Dr Little, Dr Lingutla & Dr Corbett

Quality Report

Redmarshall Street
Stillington
Stockton On Tees
Cleveland
TS21 1JS
Tel: 01740 631001
Website: www.stillingtondoctors.co.uk

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Little, Dr Lingutla & Dr Corbett (also known as Park Lane Surgery) on 19 July 2016. Overall the practice is rated as good. However we found that the service was requires improvement for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. However near misses were not formally recorded by the practice.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice promoted a no blame culture and encouraged staff to raise concerns and possible risks.
- Patients were at potential risk of harm because some of the systems and processes in place were ineffective. We found concerns in relation to the management of medicines dispensed.Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour. (The 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 practice should:

- Review their assessment of the need for oxygen to be available, to enable the practice to deal with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxemia).

The practice must :

Ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines. Prescriptions must be checked and signed by GPs before medicines are dispensed and issued to patients. The arrangements for storing and recording controlled drugs must be reviewed and strengthened to comply with schedule 2 of the Misuse of Drugs (Safe Custody) Regulations 1973.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was discussed at the practice meetings, investigated immediately and shared verbally with the team. However we saw that there was no formal recording and action planning of near misses such as dispensing errors.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. However there were a limited number of risk assessments undertaken in the practice.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.
- The practice did not manage medicines safely. Prescriptions were not checked and signed by GPs before medicines were dispensed and issued to patients. The arrangements for storing and recording controlled drugs required review to comply with schedule 2 of the Misuse of Drugs (Safe Custody) Regulations 1973.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a strong focus on education and learning.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to or 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.
- The size of the practice meant the staff were familiar with many of their patients and knew them by name.
- 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 confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Practice staff 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. Examples of these were the provision of a dispensary for medicines and facilitating timely diagnosis and support for patients with Dementia.
- Patients could access appointments and services by telephone, online or in person.
- The practice building was purpose built had adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

Summary of findings

- 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 this and had been involved in the process.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular management and team meetings. However formal clinical meetings had diminished over recent months and the practice planned to re-start these.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. However the practice had been unable to establish a patient participation group. They used local community groups such as resident and parish council groups to gain feedback and promote health initiatives.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the age of 75 had an annual review.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was delivering 'The Care Home Scheme' locally. This scheme ensured patients living in care homes had structured annual reviews, regular GP visits and telephone consultations with the care team to address concerns.
- The practice was part of a local initiative with the Clinical Commissioning Group (CCG) to develop a frailty register of older people. This assessed the individual's frailty and the support they may require to maintain their health and mobility.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. Those patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed and patients were contacted within three days of hospital discharge. All discharges were reviewed to identify areas for improvement.

The practice had visited and worked with the local schools promoting health awareness and were involved in a recent promoting care of older people national project.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 82%. This was1% below the local CCG average and 2% above the England average.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met.
- The practice promoted self-management for some long term conditions.
- The practice was involved in the healthy lung and healthy heart checks.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 83% compared to the local CCG average of 83% and national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses. The practice hosted health visiting clinics in the practice every fortnight.
- Young people were able to access contraception and screening for sexually transmitted diseases (STD).

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered early morning appointments.
- 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.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances and provided a supportive and non-judgemental approach. Examples of these patient groups were people with drug and alcohol problems and those living with a learning disability. There were same day appointments available for those in crisis.
- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. 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.
- One of the GPs had recently completed a Palliative Care Diploma to improve the management of palliative care patients.

People experiencing poor mental health (including people with dementia)

Good

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

- Nationally reported data from 2014/2015 showed 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, which was 5%above the national average and 6% above the national average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 94%, which was comparable to the CCG area and above the national average.
- 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 advanced care planning for patients with 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.
- Patients on medicines requiring regular monitoring and where the practice shared their care with mental health services were monitored regularly in the practice.
- Certain patients who were considered 'at risk' were supported by the dispensary by having their medicines issued weekly or daily, this was followed by a two weekly review with the GP.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above or comparable to the CCG and national averages. 238 survey forms were distributed and 105 were returned. This represented 2.4% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 70%and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the to the CCG average of 84% national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 completed comment cards which were all positive about the standard of care received. Patients told us they were greeted courteously, in a friendly manner and received good care. We did receive some comments about appointments not running on time and one comment about the abrupt manner of a member of the reception staff and a nurse. We also received a comment about the difficulty caused by the practice only issuing only 28 day prescriptions has upon patients taking long term medicines.

We received feedback questionnaires from twelve patients during the inspection. All 12 patients said they were happy with the care they received and thought staff were approachable, committed, caring and they received quick referrals to other services when needed.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way for patients through the proper and safe management of medicines. Prescriptions must be checked and signed by GPs before medicines are dispensed and issued to patients. The arrangements for storing and recording controlled drugs must be reviewed and strengthened to comply with schedule 2 of the Misuse of Drugs (Safe Custody) Regulations 1973.

Action the service SHOULD take to improve

- Review their assessment of the need for oxygen to be available, to enable the practice to deal with certain medical emergencies (such as acute exacerbation of asthma and other causes of hypoxemia).

Dr Little, Dr Lingutla & Dr Corbett

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a CQC Pharmacy Inspector and a GP Specialist Adviser.

Background to Dr Little, Dr Lingutla & Dr Corbett

Dr Little, Dr Lingutla & Dr Corbett (also known as Park Lane Surgery) is located in Redmarshall Street, Stillington, Stockton On Tees, Cleveland. The practice is a dispensing practice situated in a rural area on the outskirts of Stockton and is a purpose built surgery. There is parking available at the practice and there is another small car park opposite the practice. The practice covers a large catchment area of a 40 mile radius with a mixed rural and urban population. Many of the patients live within walking distance of the practice and there is some access to public transport. There are 4390 patients on the practice list. The practice scored eight on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

There are two GPs, one female and one male. Another partner recently left and the practice has been able to recruit a new partner who will start in August. There are two practice nurses one of which a nurse prescriber and one health care assistant (HCA) (all female). There is a practice manager, dispensary and administrative staff.

The practice is a teaching practice (Teaching practices take medical students and training practices have GP trainees and F2 doctors). One of the GPs is undertaking further training to enable the practice to provide a placement for GP trainees.

The practice is open from 8am to 6pm, Monday to Friday. The practice provides some early morning appointments with one of the GPs providing 8am appointments. Appointments can be booked by walking into the practice, by the telephone and on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Northern Doctors via the NHS 111 service. Arrangements had been made for Northern Doctors to answer emergency calls between 6pm and 6.30pm. The practice holds a General Medical Service (GMS) contract.

Why we carried out this inspection

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

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 19 July 2016.

During our visit we:

- Spoke with a range of staff including GPs, nurses, and practice management, dispensing and administration staff.
- We distributed questionnaires to patients attending the practice on the day of the inspection.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards and questionnaires where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or the lead GP 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. Significant events were a standing item on meeting agendas. The results were shared with staff at meetings where the investigation and action plans were discussed. However we saw that dispensing incidents were not shared with the wider team or actions discussed in the dispensary recorded to prevent reoccurrence were not recorded. We saw that following a power failure in the practice the medicine fridges had been affected and appropriate action had been taken by the practice. The practice nurse dealing with the incident had also completed a reflection of the incident and shared this with staff.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example; following a recent emergency where a patient required resuscitation the practice had reviewed their process for raising the alarm and ensured that the medicines and equipment required for resuscitation were readily available in one place. Following another incident the practice had improved their process for checking patient's identification and information.

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. However we saw that the management of medicines in the practice was not managed safely.

- 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. The policies clearly outlined what constituted abuse and 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 provided examples of when they had raised a safeguarding concern. All staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- Six of the patients who completed the patient questionnaires were not aware they could ask for a chaperone. Only clinical staff acted as chaperones and they were trained for this 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). We did not see a notice in the waiting room informing patients of this service.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant (HCA) was the infection control clinical lead and was supported by the practice nurse. The nurse had completed recent infection control training but we could find no evidence that the HCA had completed any recent training. There was an infection control protocol in place. Annual infection control audits were undertaken however the process the action plan did not state when the actions would be completed by or by whom. The practice had spillage kit for blood, urine and vomit. We saw that some consulting rooms were carpeted and we could see no regular process in place to clean these.

Requires improvement

Are services safe?

- Medicines were dispensed for patients who did not live near a pharmacy. There were standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines) and we saw evidence that these were regularly reviewed to reflect current practice. We observed medicines being dispensed and saw arrangements were in place to minimise dispensing errors. Medicine errors were recorded and reviewed to reduce the risk of errors being repeated however these were not shared with the wider team. Dispensary staff responded appropriately to national patient safety alerts. Processes were in place to check medicines were within their expiry date and suitable for use. All medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- There was no robust system in place to control the issue of medicines where the annual medicines review was out-of-date. We checked ten prescriptions awaiting collection and found that four prescriptions were passed the review date. Regular medication reviews are necessary to make sure that patients' medicines are up to date, relevant and safe.

There was no system in place to ensure that GPs checked and signed repeat prescriptions before the medicines were dispensed and issued to patients. Overall this meant that patients did not receive medicines safely because GPs did not have the opportunity to do a clinical check before they were dispensed. There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe. Prescription pads were stored securely and there were systems in place to monitor their use. The practice was signed up to the Dispensing Services Quality Scheme which rewards practices for providing high quality services to patients of their dispensary and there was a named lead GP for Medicines Management. The practice took part in medicines optimisation initiatives in partnership with their local Clinical Commissioning Group (CCG).

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. However these procedures were not always being followed by the practice staff. For example, the storage arrangements for some controlled drugs were not in line with schedule 2 of the Misuse of Drugs (Safe Custody) Regulations 1973. This gives guidance on the storage of controlled drugs and states that they must be stored in fixed cupboard with a robust multiple point lock and restricted access. We raised the issue with the GPs and the practice manager on the day of the inspection and were assured that immediate action would be taken to improve security. We saw there were arrangements in place for the destruction of patient returned controlled drugs; however the stock in the practice did not match with the records and destruction had not been made in a timely manner.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring medicines were stored at the required temperatures and this was being followed by practice staff. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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. We saw that the performers list assurance checks, revalidation and safeguarding training were undertaken for the locum doctors working in the practice.

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 which identified local health and safety representatives. The practice had up to date fire risk assessments and regular fire drills carried out during the past year. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, including control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they supported each other by covering shifts when staff were on sick leave or holidays and there was a policy in place to ensure this happened.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and emergency medicines. However the practice did not stock oxygen and there had been no recent risk assessment. A first aid kit and accident book was 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. However the practice had not checked if they were able to access their computer system remotely in the event of relocation.

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 used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most

recent published results showed the practice achieved 99% of the total number of points available; with 11% exception reporting, this was 0.7% above the CCG average and 2.7% above the England 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 areas of QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was 4% above the local CCG average, and 10% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 94% which was above the national average of 84% and the local CCG average of 86%.
- Performance for mental health related indicators was 100% which was 5% above the local CCG average and 7% above the national average.

There was evidence of quality improvement including clinical audit.

- There had been four audits undertaken in the last24 months two of which have had two cycles where the improvements made were implemented and monitored. However we saw that the information recorded on the dispensary audit had been incorrectly recorded. The practice told us they would review this immediately.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. Examples included recent action taken to improve the safety and reduce risks to patients taking a particular medicine for diabetes. All patients at risk in this group were reviewed by the GP and the medicines changed where a risk was identified. Another example was improving the obtaining and recording of consent for patients undergoing minor surgery.

Information about patients' outcomes was used to make improvements, for example ensuring the templates required for screening patients and prescribing guidelines were available on the information system used by the practice.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However the practice manager told us this was being reviewed as there had been no new staff in a long time.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 and had attended recent courses.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, supervision and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Clinical supervision for the nursing staff in the practice was not formal and no records were kept however the nurses told us they were supported by the GPs. All staff had received an appraisal within 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, local courses and in-house training. The practice manager told us that they were reviewing the annual training for staff to ensure all areas of training required were available to staff.

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 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. When required these meetings were more frequent.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and minor ailments. Where appropriate, patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice nurses.

The practice's uptake for the cervical screening programme was 83%, which was the same as the local CCG average of 83% and above the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable with the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 97% and five year olds from 92% to 97%.

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 for healthy heart and lungs. 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

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 29 patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. However there was one exception where a patient thought the majority of the staff helpful and caring with the exception of a member of the reception team and a member of the nursing team who they told us had not treated them with respect.

The majority of comment cards highlighted that staff responded compassionately and respectfully when they needed help and provided support when required.

The practice had an equipment fund to help fund additional equipment for patients. This was sourced from donations and bequests made to the practice by patients. Examples of these were the purchase of nebulisers for patients to use at home during an exacerbation of chronic obstructive airways disease (COPD). This is a condition that involves the constriction of the airways and causes the patient difficulty or discomfort in breathing.

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

- 97% of patients said the GP was good at listening to them compared to the local CCG average of 89% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the local CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 86%the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 93% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 88% and the national average of 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. 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. Patients commented that they received timely access to other services, clear explanations and choice from the GP. 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 above the local CCG and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the local CCG average of 87% and the national average of 86%.
- 96% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 84% and the national average of 82%.

Good

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 89% 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 or were unable to communicate verbally. The practice currently had no patients whose first language was not English.
- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers, this was 2% of the practice list. All patients identified as carers were offered support and an annual flu vaccine. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that where possible when families had suffered bereavement, their usual GP contacted them. We saw bereavement information available in the practice waiting area.

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. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice. Medicines optimisation helps patients to make the most of medicines they take.

- The practice offered early morning appointments between 8am and 9am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those who were vulnerable.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available from 8.30am to 1pm and 2pm to 5.30pm daily. Extended hours appointments were offered each morning from 8am. 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. There were four telephone appointments per GP available each day for patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or similar to the CCG and the national average.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 70 % and 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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. If necessary the GP would call the patient back to gather further information so an informed decision could be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system, for example the practice had a complaints summary leaflet. However there was no information about the time it would take to respond and investigate a complaint. The practice told us they would review their information to incorporate this.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice was open and transparent when dealing with the complaints. We saw that complaints and issues raised were discussed with staff. However there were no actions required and the complaints had been satisfactorily handled.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had a process in place for succession planning and had recently been able to recruit another GP.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings. However the formal clinical meetings had not taken place for some time and the practice intended to recommence these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 been unable to form a PPG however they were hoping to attract patients to be part of a virtual group. They gathered feedback from patients through other local groups in the area and through surveys and complaints received. The practice did use local groups such as the local residents and parish groups to promote health initiatives such as flu immunisation programmes and to keep patients informed about the practice. We saw that there was also a suggestion box in the reception area.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had identified their future challenges and concerns. Examples of these were medicines management, developing the PPG, federation working and maintaining and developing the clinical workforce.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users through the proper and safe management of medicines. Specifically prescriptions were not checked and signed by GPs before medicines were dispensed and issued to patients. The arrangements for storing and recording controlled drugs required reviewing and strengthening to comply with schedule 2 of the Misuse of Drugs (Safe Custody) Regulations 1973 (Regulation 12(1)(2)(g) This was in breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014.