Longfield Medical Centre

Quality Report

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Date of inspection visit: 18/02/2016
Date of publication: 13/07/2016

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Longfield Medical Centre on 18 February 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always thorough enough. Themes and trends were not identified and actions were not monitored.
- The practice was unable to demonstrate they carried out infection control risk assessments. The practice was not routinely carrying out infection control audits and there had only been one in the last three years.
- Risks to patients were generally assessed and well managed, with the exception of those relating to Disclosure and Barring Service (DBS) recruitment checks.
- Expired controlled drugs were not being disposed of in a timely way.
- Blank prescriptions were not securely locked away, logged or monitored.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Some staff had not received regular appraisals.
- Some staff undertaking chaperone duties were not formally trained.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice did not have an effective system to identify carers or to offer them support.

Summary of findings

- Information about services and how to complain was available and easy to understand. However verbal complaints were not being recorded.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The appointment system was often difficult to access, including appointments not being available unless they were made at particular times of the day (for example, immediately after the practice opened). The practice had initiated improvements.
- There was a clear leadership structure but staff told us that the practice worked in silos and they were not always provided with information to enable them to carry out their roles effectively. Some staff told us there was on occasions an atmosphere of intimidation and bullying and that when they tried to raise concerns they were not treated with respect, listened to or their suggestions acted on.
- Some practice policies and procedures were not being kept up to date.
- The practice did not hold regular governance and team meetings and issues were discussed on an ad hoc basis. Minutes were not being recorded.
- The provider was aware of and complied with the requirements of the Duty of Candour, when providing patients with explanations if things went wrong.

The areas where the provider must make improvement are:

- Disclosure and Barring Service (DBS) checks must be undertaken for all staff providing clinical care to patients or complete a risk assessment explaining why a DBS check is not required.
- Ensure that staff carrying out chaperone duties have received appropriate training.

The areas where the provider should make improvement are:

- Consider advertising the availability of chaperone services in the waiting area in addition to the consulting rooms.
- Carry out an infection control audit.
- Ensure that blank prescriptions are logged and their issue monitored.
- Implement an effective system to identify carers and provide them with appropriate support.
- Ensure non clinical safety incidents identified are investigated and themes and trends are identified to mitigate re-occurrence. Ensure that an audit trail is available to demonstrate that improvements have been actioned and that all relevant staff receive the feedback from any such analysis.
- Provide, supportive relationships among staff so that they feel respected, valued and supported.
- Review and update practice, policies, procedures and guidance.
- Ensure verbal complaints are recorded and acted on.
- Ensure the recent changes made to improve the appointment system are reviewed to improve patient satisfaction.
- Ensure there is an effective system to identify patients who were carers and to offer them support.

Professor Steve Field CBE FRCP FFPH FRCGPChief 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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not always thorough enough. Themes and trends were not identified and actions were not monitored.
- Some staff undertaking the chaperone duties were not formally trained. The availability of chaperones was not being overtly advertised in the practice.
- Risks to patients who used services were generally well assessed. Some systems and processes to address these risks were not always implemented effectively to ensure patients were kept safe. These included infection control and the recording and monitoring of blank prescriptions.
- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff.
- Effective recruitment procedures were not always being followed in relation to disclosure and barring service checks for relevant staff.
- Emergency medicines and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). However expired controlled drugs were not being disposed of in a timely way.
- Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and adequately.
- Staff were able to demonstrate they could recognise and respond appropriately to signs of deteriorating health and medical emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing.

Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However some staff told us they had not received regular appraisal.
- Staff worked with multidisciplinary teams 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.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patients and staff worked together to plan care and there was shared decision-making about 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.
- The practice did not have an effective system to identify patients who were carers and to offer them support.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Reasonable adjustments had been made and action was taken to remove barriers when people found it hard to use or access services. For example longer appointments or home visits as required
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The appointments system was often difficult to access, including appointments not being available unless they were made at particular times of the day (for example, immediately after a GP practice opens for bookings).

Summary of findings

- 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. The practice were not recording verbal complaints or acting on them.
- Satisfaction survey reported patients felt unable to access the practice in a timely way by phone. In response to the survey, actions had been implemented and were being monitored.

Are services well-led?

Requires improvement 

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they felt not listened to.
- There was a clear leadership structure and staff felt supported by management. However, the practice was unable to demonstrate they had an effective system to ensure policies and procedures were kept up to date.
- The practice proactively sought feedback from patients and had an active patient reference group (PRG).
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Governance systems in place at the practice required improving in relation to infection control, recruitment checks, appraisals, the disposal of controlled drugs and the management and issuing of prescription forms.
- The practice did not hold regular governance and team meetings and issues were discussed at ad hoc meetings.

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

Requires improvement

The provider was rated requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

- Patients over the age of 75 had been allocated a designated GP to oversee their individual care and treatment requirements.
- Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff.
- There were systems in place to avoid older patients being admitted to hospital unnecessarily.
- Specific health promotion literature was available as well as details of other services for older people.
- The practice was able to demonstrate they held regular multidisciplinary staff meetings that included staff who specialised in the care of older people.
- The practice did not have an effective system in place to identify carers and to provide them with appropriate support and guidance.

People with long term conditions

Requires improvement

The provider was rated requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The concerns that led to these ratings apply to everyone using the practice 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.
- Out of the 11 Diabetes mellitus indicators performance, one indicator was significantly lower than the CCG and national average; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 68% compared to the CCG of 75% and national of 81%.
- Longer appointments and home visits were available when needed.These patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Summary of findings

- Patients with long-term conditions who were at risk were placed on the practice's avoiding unplanned admissions register.

Families, children and young people

Requires improvement

The provider was rated requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The concerns that led to these ratings apply to everyone using the practice 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 percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 'Royal College of Physicians three questions' (3 RCP) was 73%, compared with the CCG average of 72% and the national average of 71%.
- 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 85%, which was comparable to the CCG average of 82% and the national average of 83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was able to demonstrate they held regular multidisciplinary staff meetings that included staff who specialised in the care of families, children and young people. Some staff had not received chaperone training.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

- The practice provided a variety of ways this patient population group could access primary medical services.
- Appointments were available outside of normal working hours.

Summary of findings

- Appointments and repeat prescriptions could be accessed on-line.
- Specific health promotion literature was available.
- Some patients commented that appointments were difficult to make when booking by phone.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There were policies and arrangements to allow people with no fixed address to register and be seen at the practice.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated requires improvement for providing safe and well-led services and good for providing effective, caring and responsive services. The concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

- 74% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate compared to the CCG average of 83% and national average of 88%.
- The practice was able to demonstrate they held regular multidisciplinary staff meetings that included staff who specialised in the care of people experiencing poor mental health (including dementia).

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 117 were returned. This represented a 49% return rate.

- 54% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We only received one completed comment card which was positive about the standard of care received. We reviewed the comments on NHS choices and there were three comments in the past 12 months two comments were negative about the ability to obtain an appointment with their preferred GP; one comment was positive about the care received from all staff at the practice.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Two patients stated that it could be difficult to get through on the phone in the morning.

Areas for improvement

Action the service MUST take to improve

- Disclosure and Barring Service (DBS) checks must be undertaken for all staff providing clinical care to patients or complete a risk assessment explaining why a DBS check is not required.
- Ensure that staff carrying out chaperone duties have received appropriate training.

Action the service SHOULD take to improve

- Consider advertising the availability of chaperone services in the waiting area in addition to the consulting rooms.
- Carry out an infection control audit.
- Ensure that blank prescriptions are logged and their issue monitored.
- Implement an effective system to identify carers and provide them with appropriate support.
- Ensure non clinical safety incidents identified are investigated and themes and trends are identified to mitigate re-occurrence. Ensure that an audit trail is available to demonstrate that improvements have been actioned and that all relevant staff receive the feedback from any such analysis.
- Provide, supportive relationships among staff so that they feel respected, valued and supported.
- Review and update practice, policies, procedures and guidance.
- Ensure verbal complaints are recorded and acted on.
- Ensure the recent changes made to improve the appointment system are reviewed to improve patient satisfaction.
- Ensure there is an effective system to identify patients who were carers and to offer them support.

Longfield Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, and supported by a pharmacist inspector. The team included two specialist advisors, a GP and a practice manager.

Background to Longfield Medical Centre

The practice is in a two storey building with all patient areas on the ground floor. Limited parking facilities are available at the premises and there is local public parking nearby. There is a ramp ease of access for patients with a disability between the car park and the surgery entrance. The surgery is situated in the town centre with easy access by public transport. Longfield Medical Centre is a dispensing practice employing qualified dispensers as well as being a training practice employing GP Registrars.

There are nine consulting rooms and three treatment rooms and a large waiting area with easy access to a toilet for the disabled and baby changing facilities. On the first floor in the administration area there is also a meeting room, kitchen and staff room and staff toilets.

The practice has seven GP partners, one salaried GP and one Registrar (four female and five male doctors). GP registrars are fully qualified and registered doctors. They are supported by a Nurse practitioner, four practice nurses and a Health Care Assistant. There are also dispensary staff and an administrative team overseen by the practice manager.

The practice has over 14,400 registered patients. Their patient population is more highly represented amongst the over 65 year olds and those of working age (40 to 49) with lower than the local and national averages for patients in the 20 to 39 years age range. Their patient population has slightly higher than national deprivation levels amongst children, older people and levels of unemployment for the CCG area but lower than national averages. The patient life expectancy is similar to the CCG and national averages for both male and female.

The practice and the pharmacy are open between 8.30am and 6.30pm Monday to Friday. GP and nurse appointments are available between 8.30am and 12pm, and 2pm to 6.30pm. Extended surgery hours are offered on Tuesday and Thursday 7am to 8am and Wednesday 6.30pm to 7.30pm.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by Primecare.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 February 2016. During our visit we:

- Spoke with a range of staff (Administration and IT managers, GPs, practice nurses and administrative team) and spoke with patients who used the service.
- 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

Our findings

Safe track record and learning

Safety concerns were not consistently identified. There was a system in place for reporting and recording clinical significant events; however this process was not being used to investigate non clinical incidents. Also the reviews and investigations were not always thorough enough. Themes and trends were not identified and actions were not monitored.

- Staff told us they would inform the practice manager of any incidents, however there were no recorded practice specific events documented since July 2015.
- The practice carried out an analysis of clinical significant events. We were shown details of investigations, action plans and learning points.
- We were told significant events and complaints were reviewed at the GPs partners meetings with an action plan. We saw minutes of these meetings confirming they were discussed.

Clinicians shared lessons to make sure action was taken to improve safety in the practice. For example, where a prescribing error had been identified through a medication review the GP had shared their findings with all prescribing staff to enable them to improve future patient safety.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Patient safety alerts generated by the Department of Health Central Alerting System (CAS) were received by the practice Clinical alerts were reviewed by the GPs and cascaded appropriately. Practice specific alerts were reviewed by the practice manager. CAS is a web based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to healthcare professionals.
- We did not see a notice in the waiting room advising chaperones services were available if required; however there were posters in each clinical room. Receptionists undertaking this role did not have formal training but those spoken to were able to demonstrate the correct procedure. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The infection prevention programme included; infection prevention (including cleanliness) measures to ensure a safe environment, policies, procedures and guidance identified how they would be kept up to date and monitored for compliance. However the practice was unable to demonstrate they carried out infection control risk assessments and only one infection control audit had been carried out in the last three years; we were told this was because the infection control lead was new to this role and was yet to have extended training.
- Emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local medicine management team, to ensure

prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored; however blank prescription pads batch numbers were not being recorded when issued.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The dispensary had standard operating procedures in place that were reviewed annually by the Accountable Officer. There was evidence of dispensary audits conducted to ensure safe practice. We checked the management of controlled drugs (CDs) and found the practice only destroyed expired CDs twice a year. When we checked the controlled drugs cupboard we found it contained a number of expired drugs that could have been disposed of and this would reduce the risk of dispensing an expired controlled drug in error.
- We reviewed six 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. However we noted a new staff member that required a DBS clearance to carry out their role had not applied for one prior to commencing work. We discussed this with the practice manager and we were informed a DBS would be requested the following day.
- 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.

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 appointed two fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- 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 that enough staff were on duty. The practice operated a clinical buddy system ensuring the timely review of test results and continuity of care for patients in their colleague's absence.

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 readily available. Staff spoken with knew where they were located. All the medicines we checked were in date.
- The emergency equipment included a defibrillator and oxygen with adult and children's masks. There was ready access to a first aid kit and an accident book was available to record the details of any incident that occurred.
- The practice had a comprehensive business continuity plan in place for major incidents affecting the provision of services at the practice. The plan included emergency contact numbers for staff.

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 and staff spoken with were able to demonstrate that they were providing consultations in line with guidance.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- GPs within the practice had lead roles and specialist interests including dermatology, diabetes, paediatrics, sports injury and minor surgery.

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 84% of the total number of points available, with 5.3% exception reporting. This exception rate was 3.7% below the CCG average, and 3.9% below the 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Out of the 11 Diabetes mellitus indicators performance, one indicator was significantly lower than the CCG and national average. It was the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 68% compared to the CCG of 75% and national of 81%; however the exception rate for this indicator was 8% compared to a CCG and national average of 12%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 84% compared to the CCG average of 85% and the national average of 85%.
- Performance for mental health related indicators was lower than the CCG and national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 74% compared to CCG of 83% and national 88%, however we noted a very low exception rate reporting of 3% compared to a CCG average of 15% and a national average of 13%.
- Performance for dementia indicators was similar to the CCG average but lower than the national average.The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 73% compared to CCG of 71% and national average of 77%.
- Performance for asthma indicators was similar to the CCG and national average. The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 'Royal College of Physicians three questions' (3 RCP) was 73%, compared with the CCG average of 72% and the national average of 71%.

  We discussed with the GPs about the mental health indicators and they informed us they did not like putting patients on the exception list as this removed the electronic flag that indicated the patient required a review. The GPs review these patients opportunistically when they attended the surgery for a different issue.

  The practice had an annual clinical audit plan which was underpinned by the practice's annual Strategy and Improvement Plan. The clinical audit plan identified the audits /re-audits and the clinical protocols that needed

reviewing for the coming year and showed when these had been completed. These were linked to national guidelines such as NICE or from actions identified from significant events.

- We were shown several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction in antibiotic prescribing post audit and actions discussed with the GPs.

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 and this was being followed. Staff new to the practice were required to familiarise themselves with how the practice was managed. This included covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured that staff received appropriate training to meet the needs of their patients. Training was being monitored. The practice acknowledged that staff acting as chaperones would receive future training for the role. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff spoken with were able to demonstrate how they stayed up to date with relevant changes by using on line resources and discussion at clinical colleagues.
- A staff appraisal system was in place at the practice and there were opportunities for development and training discussed at appraisal meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal in January 2015 and they were now overdue. The practice was aware of this and told us that appraisals had been planned for the near future.
- Examples of the types of training that staff had undertaken included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Referrals were monitored to ensure a timely response; relevant to the urgency of the referral was actioned.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We found that care plans were in place for patients with dementia, learning disabilities and for patients at risk of an unplanned hospital admission.

Consent to care and treatment

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

- < >taff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Where required, trained staff carried out assessments of capacity to consent to care and treatment.

Good

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff were aware of the guidance known as Gillick competence and the ability of a child under the age of 16 to consent to care and treatment. Where relevant appropriate consent was obtained from a parent or guardian.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A smoking cessation clinic was available at the practice weekly.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 82% and the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 96% and five year olds from 96% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

- During patient consultations the privacy and dignity of patients was maintained. Doors were kept closed and privacy curtains were available in each consultation and treatment room.
- Reception staff were alert to patients privacy and would offer a private room if they were distressed or wanted to discuss an issue in private.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 89%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received and that the explanations they received from the GPs and nursing staff were clear and helped them to make an informed decision about the choice of treatment available to them.

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

The practice did not have many patients who did not speak English as a first language however translation services were available if required. We saw notices in the waiting room but it was only in English, we discussed this with the practice manager and they said they would look into getting a multi-lingual poster.

Patient and carer support to cope emotionally with care and treatment

There was an information folder in the patient waiting room this contained contact information about local services and support groups

The practice's computer system alerted GPs if a patient was also a carer. However the practice was not able to identify how many patients registered with them were carers. The information folder did contain details including 'action for family carers' and free counselling for unpaid family carers. Also they had a web page on their web site with support groups and videos.

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.

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 a 'Commuter's Clinic' on a Wednesday evening until 7.30pm and Thursday and Friday morning 7am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were facilities for the disabled and translation services available.
- The practice nursing team provided in house insulin initiation so patients received treatment and support locally without having to travel to the nearest hospital.
- We saw that care plans were in place for patients with long term conditions, learning disabilities, mental health, dementia, palliative care and unplanned admissions.
- Patients with asthma and chronic obstructive pulmonary disease (COPD) had personalised management plans and were provided (if required with medicine rescue packs containing antibiotics and steroids).
- The practice supported an active patient participation group (PPG) and responded to their feedback. For example it was identified that the waiting room could benefit from re-decoration. The practice contacted the local senior school and now they have art works from the GCSE courses decorating the walls.
- Dedicated GP leads were allocated to nursing and residential care homes. Planned weekly visits were undertaken to the care homes. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients.
- The practice ensured all housebound patients received annual health checks including long term health care reviews, bloods and flu vaccinations if required. All housebound patients had an advanced care plan in place.

Access to the service

The practice and the pharmacy were open between 8.30am to 6.30pm Monday to Friday. GP and nurse appointments were available between 8.30am and 12pm, and 2pm to 6.30pm. Extended surgery hours were offered on Tuesday and Thursday 7am to 8am and Wednesday 6.30pm to 7.30pm. 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. However patients spoken with on the day of the inspection told us that the appointments system was often difficult to access, including appointments not being available unless they were made at particular times of the day (for example, immediately after the practice opened for bookings). Some patients said it was quicker to attend the surgery first thing in the morning to make the appointment.

- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 54% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 75%).
- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

In response to the survey results the practice created posters titled 'you said, we did' and these posters identified what the practice was doing to improve the service. For example the survey identified patients said they had difficulties getting through to the practice on the phone. The practice response to this was they increased the number of incoming lines from four to six. This was being monitored to assess whether it has improved patient satisfaction.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.
- We saw that information was available to help patients understand the complaints system. Complaint forms were available for patients on request and if made by a person on behalf of a patient a system was in place to ensure that appropriate consent had been taken to share information.

The practice manager logged all complaints but there was no process in place to review themes or trends. We looked at a sample of complaints received. These were acknowledged and responded to in a timely manner; however verbal complaints were not recorded or monitored. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Evidence seen showed that where complaints were about specific individuals the staff involved reflected on their own practice and offered apologies where appropriate. In addition some complaints were also investigated as significant events.

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 vision to deliver high quality evidence based care and promote good outcomes for patients. The practice had a statement of purpose but staff spoken with were unaware of it. The practice had a future planning strategy and supporting business plans which reflected the changing needs and demands of the local population and changes within the practice including succession planning and recruiting to cover vacancies arising from staff retirement and staff leaving. However administration and nursing staff spoken with were not aware of the future strategy.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of the governance arrangements, or the information used to monitor performance.

- Some staff we spoke with said not all leaders were clear about their roles and the information they needed to carry out their work effectively. We were told that information affecting their role was not always being shared with them and this affected their performance.
- Practice specific policies were available to staff. However the policies were not dated or signed and review dates recorded to ensure the most recent policies were being used.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements
- There were some systems in place for identifying, recording and managing risks, issues and implementing mitigating actions. However improvements were required in relation to the risks associated with infection control, recruitment checks, appraisals, training for chaperones, the disposal of controlled drugs and the management and issuing of prescription forms.
- The practice was unable to demonstrate they held regular staff meetings that included administration and nursing staff. We were told by staff spoken with that meetings were informal and no agenda or minutes were recorded.

Leadership and culture

The GPs did not have a clear understanding of the day to day management of the practice as this responsibility had been delegated to the practice manager. The GPs prioritised high quality and compassionate care.

The GPs provided visible leadership in the practice and staff told us that some leaders were approachable and took the time to listen to all members of staff. However non-clinical staff spoken with told us that the operational management was top-down and directive. They felt the environment could be one of bullying, or discrimination on occasions. Some staff felt when they tried to raise concerns they were not treated with respect, listened to or their suggestions acted on.

We were also told by staff that;

- Practice team meetings were infrequent and records were not consistently retained of discussions.
- Staff teams operated in silos with limited understanding of each other's roles and how best to complement one another.

The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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 reference group (PRG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had

Are services well-led?

Requires improvement

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

identified that the waiting room needed some decoration. The practice had contacted the local senior school and was displaying art work created by their pupils.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and partners; however some staff felt some leaders were less supportive or transparent.
- In response to the survey results the practice implemented several changes and advertised them in the waiting area. For example the survey identified patients said they had difficulties getting through to the practice on the phone. The practice response to this was they increased the number of incoming lines from four to six.

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 staff at the practice undertaking chaperone duties had not received training for the role. 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** A member of staff carrying out clinical duties had not received a disclosure and barring service check at the time of their employment and a risk assessment had not been undertaken as to why this was not required. This was in breach of regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.