Victoria Medical Practice

Quality Report

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

Ratings

Overall rating for this service	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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Victoria Medical Practice on 21 September 2016. Overall the practice is rated as good. The practice is rated as requires improvement for safety.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were mostly assessed and well managed, with the exception of those relating to the vaccine refrigerator and cold chain.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, 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 leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

Summary of findings

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine refrigerator and the preservation of the cold chain.

The areas where the provider should make improvement are:

- The practice should review the arrangements for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with current guidance.
- The practice should review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two or more cycles to monitor improvements to patient outcomes.
- The practice should take steps to improve their identification of patients who are carers, in order to be able to provide them with any additional support they may require.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the management of the vaccine refrigerator was not undertaken in line with current guidance and some medicines were out of date.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).
- The practice offered spirometry testing (a test that measured lung health) in-house and data showed an improvement of 14% of patients having their diagnosis confirmed since 2013/14.
- There were regular clinical meetings. The team discussed patients and communicated with community healthcare staff in person or using tasks and notifications on the clinical system.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- They also used electronic consultations where available with hospital consultants to discuss cases and carry out shared care planning and referred patients as necessary to other service. For example, podiatry services.
- Staff had the skills, knowledge and experience 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?

Good

The practice is rated as good for providing caring services.

- The practice was below average for its satisfaction scores on consultations with GPs and nurses. They had developed an action plan to improve patient satisfaction.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Interpretation services were available for patients who did not have English as a first language and there were members of staff who were multilingual.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered services in line with the CCG 'care closer to home' policy. For example, phlebotomy, spirometry and ECGs. An ECG is a simple test that can be used to check your heart's rhythm and electrical activity.
- People told us on the day of the inspection that they were usually able to get appointments when they needed them although it was difficult to get through on the phone at the beginning of the day and afternoon.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was a named member of staff responsible for patient liaison. They offered to speak with patients or carers about their concerns and made efforts to resolve these. Staff told us that this had significantly decreased the number of formal complaints received

Are services well-led?

Good

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice manager was supported by a management team at Malling Health head office and practice managers at other practices.
- The practice manager attended local GP practice cluster group meetings, practice manager's meetings and regional Malling Health meetings to discuss and share best practice.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had struggled to establish a patient participation group (PPG) despite several attempts to encourage patients to join, including where patients had expressed dissatisfaction with the service.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake was low. For example, 28% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%). The practice used alerts on patient records for clinicians to remind patients about the importance of screening.
- The practice used the Electronic Palliative Care Coordination Systems (EPaCCS) shared care records to document care for patients approaching the end of life, including their expressed preferences for care.
- Patients at risk of hospital admission, but not under the care of the community matron, were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The advanced nurse practitioner attended a nursing home on a weekly basis where a number of patients resided.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. Data showed that 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).

Summary of findings

- 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.
- The practice were involved in the shared care of patients taking disease-modifying anti-rheumatic drugs (DMARDs). These are medicines that are normally prescribed as soon as rheumatoid arthritis is diagnosed, in order to reduce damage to the joints.
- The practice offered spirometry testing (a test that measured lung health) in-house and data showed an improvement of 14% of patients having their diagnosis confirmed since 2013/14.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84%, which was better than the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients in need of contraception were signposted to the contraceptive and sexual health clinic which was based in the same building.

Working age people (including those recently retired and students)

Good

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, flexible and offered continuity of care.

Summary of findings

- 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.
- The practice offered extended hours clinics on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Patients could register and book appointments online.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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.
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders.

People experiencing poor mental health (including people with dementia)

Good

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, which was better than the national average of 84%.
- 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. 353 survey forms were distributed and 77 were returned giving a response rate of 22% which was below the national average of 38%. This represented just under 3% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 62% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 56% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

The practice had developed an action plan to improve patient satisfaction.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received except for one. Comments included that referrals to hospital services were handled quickly, staff always tried to accommodate requests where possible and thanking named staff for their ongoing care and support. One patient commented that they felt some members of staff were not friendly or helpful and one patient said that they were sometimes kept waiting.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The results of the NHS Friends and Family test showed that of 132 responses, 102 were extremely likely or likely to recommend the practice to a friend or family member. Many patients also included positive comments about the service and individual staff members.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- The practice must ensure staff understand and follow practice policies and procedures for the management of the vaccine refrigerator and the preservation of the cold chain.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The practice should review the arrangements for regularly reviewing the immunisation status of care workers and providing vaccinations to staff as necessary in line with current guidance.
- The practice should review their arrangements for clinical audit at the practice. Clinical audit should be clearly linked to patient outcomes, monitored for effectiveness and comprise of two or more cycles to monitor improvements to patient outcomes.
- The practice should take steps to improve their identification of patients who are carers, in order to be able to provide them with any additional support they may require.

Victoria Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was carried out by a CQC Lead Inspector and a GP specialist adviser.

Background to Victoria Medical Practice

Victoria Medical Practice is located on the first floor of Dewsbury Primary Care Centre which is a large multi-practice health centre owned by community provider Locala. The practice is located centrally in Dewsbury opposite the train station and close to shops and the market.

The practice provides primary care to 2,884 patients under an alternative personal medical services (APMS) contract with NHS England. Black and ethnic minority patients account for 26% of the patient list. Data showed that 58% of the patient population were aged 18 or under compared with the national average of 38%.

- There is one salaried male GP, one female advanced nurse practitioner, a female practice nurse who is undergoing training to become an advanced nurse practitioner and an additional practice nurse who provides cover for the nurse and the healthcare assistant who was on maternity leave at the time of the inspection.
- The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available throughout the day between these times.
- Extended hours appointments are offered until 7.30pm on Mondays.
- When the practice is closed services are provided by Local Care Direct and NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and North Kirklees CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2016). QOF is a voluntary incentive scheme for GP practices in the UK, which financially rewards practices for the management of some of the most common long term conditions. We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

During our visit we:

- Spoke with a range of staff including a GP, a nurse, the practice manager and administrative staff and spoke with patients who used the service.

Detailed findings

- Reviewed questionnaire sheets which were given to administration staff prior to inspection.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

Requires improvement

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 recording forms were available in the reception office. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were uploaded onto a computer management system which helped to ensure that the practice took action and provided responses in a timely way. The practice and staff at head office carried out a thorough analysis of the significant events. The practice manager attended quarterly regional team meetings where incidents were discussed and shared.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed the procedures for sending letters to patients and introduced a new system in response to an incident where a letter was sent to the wrong patient. We saw that the patients involved received an apology and explanation from the practice.

There was a system to receive and distribute patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). (The MHRA is the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness). All alerts were shared throughout the practice and actioned accordingly.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and local action flowcharts were accessible to all staff who could give examples of when they had raised concerns. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware who this was. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The GP and practice manager communicated regularly with the lead safeguarding nurse in the locality and staff demonstrated they understood their responsibilities. All had received training on safeguarding children and vulnerable adults relevant to their role. The GP, advanced nurse practitioner, practice nurse and practice manager were all trained to child protection or adult safeguarding level three. Administrative staff completed online training to level one.
- Notices in the waiting room and consulting rooms advised patients that chaperones were available if required. There was a chaperoning policy and procedures and all staff who acted as chaperones were trained for the role and all staff members 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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams and attended CCG meetings to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken; the most recent audit was January 2016 where no improvements were identified as being required.
- There were arrangements for managing medicines, including emergency medicines and vaccines. However,

procedures to keep patients safe were not always followed. The practice had a cold chain policy to manage the preservation of the cold chain. However, practice procedures to report any temperatures out of the accepted range had not been followed. Temperature monitoring records showed that both vaccine refrigerators had exceeded the maximum temperature for the safe storage of vaccines on several occasions since May 2016 and we saw no evidence that the practice sought advice to ensure the effectiveness of the vaccines. The management of the practice were unaware of this and these events was not reported or investigated as significant events, therefore no action had been taken to ensure that the refrigerator was functioning correctly or to ensure staff were following the correct procedures or checking the viability of the vaccines. The lead inspector referred the practice to immunisation staff at Public Health England (PHE) for advice. The practice immediately assisted PHE staff to carry out an investigation into the vaccine fridge management. We also saw that two vitamin B12 vaccinations had expired but had not been disposed of. Immediately after the inspection the practice manager raised the cold chain breach as a significant event and purchased secondary temperature monitors which provided constant recording of the refrigerator temperatures.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Staff worked with the CCG pharmacist to improve prescribing and reduce the overall prescribing of medicines where possible. The CCG pharmacist told us that staff at the practice engaged well with the local prescribing work plan. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The staff records we reviewed with the practice manager provided evidence to support the relevant staff had received inoculations against Hepatitis B. One member of staff had reduced levels of immunity. Staff were sent for five yearly boosters which is no longer required as routine practice. It is recommended that people who are likely to come into contact with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections. Members of staff new to healthcare had received the required checks as stated in the Green book, chapter 12, Immunisation for healthcare and laboratory staff (The Green Book is a document published by the government that has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases in the UK).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and staff participated in regular fire drills which were organised by the building owner. A member of staff was a trained fire marshal and other staff members had completed fire awareness training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice

Requires improvement

Are services safe?

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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The landlord was responsible for carrying out actions identified by the health and safety and legionella risk assessments. The practice manager attended regular building user group meetings and there was a system for the practice to request maintenance and report faults. Up to date records were maintained by the practice. The practice manager told us they carried out regular visual inspections of the practice to identify hazards and ensure that exits were clear although these were not documented.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice used regular locum GPs to cover absence where necessary.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and store room.
- 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. However, the first aid kit had not been checked since October 2015 and many dressings had no expiry date or were out of date. Later during the inspection staff told us that as there were sufficient stocks of first aid supplies in the premises they no longer used the first aid kit. The expired and undated items were disposed of at the time of the inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We observed that staff had difficulty locating these on the day of the inspection as they had been moved. All the emergency medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had also worked with the local CCG to complete impact assessments and had purchased a mobile phone for use when the telephone system failed.

Good

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 which were discussed in clinical meetings and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. We saw how staff referred to guidelines during the investigation of incidents and complaints.

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 showed the practice had achieved 98% of the total number of points available. Overall exception reporting was 9% which was equal to local and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. Data showed that 95% of patients with diabetes, on the register, had a record of a foot examination and risk classification in the preceding 12 months (CCG average 89%, national average 88%).
- Performance for mental health related indicators was better than the national average. For example, 98% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months (CCG average 89%, national average 88%) with 0% exception reporting (CCG average 11%, national average 13%).
- Performance for chronic obstructive pulmonary disease (COPD) related indicators was better than the national average. Data showed that 100% of patients with COPD had their diagnosis confirmed by post bronchodilator spirometry (CCG average 92%, national average 90%). The practice offered spirometry testing (a test that measured lung health) in-house and data showed an improvement of 14% of patients having their diagnosis confirmed since 2013/14.
- Performance for depression related indicators were similar to the national average. Data showed that 82% of patients aged 18 or over with a new diagnosis of depression in the preceding 12 months had been reviewed after the date of diagnosis with 15% exception reporting (CCG average 84%, national average 85%). Data for the previous year showed that whilst the practice achieved 100% of the points available, 69% of patients had been excepted. Prevalence had also increased from 7% in 2013/14 to 9% in 2014/15.

The practice had identified previously that not all patients were clinically coded correctly to ensure they were included on the appropriate disease registers and therefore included in the recall schedule. An external company were commissioned to carry out an audit which increased the prevalence of some long term conditions. An additional 67 patients were identified and included on the correct register. An audit identified that members of the administrative team would benefit from training to ensure that patients were coded correctly. The practice manager attended an intensive five day course and provided in-house training to other members of the administrative team.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, these were all on the first cycle and due to be completed in October 2016.
- The practice participated in local audits, national benchmarking, accreditation and peer review. For example, the practice had achieved a 60% improvement

Good

Are services effective?

(for example, treatment is effective)

in the overall prescribing of an antibiotic medicine. As a result, prescribing rates had dropped to within an acceptable range in accordance with the latest guidance.

- Findings were used by the practice to improve services. For example, recent action taken as a result included the audit of 68 patients over the age of 65 with a history of gastric ulcer who were also taking aspirin. The review identified 25 patients who were not recorded as taking the appropriate dose of gastric prevention. These patients were recalled to attend for a review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A recently recruited member of staff told us that she had received a thorough induction and support as a new employee. We reviewed the newest member of staff's induction file and evidence was available to support the policy and process. We also saw risk assessments that had been undertaken on staff when they were pregnant or returning to work following illness or prolonged absence.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, prescribing and taking blood.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at CCG led and practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The nurse practitioner was undergoing additional training to become an advanced nurse practitioner and a new practice nurse had been employed who was receiving training to manage long term conditions effectively.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules CCG organised and in-house training. The practice team were small and staff told us they sometimes had to complete online training at home or in their own time.
- The practice used locum GPs as required to cover sickness or leave. Where possible, the practice used the same locums GPs to ensure the continuity of services to patients. Locum GPs were provided with a comprehensive information pack.

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.
- There were regular clinical meetings. The team discussed patients and communicated with community healthcare staff in person or using tasks and notifications on the clinical system. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patients at risk of hospital admission but not under the care of the community matron were referred to the CCG care co-ordinators. The practice worked with and referred patients to a care co-ordinator who helped patients to manage their health and liaised with NHS and social care services to ensure patients were supported.
- The practice used the Electronic Palliative Care Coordination Systems (EPaCCS) shared care records to document care for patients approaching the end of life, including their expressed preferences for care.
- The practice were involved in the shared care of patients taking disease-modifying anti-rheumatic drugs (DMARDs). These are medicines that are normally prescribed as soon as rheumatoid arthritis is diagnosed, in order to reduce damage to the joints.

Good

Are services effective?

(for example, treatment is effective)

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. 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.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- On the day of our inspection we saw that the smoking cessation service had been suspended, as the healthcare assistant with responsibility for this function had recently left the practice. Another member of staff was receiving training to continue the service. In the meantime, patients were signposted to local support services. Data showed that 91% of patients aged 15 or over who were recorded as current smokers had a record of an offer of support and treatment within the preceding 24 months (CCG and national average 87%).
- The practice made referrals to a local slimming group and the 'Practice Activity and Leisure Scheme' for eligible patients, which enabled them to attend local gyms and undertake an individualised activity and fitness plan to help them improve their health.
- Clinical staff carried out alcohol intervention advice. They used AUDIT-C which is a recognised screening tool that can help identify persons who are hazardous drinkers or have active alcohol use disorders. Data showed that during 2015, 168 patients were screened. Of these, a further 43 patients received structured advice to reduce their alcohol intake.

The practice's uptake for the cervical screening programme was 84%, which was better than the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake was low. For example, 28% of patients aged 60 to 69 were screened for bowel cancer in the preceding 30 months (CCG average 55%, national average 58%). The practice used alerts on patient records for clinicians to remind patients about the importance of screening.

The practice nurse prescriber showed us how she used nationally and locally agreed templates, care plans and prescribing guidelines to deliver care. The nurses followed the 'Year of Care' to provide personalised care planning for people with long term conditions by working in partnership with patients and care professionals. They also used electronic consultations where available with hospital consultants to discuss cases and carry out shared care planning and referred patients as necessary to other service. For example, podiatry services.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to the national average of approximately 94%. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 85% to 95%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. They told us that telephone calls could be transferred to the office to maintain confidentiality.

All but one of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comments included that referrals to hospital services were handled quickly, staff always tried to accommodate requests where possible and thanking named staff for their ongoing care and support. One patient commented that they felt some members of staff were not as friendly or helpful and one patient said that they were sometimes kept In the practice when attending for a booked appointment.

We spoke with four patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Two patients did not have English as a first language. They told us that staff had helped to make sure that they understood their care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice had reviewed the latest results of the national GP patient survey and developed an action plan to improve patient satisfaction.

Care planning and involvement in decisions about care and treatment

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

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

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.

Good

Are services caring?

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice had reviewed the latest results of the national GP patient survey and developed an action plan to improve patient satisfaction. For example, ensuring that interpreters were booked when needed and ensuring patients were aware of the availability of late appointments on Mondays.

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

- Staff told us that translation and interpretation 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 and there were members of staff who were multilingual.
- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (less than 1% of the practice list). Patient registration forms asked patients to identify whether they were a carer and written information was available to direct carers to the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered services in line with the CCG 'care closer to home' policy. For example, phlebotomy, spirometry and ECGs. An ECG is a simple test that can be used to check your heart's rhythm and electrical activity.

- The practice offered extended hours clinics on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The advanced nurse practitioner attended a nursing home on a weekly basis where a number of patients resided.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The phlebotomy service was open to patients who registered at other GP practices.
- There were disabled facilities, a hearing loop and translation services available.
- The practice were registered with a private discreet anonymous sexual health testing service.
- Patients in need of contraception were signposted to the contraceptive and sexual health clinic which was based in the same building.
- Patients could register and book appointments online.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available throughout the day between these times. Extended hours appointments were offered until 7.30pm on Mondays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them although it was difficult to get through on the phone at the beginning of the day and afternoon. Staff told us that the available telephone lines quickly became busy and patients often had to telephone several times to get through. The practice could not change the telephone system as it was part of a wider system commissioned for a number of local practices. The practice monitored the availability of appointments and sought to reduce the number of missed appointments. They continued to work with the CCG to address the problems with the telephone system. The practice had purchased a mobile phone for use when the telephone system failed.

The practice had a system in place to assess:

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

Clinical staff spoke to the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the waiting room and on the practice website.
- There was a named member of staff responsible for patient liaison. They offered to speak with patients or carers about their concerns and made efforts to resolve these. Staff told us that this had significantly decreased the number of formal complaints received. Informal or verbal complaints were documented by the practice.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. All complaints were entered onto the practice computer system which ensured that action was taken and responses given in a timely way. We saw examples of where the practice had worked with the health service ombudsman to provide appropriate explanations and apologies to patients. Lessons were learnt from individual concerns and complaints and also from analysis of trends in the practice at centrally in the organisation. Action was taken as a result to improve the quality of care.

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.

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice manager was supported by a management team at Malling Health head office and practice managers at other practices.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Corporate and practice specific policies were implemented, reviewed regularly by accountable staff members and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Whilst we saw that some clinical audits had been carried out at the request of head office, there was minimal clinician involvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the management were not aware of the vaccine cold chain breaches. The practice manager took immediate action after the inspection to raise a significant event in order to reduce the risk of re-occurrence.

Leadership and culture

On the day of inspection the registered manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the practice manager and GP were approachable and always took the time to listen to all members of staff. The practice manager attended local GP practice cluster group meetings, practice manager's meetings and regional Malling Health meetings to discuss and share best practice.

The provider was aware of and had systems in place 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 and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings and we reviewed the minutes of meetings. Staff discussed practice procedures and services.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or any time and felt confident and supported in doing so. We observed several occasions on the day of the inspection where staff discussed patients and procedures to ensure the appropriate action was taken
- Staff said they felt respected, valued and supported, although the team was small and at times staff felt under pressure, particularly when they were short staffed, they felt they supported and helped each other and communicated well.
- The practice manager attended quarterly regional management meetings where best practice was discussed and learning from incidents and complaints was shared.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. At the time of the inspection the

Are services well-led?

Good

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

practice did not have a PPG. The practice had struggled to establish a PPG despite several attempts to encourage patients to join, including where patients had expressed dissatisfaction with the service. The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to ensure staff followed practice policies and procedures for the management of the vaccine refrigerator and to maintain the cold chain. Practice procedures to report any temperatures out of the accepted range for the safe storage of vaccines had not been followed. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.