

Harden Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harden Surgery on 5 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, there were variations in the recording of investigations and outcomes.
- Most risks to patients were assessed and well managed. However, a risk assessment had not taken place to mitigate the absence of some recommended emergency medicines in the event of a medical emergency and the practice did not have an effective process for monitoring the completion of fire safety checks and fire drills.
- 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.
- The system in place for sharing medicines alerts and learning for GP update days was on an informal basis and we found that the practice did not establish an effective process.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However, the practice did not operate an effective system for identifying carers.
- Information about services and how to complain was available and easy to understand. Evidence of improvements to the quality of care as a result of complaints and concerns was limited.
- 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.
- There was a clear leadership structure and most staff felt supported by management. Staff felt there was little communication from senior management regarding actions taken or outcomes as a result of feedback and concerns raised.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Establish an effective system to ensure clinical incidents are thoroughly investigated and monitored to ensure appropriate actions are taken to remedy the situation, prevent future occurrence and implement improvements as a result.
- Ensure that risk assessments for the absence of some emergency medicines are carried out to mitigate risks associated with anticipated emergency situations.
- Implement a formal system for managing medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and ensure the system includes processes for sharing with all clinicians at the practice.

The areas where the provider should make improvements are:

- Review systems in place for monitoring the completion of fire safety checks and fire drills.
- Ensure that feedback from staff is appropriately considered and outcomes communicated where appropriate.
- Continue encouraging the uptake of national screening programmes such as bowel and breast cancer.
- Review the process for identifying carers to ensure patients with a caring responsibility are identified in order to provide appropriate care, support and guidance.
- Improve the number of care plans completed for patients with learning disabilities and vulnerable groups.

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?

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However there were variations in the way the system was being followed. For example, reviews and investigations were not always sufficiently thorough.
- The system in place for managing medicines alerts was informal and not shared with all clinical staff.
- Where learning had been identified lessons were shared to make sure action was taken to improve safety in the practice.
- Systems for reporting ensured that when things went wrong patients were informed and 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.
- Risks to patients were assessed and in most areas well managed. However, risks associated with the absence of some emergency medicines had not been carried out.
- Fire drills had not been logged and there were gaps in the recording of fire alarm checks. Following the inspection the practice provided a log of fire drills which had been carried out and provided evidence of communication with the property owners regarding confirmation of completed fire alarm checks.

Requires improvement



Are services effective?

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 and personal development plans for most staff. Following the inspection the practice provided evidence of completed appraisals.
- Staff proactively worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Summary of findings

- Staff understood the relevant consent and decision-making requirements of legislation.

Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care such as offering enough time and treating patients with care and concern.
- Patients we spoke with as part of the inspection 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.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. However, data provided by the practice showed that the practice had only identified 0.1% of the practice as carers.

Are services responsive to people's needs?

Good



- Information about how to complain was available and easy to understand.
- 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 participated in a CCG led programme which included a GP federation.
- The practice understood the population served and sought to ensure relevant services were provided.
- 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.

Are services well-led?

Requires improvement



- 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.

Summary of findings

- There was a clear leadership structure. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care but this required strengthening. Some risks to patients had not been identified, including the management of medicines alerts, emergency medicines and learning from significant events.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients. However, staff we spoke with felt that although they were encouraged to provide feedback, changes were not being made. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requires improvement overall affected all patients including this population group. There were, however, some examples of good practice.'

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a designated lead responsible for working with relevant associated health professionals to deliver a multidisciplinary package of care to meet of this population group.
- A dedicated 'hot-line' phone number was issued to ambulance service and care homes to support easier access to the practice.
- The practice provided health promotion advice and literature which signposted patients to local community groups and charities such as Age UK.
- Data provided by the practice showed that 92% of patients aged over 75 received a health check in the last three years.
- The practice routinely discussed any unplanned admissions including those from care homes to ensure their care needs were being appropriately met.
- The practice was accessible to those with mobility difficulties.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requires improvement overall affected all patients including this population group. There were, however, some examples of good practice.'

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example 81% had a specific blood glucose reading in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.

Requires improvement



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 offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions including spirometry, phlebotomy and anti-coagulation (to monitor and manage medication used to prevent blood clots).

Families, children and young people

The provider was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requires improvement overall affected all patients including this population group. There were, however, some examples of good practice.'

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice introduced new processes to further increase childhood immunisation uptake.
- The practice was accessible for pushchairs, had baby changing facilities and supported breast feeding.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme (2014/15) was 78%, which was comparable to the CCG average of 81% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a confidential contraception service for young people.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requires improvement overall affected all patients including this population group. There were, however, some examples of good practice.'

Requires improvement



Summary of findings

- Although the practice encouraged patients to attend national screening programmes for bowel and breast cancer screening, data from 2014/15 National Cancer Intelligence Network showed that uptake was below local and national averages.
- 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 offered a Saturday morning clinic and two early morning clinics per week from 7am, which were specifically aimed at working patients and students.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the national GP patient survey indicated that the practice was above local and national average regarding phone access and opening times.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.'

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability (LD). The practice provided data, which showed that 8% of patients had a care plan, 77% had a medicine or face-to-face review in the last 12 months. Following the inspection the practice advised us that figures may have appeared low at the time of the inspection as there were plans in place to ensure patients on the practice LD list were reviewed during the month of December 2016.
- The practice offered longer appointments for patients with a learning disability.
- An alert system was used to identify patients at risk or with special requirements that needed additional support.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, they provided a shared care service in partnership with the local addiction service for patients with opiate dependency allowing them to obtain their medicine at the surgery.

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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.
- Carers of patients registered with the practice had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed that 0.1% of the practice list were carers.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing safe, effective and well-led services. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.'

- Nationally reported data for 2014/15 showed 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the local and national average, with a 0% exception reporting rate.
- Nationally reported data for 2014/15 showed 100% of patients on the practice's mental health register had a comprehensive, agreed care plan documented in the preceding 12 months. This was above the CCG and national average, with a 0% exception reporting rate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Data provided by the practice showed that 50% of patients diagnosed with dementia had a care plan in place and 100% received a medicine and face to face review in the last 12 months.
- 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.

Requires improvement



Summary of findings

- Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia and there were a designated lead responsible for this population group.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three-hundred and fifty-five survey forms were distributed and 73 were returned. This represented a 21% completion rate.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and national average of 73%.
- 81% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 75% 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Staff were described as good listeners, helpful, polite and respectful. Patient were complimentary of the Saturday and evening surgeries.

We spoke with three patients during the inspection (including two members of the practice's patient participation group). Patients said they were satisfied with the care they received and that they were treated with dignity and respect.

Patients had rated the practice three and a half out of five stars on the NHS Choices website.

Areas for improvement

Action the service **MUST** take to improve

- Establish an effective system to ensure clinical incidents are thoroughly investigated and monitored to ensure appropriate actions are taken to remedy the situation, prevent future occurrence and implement improvements as a result.
- Ensure that risk assessments for the absence of some emergency medicines are carried out to mitigate risks associated with anticipated emergency situations.
- Implement a formal system for managing medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and ensure the system includes processes for sharing with all clinicians at the practice.

Action the service **SHOULD** take to improve

- Review systems in place for monitoring the completion of fire safety checks and fire drills.
- Ensure that feedback from staff is appropriately considered and outcomes communicated where appropriate.
- Continue encouraging the uptake of national screening programmes such as bowel and breast cancer.
- Review the process for identifying carers to ensure patients with a caring responsibility are identified in order to provide appropriate care, support and guidance.
- Improve the number of care plans completed for patients with learning disabilities and vulnerable groups.

Harden Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC), Lead Inspector. The team included a GP specialist adviser, a practice manager specialist advisor and an expert by experience.

Background to Harden Surgery

Harden Surgery is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation in the area served by Harden Surgery are below the national average, ranked at one out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged between zero to 29 and 40 to 49. The practice has a below average of patients aged 55 to 85 plus.

The patient list is approximately 2,700 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is situated on the ground floor of a multipurpose building with two other practices. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing consist of three female GPs, one part time practice nurse, one health care assistant, a practice manager and a team of administrative staff.

The practice is open between 8am and 8pm Mondays and Tuesdays, 8am and 1pm Wednesdays, 8am and 6.30pm Thursdays and Fridays. The practice is also open on Saturdays between 9am and 12pm.

GP consulting hours are from 9.30am to 3.40pm and 5pm to 7.40pm Mondays. Tuesdays consulting times are from 9.30am to 4.20pm and 5pm to 7.20pm; Wednesdays' are from 9am to 12.20pm; Thursdays from 9am to 11.40am, 12.30pm to 2.40pm and 3.30pm to 5.40pm; Fridays 9.30am to 1.30pm and 3pm to 5.40pm. In addition the practice provides extended opening for appointments on a Saturday morning between 9am and 11.30am. The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by Primecare.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 September 2016. During our visit we:

- Spoke with a range of staff such as GPs, nurses, health care assistant, receptionists, administrators, managers and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events; however there were variations in the recording of investigations and outcomes. For example:

- We reviewed eight incidents recorded in the last 12 months. Three involving administrative issues were well documented with clear evidence of actions taken and shared learning. However, the recording of a thorough analysis involving clinical incidents was limited. Staff we spoke with told us that clinical concerns had been raised with senior management following these incidents however staff were unaware of any actions taken to address the issues. We were not satisfied that the system in place was effective.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a written apology.
- Staff were able to give examples of incidents that had been discussed and acted on. For example following an incident involving a home visit request and failure to update medical notes staff were directed to revisit the practice home visit policy.
- There was a designated GP lead responsible for reviewing patient safety and medicines alerts received; we were told that sharing alerts with other clinical staff were taking place informally and not routinely discussed during clinical meetings'. We reviewed patient safety alerts received from Medicines and Healthcare products Regulatory Agency (MHRA) and minutes of meetings where these were discussed. However, we were told that guidance around the interaction between two particular medicines had not been widely shared amongst GPs. We were told that this had come to light

after a GP had learnt of an interaction which was already known by another GP and this had not been shared on a practice wide basis. We did see evidence that appropriate action had been taken in relation to a patient safety alert about the prioritisation of home visits.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Contact details to relevant agencies were displayed in clinical areas for further guidance if staff had concerns about a patient's welfare. We also saw information to support patients in relation to domestic violence. There was a clinical lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and were able to give examples of appropriate action taken following concerns. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nursing staff were trained to child safeguarding level 3. Alerts on patient records helped staff to identify patients who may be at risk from harm.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by an external infection control specialist.

Are services safe?

The practice scored 98% following an audit carried out within the last 12 months and we saw evidence that action was taken to address any improvements identified as a result.

- There were arrangements in place for managing medicines and vaccines, in the practice which kept patients' safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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.
- Blank prescription stationary was securely stored and there were systems in place to monitor their use. Patient Group Directions (written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment) 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.
- We reviewed five 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. Appropriate checks were also in place for locum staff.

Monitoring risks to patients

Risks to patients were assessed and mostly well managed.

- During the inspection we found the premises appeared well maintained and procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety risk assessment and policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a fire evacuation procedure in place with a nominated fire marshal, staff received appropriate fire training. The practice had an up to date fire risk assessments however there were no record of fire drills and although we were told that fire alarms were checked weekly the last recorded check was June

2016. Following the inspection the practice provided a log of fire drills carried out in the last 12 months and evidence of where the practice had communicated with the property owners regarding a completed log of fire alarm testing.

- Electrical equipment was checked by a professional contractor to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Although there were a rota system in place for all the different staffing groups to ensure enough staff were on duty, staff we spoke with regarding staffing levels felt there were times where staffing levels were insufficient. Staff we spoke with told us that they were covering roles such as incoming referral letters while covering front desk duties and at times were required to cover other partnership practices which impacted on their workload. They told us that they had raised this issue but concerns had not been actioned.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents; however risks associated with the absence of some emergency medicines had not been carried out.

- All staff received annual basic life support training and there were some emergency medicines available in the treatment room. However in the absence of medicine used to treat epileptic fits the practice had not carried out a risk assessment to mitigate anticipated emergency situations.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

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.
- 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. Copies were available offsite as well as on the premises should the building become inaccessible.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff attended a continual professional development club where various guest speakers delivered presentations on various NICE guidelines. Attendance evaluation forms viewed showed positive feedback from clinicians who attended.
- Although clinical meetings were held there were no recording of discussions around sharing best practice. Staff we spoke with told us that there was a lack of communication and the practice had not adopted a specific approach to sharing knowledge gained from GP update days.
- We saw examples of clinical audits which reviewed management of patients against best practice guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available; this was higher than the national average of 95%. Exception reporting for Public Health domains (combined overall total) was below CCG and national average (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). For example, combined overall total of clinical domains was 12%, compared to local averages of 8% and national average of 9%.

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 similar to the national average. For example 81% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) compared to the CCG and national average of 78%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 100%, with exception reporting rate of 36%, compared to CCG average of 22% and national 18%.
- Performance for mental health related indicators was above the national average. For example 100% compared to the national average of 88%. With an exception reporting rate of 0%, compared to CCG average of 5% and national average of 13%.

The practice allocated staff to monitor their QOF performance, outcomes were reported back to senior management. The practice provided evidence which showed patients were exception reported after all appropriate actions had been taken. Staff we spoke to told us that they would only exception report after all options had been explored and we saw evidence to support this.

The practice held a list of patients with a learning disability. Data provided by the practice showed that 8% have care plans in place, 77% had a medication and face-to-face review in the past 12 months. Following the inspection the practice advised us that figures may have appeared low at the time of the inspection as there were plans in place to ensure patients on the practice LD list were reviewed during the month of December 2016.

There was evidence of quality improvement including clinical audit.

- The practice provided us with three clinical audits which had been carried out in the last two years, one of these were completed audits where the improvements made were implemented and monitored. For example: An assessment of migraines in patients taking oral contraceptive medicine found that 41% of patients had a clearly documented migraine history either at medicine commencement or subsequent reviews. The practice found that although patients were being asked about their migraine history discussions were not being

Are services effective?

(for example, treatment is effective)

recorded in patients' medical records or appropriately Read-coded. New processes were introduced and results following a re-audit showed that 88% of patient's records were appropriately documented.

- The practice had identified that they were a high prescribing practice for antibiotics compared to other practices. The practice implemented actions to improve antibiotic prescribing which had included GP training, improving documentation and use of local guidance. The practice planned to obtain prescribing data from the CCG and carry out a re-audit in September 2016 to assess whether improvements had been made.

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.
- The practice could demonstrate that relevant staff received role-specific training and updating. For example, 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.
- The learning needs of staff were identified through a system of appraisals, 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. We saw evidence that the GPs had undertaken appraisals and revalidation which enables them to continue to practice as a GP and remain on the performers list with NHS England. Staff we spoke with during the inspection told us that they had received an appraisal within the last 12 months. We checked five staff files and saw that four had evidence of an appraisal within the last 12 months; however one staff member last received an appraisal in 2009. Following the inspection the practice demonstrated that an appraisal had taken place with the last 12 months.

- 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 and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff we spoke with told us that meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of quarterly multi-disciplinary team meetings for patients with end of life care needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those with long term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided access to services such as family planning, health promotion, healthy lifestyle and weight management. They made use of health trainers and offered smoking cessation services in house.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 81% and the national average of 82%, with an exception reporting rate of 13%, compared to a CCG average of 7% and national average of 6%. The practice carried out an audit to monitor inadequate test rates (repeat test carried out because the first test could not be read properly). Results showed that the practice achieved 0.9% which were within the recommended target rate of below 4%. 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 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. Members of the nursing team explained that screening alerts pop up when opening patient records. Patients were contacted by phone and three appointment invitation letters were sent. We were told that once all options have been explored then letters were sent to NHS England to check whether patient had received screening elsewhere.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2014/15 National Cancer Intelligence Network showed:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 57%, compared to CCG average of 73% and national average of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 37% compared to CCG average of 53% and national average of 58%
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 40%, compared to CCG average of 50% and national average of 55%.

Staff we spoke to told us that they opportunistically encouraged patients to engage with national screening programmes. During our observations, we saw screening posters in clinic rooms; reception area and displayed on the electronic screen situated in reception.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 100% and five year olds from 95% to 98%. Staff we spoke with told us that they communicate with child health for patients who were out of area to find out child immunisation history.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We 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.

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced. Patients felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients during the inspection (including two members of the practice's patient participation group). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients 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 comparable to clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and receptionists. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG and the national average of 87%.
- 89% 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%

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

Satisfaction scores for the nursing staff were below the CCG and national averages. For example:

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 90% and the national average of 91%.
- 85% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG and national average of 91%.

The practice analysed the national GP patient survey results and we saw that an action plan had been developed to address most areas for further improvement. Staff we spoke with told us that the practice planned to carry out an internal patient survey. We were provided with a copy of the questionnaire template which the practice intended to use.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day 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:

- 85% 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.

Are services caring?

- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- 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, for example counselling and wellbeing services and third sector support. 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 five patients as carers (0.1% of the practice list). Data provided by the practice showed that 50% received a health check and all had a flu vaccination in the past two years. Staff we spoke with told us that GP appointments were offered to carers on the register; carers had access to annual health checks, flu vaccinations and a stress levels review. Written information was available within the reception area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call 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, offering bereavement counselling.

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 was participating in a CCG led programme which included a GP federation aimed at developing a planned care; proactive coordinated assessment and referral management system. One of the GPs had clinical lead roles within the CCG.

- The practice offered extended opening for appointments on a Saturday morning 9am to 11.30am for patients who could not attend during normal weekday 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.
- 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. Staff signposted patients to other services for travel vaccinations only available privately.
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- The premises were accessible for pushchairs, baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- Patients with no fixed abode were able to register at the practice and we saw evidence of this.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency.
- A dedicated 'hot-line' phone number for direct access is provided to ambulance services and care homes.

Access to the service

The practice was open 8am and 8pm Mondays and Tuesdays, 8am and 1pm Wednesdays, 8am and 6.30pm Thursdays and Fridays. The practice is also open on

Saturdays between 9am and 12pm Extended hours appointments were offered at the following times on Mondays 5pm to 7.40pm and Tuesdays 5pm to 7.20pm and every Saturday from 9am to 11.30am. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

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.

- 92% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 95% 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 able to get appointments when they needed them.

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.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. 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, we were told that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, during our reception observation, we saw posters displayed in the reception area and the practice had a complaints leaflet available for patients to take away. This explained

Are services responsive to people's needs? (for example, to feedback?)

the complaints process, expected timescales for managing the complaint and what to do if they are unhappy with the response from the practice. Copies were placed in the new patient registration pack.

Staff we spoke with told us that the practice had not received any formal complaints in the last 12 months however had received one verbal complaint.

Documentation provided by the practice showed that those involved in the complaint had been spoken to; however, recording did not include what the practice had learned from the complaint or appropriate changes required to reduce the risk of the same thing happening again.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice 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 had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- During our inspection we saw that staff understood the needs of their population and strived to deliver services which reflected those needs.

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, however the recording and monitoring of some risks required strengthening:

- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were mainly documented. However, risks associated with managing medicines alerts, the availability of emergency medicines and the investigation and learning from safety incidents had not been effectively identified or mitigated.
- The practice did not establish an effective formal process to enable clinicians to share learning and guideline updates. Staff we spoke with explained that clinical staff were sharing knowledge gained from GP update days informally and not as part of a structured systematic approach.
- Completed incident reporting forms demonstrated that non-clinical incidents were thoroughly analysed and actions were documented; however, completion of forms relating to a number of clinical incidents contained limited details. For example, the content did not include evidence of a thorough analysis of common themes or actions taken to reduce the risk of the same thing happening again. Staff we spoke with told us that where appropriate; investigation outcomes were not being communicated.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Clinical staff had defined lead roles.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the practice performance was maintained in most areas. Audits and local benchmarking data were used to monitor quality and to make improvements. Performance against QOF was discussed at clinical meetings. However, the practice did not establish an effective process to ensure reviews for people whose circumstances may make them vulnerable were routinely carried out.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection we found that the leadership by the GPs and provider was not effective in some areas. We found that there was a lack of consistency and oversight at a provider level in relation to some of the clinical management of the practice. There were some areas where we found that appropriate action had not been taken in relation to the learning from significant events and we were told by staff that some issues were not being actioned to reduce the risk of reoccurrence.

Staff told us that most of the GPs at the practice were approachable and listened if they wished to discuss anything, but this was not always the case with all GPs.

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). The GPs and management team encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment people affected received reasonable support and an apology. Although the practice had not received any formal complaints, the recording of verbal complaints did not include learning points or a record of possible actions required to reduce the risk of the same thing happening again.

Are services well-led?

Requires improvement 

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

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

- Staff told us the practice held regular team meetings; however, there was limited evidence of discussions around sharing best practice. For example, staff we spoke with told us that the practice had not adopted a systematic approach to sharing knowledge gained from GP learning events.
- Staff told us there was an open culture within the practice, they felt respected and they had the opportunity to raise any issues at team meetings and felt confident in doing so. Administrative staff also met with the practice manager if there was anything specific that needed to be discussed. However, staff we spoke with felt that although they were encouraged to provide feedback there was little communication from senior management regarding actions taken or outcomes as a result of concerns raised.
- There was a whistleblowing policy in place; staff we spoke with told us they had not had cause to use it.

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 comments received. We spoke with two

members of the practice's patient participation group following the inspection who told us that they initially met monthly however, due to poor attendance the group agreed to a virtual group. PPG members told us that the group sent proposals regarding the possibility of increasing the time GPs spent with patients during consultations. We were told that patients felt that GPs were now offering more time during appointments. PPG members we spoke to also told us that they had mentioned to the practice management team that they felt that senior management should be more involved in the running of the practice; for example, reviewing systems and processes as the PPG felt that there were a lot of pressure on staff and GPs. We were told that this had been identified by the group as an area for further improvement.

- The practice had gathered feedback from staff. Staff we spoke with told us they felt involved and engaged to improve how the practice was run. However staff told us that they sometimes felt that feedback was not being actioned.
- An example of where action had been taken as a result of feedback from a clinical staff member related to improving the uptake of childhood immunisations. New processes were introduced for example, more flexibility with appointments and patients who were registered but lived out of the area were contacted and encouraged to attend. The practice provided data which showed that Childhood immunisations for five year olds had increased from 70% to 80%.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment How the regulation was not being met: The registered person did not establish an effective system to thoroughly investigate clinical incidents and record actions required to remedy the situation; making sure improvements were made as a result. For example, a thorough analysis of common themes involving clinical incidents was limited. Staff we spoke with told us that clinical concerns had been raised with senior management following these incidents however staff were unaware of any actions taken to address the issues. The registered person did not do all that is reasonably practicable to mitigate risks. For example, in the absence of medicines required to respond to epileptic seizures they did not carried out a risk assessment to mitigate anticipated risks. This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance. How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

The registered person did not establish or operate effective systems or processes. For example, the practice did not Implement a formal system for managing medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and ensure that they were shared with all clinicians at the practice. The practice did not operate an effective system for managing patient safety incidents.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.