young patient living with a learning disability presented at the practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those patients with a long term condition who were at risk of an unplanned admission to hospital and those patients with alcohol or drug addictions.
- Patients were signposted to the relevant service. For example, a free weight loss clinic held at two other local practices and a dietician visited the practice monthly.
- Smoking cessation advice was available from a local support group in the adjacent community centre. We saw that 85% of patients who smoked had a record of receiving stop smoking advice.

The practice's uptake for the cervical screening programme was 77.3%, which was comparable to the Clinical Commissioning Group (CCG) average of 77.7% and the national average of 76.7%. However a half (50%) of female

Are services effective?

(for example, treatment is effective)

patients with a mental health diagnosis had attended the cervical screening programme. This was below the CCG and national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to Clinical Commissioning Group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to children up to aged two year olds ranged from 91.4% to 98.3% and five year olds from 91.1% to 98.7%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. 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 observed members of staff were courteous and helpful to patients, treating them with dignity and respect.

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

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. However two patient comment cards made negative statements about the appointment system and an interaction with a GP. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with nine members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The practice had a patient fund which was used to provide additional support for patients. For example, one patient who grew up in a social care setting was provided with funding to apply for university.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice results were slightly below the Clinical Commissioning group and national averages, in some areas, for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91.6% and national average of 88.6%.
- 87.5% of patients said the GP gave them enough time (CCG average 89.8% and national average 86.6%).
- 96.4% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95.2%).

- 87.7% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88.9% and national average 85.1%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 94% and national average 90.4%).
- 89.4% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey (July 2015) 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:

- 90.5% of patients said the last GP they saw was good at explaining tests and treatments which was similar to the Clinical Commissioning Group (CCG) average of 90.1% and above the national average of 86%.
- 81.6% of patients said the last GP they saw was good at involving them in decisions about their care which was below the CCG average of 86.1% and similar to the national average of 81.4%.

The practice was above average for practice nurse feedback:

- 92.4% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88.6% and national average 84.8%)

Staff told us translation services were available for patients who did not have English as a first 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

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice referred patients to the community centre in the adjacent building where various support groups took place for patients. For example an eastern European group, a mother and baby group and an older persons club.

The practice's computer system alerted GPs if a patient was also a carer. Written information including a carer's pack was available to direct carers to the various avenues of support available to them. Carers received an annual health assessment.

Staff told us if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and 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. One GP took an active role in the local GP Federation as prescribing lead and a member of the executive team.

- The practice offered appointments to patients who could not attend during normal appointment hours. These appointments were provided on request and were available mornings and evenings, four days per week.
- There were longer appointments available for patients with a learning disability, vulnerable families and patients who required these.
- Home visits were available for patients who needed one.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Those patients requiring vaccines only available privately were referred to other clinics.
- Repeat prescriptions were available the next working day.
- There were disabled facilities, a hearing loop and translation services available.
- The practice telephoned vulnerable and older patients who did not attend appointments to check on their welfare.
- One GP offered a telephone consultation to patients who were unable to book an on the day appointment.
- One GP had undertaken additional training to offer a substance misuse clinic for patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available on Mondays from 9am to 12pm and 3.30pm to 7.20pm; on Tuesdays from 8.30am to 11.30pm then from 3pm to 5.30pm; Wednesdays from 8.30am to 11am then from 3pm to 5.30pm; Thursdays from 9am to 12.30pm then from 3.20pm to 5.30pm and Fridays from 8.30am to 11.40am then from 3pm to 5.10pm. Extended practice hours were offered on request on Monday, Wednesday and Friday

mornings and Monday to Thursday evenings. In addition to pre-bookable appointments could be booked up to six weeks in advance, limited urgent appointments were also available for patients on a first come basis. At the time of our visit patients had to wait between two to three weeks for a routine appointment with a GP.

The practice manager was not aware if as part of the PMS contract the practice should provide patient access when the practice was closed between 12.30pm and 1.30pm daily. We were told that the telephone lines directed patients during this time. Some staff told us they answered the telephone line at lunchtimes. Staff were unable to advise us what the answerphone message told patients and what patients should do if they needed emergency access to a GP.

The practice had a separate telephone line for prescription requests between 10am and 2pm daily. All other calls including appointments came through one telephone line. We observed staff managing calls into the practice. On average staff answered four calls a minute. We saw that staff had no time to complete tasks before the phone rang again.

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

- 68.3% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 77.2% and national average of 74.9%.
- 60.2% of patients said they could get through easily to the practice by phone (CCG average 78.6% and national average 73.3%).
- 50.6% of patients said they usually get to see or speak to the GP they prefer (CCG average 65.3% and national average 60%).

We saw patient comments from completed NHS Friends and Family Test questions feedback about the difficulty access the practice due to the telephone system and difficulty accessing appointments. The practice told us they were aware patients were not happy with access. The practice had had difficulty recruiting additional GPs. The practice told us they were in the process of looking at changing the telephone access.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

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

- The complaint 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 information was available to help patients understand the complaints system in the practice waiting area. The practice website did not direct patients to the complaints process.
- We were told when the practice manager was away, complaints made by patients were left until their return unless they were urgent.

- Complaints were highlighted at practice meetings and discussed at the significant event meetings held twice yearly. We saw evidence of actions being identified at this meeting. There was no detail recorded of these actions being completed.

The practice had received 12 complaints since July 2014. We looked at 10 complaint logs and found they were dealt with in a timely way. We saw that the complaint logs were not always completed. For example, they did not contain action plans or lessons learnt. The complaint logs did not evidence processes undertaken to manage the complaint. This meant that we were unable to determine if action was taken to improve the quality of care. Oversight of complaints were limited to the bi-annual significant event meeting. We did not see evidence that themes and trends around complaints were discussed at these.

Are services well-led?

Inadequate 

(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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice told us they were at high risk due to financial changes to the NHS England contract and the difficulty the practice experienced in recruiting GPs and locum GPs. We saw that the practice was working proactively with other agencies to find solutions to their problems.

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 in place. We saw gaps in this framework which meant:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However two administrative staff had recently left the practice. In 2015 a GP partner had left the practice and a salaried GP appointed. Another partner was in the process of leaving. Due to the NHS England contract undergoing renewal and a potential reduction in funding the practice told us it was not in a position to commence a recruitment process for replacement staff.
- Non-clinical management roles were delegated to internal staff or external organisations. For example, payroll, medicine alerts, QOF, health and safety, prescription management and reviews, infection control and fire safety. There was limited oversight on the strategic planning, performance, quality and premises management of the practice. A comprehensive non-clinical understanding of the performance of the practice was not maintained.
- There was not a clear, structured system for non clinical practice business. This meant that staff would have difficulty accessing information in the absence of the practice manager.
- Practice specific policies were available to all staff. Policies were filed in a system related to out of date Care Quality Commission regulations and staff told us they were difficult to navigate. For example, we saw that

safeguarding children processes were found in two places and information in each place was different. We saw information around checks required to ensure that staff did not have a criminal conviction and were safe to work with vulnerable patients was out of date and did not reflect a separate DBS policy that the practice also had in place.

- There was no system to review practice policies and procedures, to demonstrate that all staff understood and were trained in practice procedures and that all staff were regularly updated when processes changed.

We saw there were good structures and procedures in place to ensure:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing clinical risks, issues and the implementing of mitigating actions.

Leadership and culture

The senior GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the Duty of Candour. However when there were unexpected or unintended safety incidents it was unclear whether the practice gave affected people reasonable support, truthful information and a verbal and written apology because records did not fully reflect if actions were taken. Staff told us a culture of openness and honesty was encouraged.

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

- Staff told us the practice held monthly team meetings.
- Clinical meetings were held quarterly for a half day with protected time.
- 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 in doing so and felt supported if they did.

Are services well-led?

Inadequate 

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

- Staff said they felt respected, valued and supported by the GPs in the practice. The GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they would seek support from one GP in the first instance in regard to issues with the administration and management of the service. This meant the GP was managing practice concerns and dealing with issues not directly related to patients care and treatment in addition to clinical management of patients.

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

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

- The practice had gathered feedback from patients through the Friends and Family Test and complaints received.
- There was a newly formed Patient Participation Group (PPG). We spoke to the group. They had met twice in the last 12 months and told us they fully supported the practice.
- The practice had gathered feedback from staff through annual appraisals and team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and GPs.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Regulation 12(2)(b)</p> <p>Some staff did not follow the process and procedures for reporting significant events. The practice meetings for significant events did not fully record action points or lessons learnt for each significant event.</p> <p>Regulation 12(2)(d)</p> <p>Documentation and checks for safety systems, for example, fire drills, staff immunisation records and legionella were inadequate.</p> <p>Regulation 12(2)(e)</p> <p>Recording systems to document the calibration and maintenance of equipment used for diagnostics and screening procedures were not in place.</p> <p>Regulation 12(2)(g)</p> <p>Patient Group Directions (PGDs) for administration of medicines had not been signed or dated by an appropriate person. One PGD was out of date.</p> <p>Regulation 12(2)(h)</p> <p>The practice was not complying with the requirements for this as set out in the Health and Safety at Work Act (HSWA) 1974 and the Control of Substances Hazardous to Health (COSHH) Regulations 1992 in regards to the checking and recording of staff immunisations against infectious diseases and the mitigation of risks to patients.</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

Regulation 13(1)

A new member of staff had commenced employment prior to completion of necessary DBS checks. A risk assessment was not in place and supervision of the staff member was not undertaken whilst awaiting the checks.

Regulation 13(3)

Staff did not know where to locate the safeguarding vulnerable adults' policy and procedures. The safeguarding children policy did not reflect current guidelines.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

How the regulation was not being met:

Regulation 16(2)

Information on how to complain was not available and accessible to everyone. Complaint logs did not contain action plans, lessons learnt or evidence of discussions.

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>Regulation 17 (1)</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements in Part 4 to 20A of the HSCA 2008 (RA) Regulations 2014.</p> <p>Regulation 17(2)(a)</p> <p>The provider was not ensuring their governance systems and processes operated effectively when identifying, assessing, monitoring and improving the quality and safety of the service.</p> <p>Regulation 17 (2)(b)</p> <p>The provider was not ensuring their governance systems and processes operated effectively when identifying, assessing, monitoring and mitigating the risks to the quality and safety of the service.</p> <p>Regulation 17(2)(e)</p> <p>The provider was not responding appropriately to patient feedback or analysing it to drive improvements.</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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18(1)</p> <p>There was one telephone line accessible to patients to contact the practice for urgent care, appointments, test results and other needs. Patients said they had difficulty accessing the practice via the telephone.</p> <p>Patients said they had difficulty getting an appointment. There was insufficient clinical staff numbers to provide enough patient appointments.</p>

This section is primarily information for the provider

Enforcement actions

Regulation 18(2)(a)

Location and job role specific induction packs were not available for all staff including locums.