The Practice Beaumont Leys

Quality Report

1 Little Wood Close
Leicester
LE4 0UZ
Tel: 0116 235 0435
Website: www.thepracticeplc.com

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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 The Practice Beaumont Leys on 16 August 2016. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- Not all staff reported significant events as required.
- There was no system in place to monitor the use of blank prescription forms and pads.
- The correct authorisation process was not always followed to allow nursing staff to administer vaccines under a patient group directive.
- The temperature of the room where emergency medicines were stored was not monitored and the temperature for one of the vaccine fridges was not always documented in line with the practice protocol.
- Not all areas of the practice were maintained and cleaned appropriately to prevent the spread of infection.
- Exception reporting data was higher than the national average in some areas, however the practice were able to demonstrate errors in this data.
- The practice carried out clinical audits to demonstrate quality improvement.
- The locum induction schedule was not always followed.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 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.
- The practice had a clear vision and objectives to deliver quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and quality care.
- The minutes of the practice meetings were limited and did not show that previous agenda items or actions from previous meetings were followed up.

The areas where the provider must make improvement are:

- Ensure there is a system in place to monitor the use of blank prescription forms and pads.
- Ensure the correct authorisation process is followed to allow nursing staff to administer vaccines under a patient group directive.
- Ensure all areas of the practice are maintained and cleaned to prevent the spread of infection.

The areas where the provider should make improvement are:

- Consider the significant events reported and encourage all staff to report as such.
- Record the room temperature where emergency medicines are stored and document fridge temperatures in line with the practice protocol.
- Review national data available pertinent to the practice to enable developments in patient services, specifically exception reporting data.
- To review the locum induction and ensure the protocol is followed.
- Document discussions and review previous agenda items that had actions against them during practice meetings.

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 a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice.
- Not all staff reported significant events as required.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was no system in place to moitor the use of blank prescription forms and pads.
- The correct authorisation process was not always followed to allow nursing staff to administer vaccines under a patient group directive.
- The temperature of the room where emergency medicines were stored was not monitored and the temperature for one of the vaccine fridges was not always documented in line with the practice protocol.
- Not all areas of the practice were maintained and cleaned appropriately to prevent the spread of infection.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Eexception reporting data was higher than the national average in some areas, however the practice were able to demonstrate errors in this data.
- The practice carried out clinical audits to demonstrate quality improvement.
- The locum induction schedule was not always followed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

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.
- 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.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The practice had a clear vision and objectives to deliver quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and quality care.
- The minutes of the practice meetings were limited and did not show that previous agenda items or actions from previous meetings were followed up.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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.
- 72% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local averages for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 69% and the national average of 74%.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.

Summary of findings

- 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 410 survey forms were distributed and 103 were returned. This represented 1.5% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 49% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 66% and the national average of 76%.
- 75% of patients described the overall experience of this GP practice as good compared to the CCG average of 79% and the national average of 85%).
- 66% 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 71% and the national average of 79%).

The practice were aware of the low patient satisfaction scores and carried out a local patient survey which showed patients were satisfied with the care received and how they could access the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 24 comment cards which were all positive about the standard of care received. Patient feedback was that the service provided was brilliant and staff were friendly, helpful and polite. However, eight comment cards said they had difficulty in getting an appointments.

We spoke with two patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable and treated them well.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvement are:

- Ensure there is a system in place to monitor the use of blank prescription forms and pads.
- Ensure the correct authorisation process is followed to allow nursing staff to administer vaccines under a patient group directive.
- Ensure all areas of the practice are maintained and cleaned to prevent the spread of infection.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Consider the significant events reported and encourage all staff to report as such.
- Record the room temperature where emergency medicines are stored and document fridge temperatures in line with the practice protocol.
- Review national data available pertinent to the practice to enable developments in patient services, specifically exception reporting data.
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The Practice Beaumont Leys

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Practice Beaumont Leys

The Practice Beaumont Leys is a GP practice providing primary medical services to around 6,881 patients within a residential area. The practice's services are commissioned by Leicester City Clinical Commissioning Group (LCCCG).

The practice is part of a large public company (The Practice Surgeries Ltd). The service is provided by two GPs (one is the clinical lead) and two locum GPs who provided cover over the weekend. There is a nursing team comprising of a nurse practitioner, two practice nurses and a healthcare assistant. The practice also employs a pharmacist. They are supported by a practice manager and a team of reception and administration staff. Additional support is provided by a central management team as part of The Practice Surgeries Ltd.

The practice is located in a ground floor building which is shared with Beaumont Leys Health Centre. All patient facilities are on the ground floor.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered between 6.30pm and 7.30pm on a Monday and from 8am to 10am on a Saturday. In addition to pre-bookable appointments, urgent appointments and telephone consultations are available for people that need them. The practice also holds walk-in clinics three days a week to help with access.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest walk-in centre to treat minor illnesses and injuries, as well as accident and emergency departments.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 August 2016. During our visit we:

- Spoke with a range of staff including GPs, pharmacist, nurse practitioner, practice nurse, practice manager and reception and administrative staff.
- Spoke with patients who used the service and observed how patients were being cared for.
- Spoke with a member of the patient participation group.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff reported incidents on the local incident reporting tool, which were investigated and discussed at weekly clinical meetings. Administrative staff were represented at the clinical meeting to ensure any feedback or actions were cascaded to all staff members.
- 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, given an explanation and a verbal or written apology. Any actions taken as a result to improve processes to prevent the same thing happening again were also explained to the patient.
- The practice pharmacist alerted GPs if there was any errors in prescribing and followed this up with the GP. However, we were told they did not report errors as a significant event if this was appropriate.

The practice employed a pharmacist who reviewed prescriptions and medicine alerts. Their role was to ensure medicines were prescribed in line with national and local best practice guidance as well as that safety alerts, including Medicines and Healthcare products Regulatory Agency (MHRA) alerts were adhered to.

Overview of safety systems and processes

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

- Staff were knowledgeable about their responsibilities in relation to safeguarding children and vulnerable adults from abuse. Policies were accessible to all staff, which reflected relevant legislation and local requirements. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead staff member for safeguarding. The GPs invited health visitors to a monthly meeting to discuss any concerns, however had raised that attendance was reduced due to the health visitors capacity to attend. School nurses were also invited, when appropriate. We saw records on the patient record system of contacts with the health visitors to ensure communication was maintained. All staff had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The GP documented in the patient records if a chaperone was present and the chaperones' name, however the chaperone did not enter any information into the record.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Locum staff also underwent the same recruitment checks.

Some of the systems, processes and practices in place were not always adhered to and required improvement:

- We observed the premises to be generally clean and tidy. However, we observed areas of the practice that were visibly dusty, including low levels of examination couches, trollies which were used to store equipment and shelving units in treatment rooms. A chair in one of the treatment rooms also had tears in the material which meant it could not be cleaned easily to prevent the risk of spread of infection. We also noted coving between the floor and wall in some of the treatment rooms were coming away from the wall and the public toilet was visibly unclean. The practice had reported several incidents regarding the cleaning of the practice and demonstrated communication with the external cleaning company to ensure it was to the appropriate standard. Practice staff tried to ensure their areas were appropriately cleaned to ensure it was safe for patients.

Items that had passed their expiration date were found in one of the treatment rooms, this was raised immediately with the practice and were removed as appropriate.

- The advanced nurse practitioner had recently been appointed as the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, this included continued communication with the external cleaning company. However, there had been no improvement regarding the standard of cleaning from the company.
- There were arrangements in place for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, some of these arrangements were not always followed. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice pharmacist alerted GPs if a medicine prescribed was linked to a Medicines and Healthcare products Regulatory Agency (MHRA) alert. There was also a process in place to ensure uncollected prescriptions were reviewed by a GP. The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored, however there were no systems in place to monitor their use. Emergency medicines were stored in a secured area of the practice, however the room in which they were stored was noted to be warm on the day of inspection. The practice did not record and monitor the temperature of the room to ensure the medicine was still effective. We also observed one of the vaccination fridges did not have its temperature recorded in line with the practice policy.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we noted that although the nurse had signed PGDs, they had not been signed by a GP to authorise the staff member to administer vaccines.

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 general health and safety inspection checklist, which included asbestos, infection control, electrical safety and fire. The practice carried out regular fire drills and ensured all emergency exits were clear and emergency lighting was in working order. 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 such as control of substances hazardous to health (COSHH) 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 reception staff and holiday and sickness cover was provided by other staff members. The GP rota was completed four weeks in advance to ensure cover was arranged for any gaps.
- The practice were trying to recruit additional GPs and relied on locum GPs to provide cover. Staff said they were not always able to get the same locum GPs to provide consistency. However, since the introduction of the walk-in clinics with an advanced nurse practitioner, it was noted there had been less demand for GP appointments.

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.

Requires improvement

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in an area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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.

- Staff attended protected learning time events which discussed new guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The GP clinical lead planned to improve communication of new NICE guidanceby ensuring there was regular discussions at clinical meetings.
- Templates for care plans on the patient record system were standardised care plans in line with local guidance.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 96% of the total number of points available.

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

- Performance for diabetes related indicators was comparable to the national average. For example, 72% of those diagnosed with diabetes had a blood test to assess diabetes control (looking at how blood sugar levels have been averaging over recent weeks) compared to 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 98% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 100% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

Data showed the practice had high exception reporting in three clinical domains and one specific clinical indicator. This included atrial fibrillation, cancer and depression. (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). The practice reviewed the data and did an analysis of the exception reporting during the same period. Data from the practice evidenced limited exception reporting compared to that we received before the inspection.

There was some evidence of quality improvement including clinical audit.

- The practice had carried out an antibiotic audit in conjuction with the local clinical commissioning group. Data demonstrated that there had been a reduction in the prescribing of antibiotics.
- The clinical GP lead had plans in place to ensure audits were carried out following alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- An audit had been carried out on patients who had received a shoulder injection or minor surgery. The audit was limited and checked patient records to see if they had returned following the procedure, as well as whether the results matched the suspected diagnosis.
- The practice participated in local audits and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included the practices' vision and values and what the practice does as well as their expectations. Mandatory training for new starters also covered such topics as safeguarding, infection prevention and control and fire safety.
- The locum induction pack had a checklist which practice staff go through with new locum GPs to ensure they were familiar with the practice processes and

Good

Are services effective?

(for example, treatment is effective)

systems. However, we spoke to a locum GP who confirmed they were unsure where the emergency medicines were kept or how to contact staff in the event of an emergency.

- 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, for example by access to on line resources, discussion at practice meetings and attendance at protected learning time events hosted by the clinical commissionin group.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months, which included a review of the objectives from the previous year, the staff strengths and any areas for future development. GPs received an annual internal appraisal with the practice lead for development.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, health and safety, equality and diversity and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice used referral templates to avoid information being missed.
- There was a process in place to ensure all incoming mail was actioned within 24 hours. Any mail marked as urgent was flagged to a GP immediately.
- Patients discharged from hospital following an unplanned admission were contacted by an administrator to see if the patient required a home visit by a GP or if any medicines had been altered.
- Pathology results were reviewed by the requesting GP and cover was arranged with other GPs or the area clinical lead for The Practice Ltd if the requesting GP was on leave.

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 or whent hey used out of hours services.

The practice discussed patients identified at with palliative care at clinical meetings. The practice communicated with practice nurses through the patient record system. Meetings with community MacMillan nurses had not took place as MacMillan nurses had not been attending the meetings. The practice put alerts on patient records to ensure all relevant health and social care professionals who could access the record were aware.

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 and received training in the Mental Capacity Act.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- Patients were required to sign a consent form for shoulder injections and minor surgery which was recorded in the patient record. Patients also kept a copy of the consent form.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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.
- A GP visited care homes where patients registered at the practice resided twice a week.

The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 69% and the national average of 74%. The practice offered telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However, data for 2014/15 showed the uptake for bowel cancer screening was lower than local and national averages. The practice were unaware of the low uptake and planned to discuss the data at a clinical meeting following the inspection. Data for 2014/15 showed:

- Persons, aged 60 to 69, screened for bowel cancer in last 30 months was 40% compared to the CCG average of 46% and national average of 58%.
- Persons, aged 60 to 69, screened for bowel cancer within six months of invitation was 35% compared to the CCG average of 43% and national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% which was comparable to the CCG average of 94% to 98%and five year olds from 84% to 92% which was comparable to the CCG average of 87% to 96%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed staff members were courteous and 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.
- Telephone calls were not taken by staff sitting at the front desk to maintain patient confidentiality.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and friendly.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and involved in decision making about the care and treatment they received. They told us staff members encouraged them to take responsibility for their medical conditions and provided advice and support to enable them to do this.

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 averages and slightly lower than national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and in different languages, as required.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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. They encouraged patients to make themselves known if they were a carer and this information was also requested at the point of registration. The practice had identified 70 patients as carers (1% of the practice list). Care plan reviews were done in conjunction with the patients' carer if possible.

Staff told us that if families had suffered bereavement, their usual GP contacted them and patients were signposted to bereavement services including Cruise.

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.

- Longer appointments were available for patients with a learning disability and for those experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered nurse appointments on a Saturday morning, as well as GP appointments.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered between 6.30pm and 7.30pm on a Monday and from 8am to 10am on a Saturday. In addition to pre-bookable appointments, urgent appointments and telephone consultations were also available for people that needed them. The practice also held walk-in clinics three days a week to help with access.

We reviewed the appointment system and noted appointments were available to see a GP or a nurse within the same week.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% 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. However, eight comment cards we received said that they had difficulty getting an appointment. The practice were aware of the low scores in the national GP survey and carried out a local survey with the assistance of the patient participation group. These results were not reflective of the national GP survey and evidenced patients were satisfied with the practice's opening hours and the ability to access the practice by telephone.

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.

All patients who had requested a home visit was allocated a telephone appointment for the GP to triage. Once the GP had contacted the patient by telephone, a decision was made as to whether a home visit was appropriate.

Listening and learning from concerns and complaints

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

- Staff were knowledgeable about the complaints process and how they would support patients if they wished to raise a concern or complaint.
- 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, including patient information leaflets.

We looked at 11 complaints received in the last 12 months, six were written complaints and five were verbal complaints. We found patients were responded to in a timely manner and an apology was given to the patient, where relevant. A trend analysis of the complaints was completed by the head office for The Practice Ltd.

Informal complaints were also recorded, we noted there had been 23 between April 2015 and March 2016. These had been responded to and the trends from all complaints were used to improve patient services.

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 clear objectives for the next 12 months, including the recruitment of additional GPs to meet patient demand and to recruit an onsite pharmacist.

The practice had 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 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.
- Practice specific policies were implemented and were available to all staff.
- 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.
- The practice monitors its performance, including number of appointments that were not attended by a patient and the percentage of GP appointments taken by the patients identified as high attenders.

Leadership and culture

On the day of inspection the clinical lead in the practice demonstrated they had the experience and capability to run the practice and ensure quality care. Staff told us the they were supported by the head office and that the clinical lead and practice manager were approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- Ppatients were informed of the incident, given an explanation and a verbal or written apology. Any actions taken as a result to improve processes to prevent the same thing happening again were also explained to the patient.
- 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.

- Clinical meetings were held on a weekly basis, which discussed new NICE guidance, significant events and complaints.
- A whole practice meeting was held on an annual basis. Staff and practice management told us they would prefer for a practice meeting to be held more often, however there was limited time for all staff to meet. The minutes of the meetings were limited and did not show that previous agenda items or actions from previous meetings were followed up.
- Staff said they felt supported, particularly by the practice manager and clinical lead in the practice. Staff were encouraged to identify opportunities to improve the service delivered by the practice.
- The Practice Ltd produced a weekly newsletter for all staff members with an update regarding the company, employee engagement, nurse training days and vacancies.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had also been involved in a recent coffee morning held at the practice which was specific to a medical condition and had a presentation for those attended, demonstrations and general advice. The PPG were hopeful that further coffee mornings

Are services well-led?

Good

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

would be carried out due to the success of this one. They told us they worked well with the practice and the practice were flexible and took quick action with regards to any concerns raised.

- The practice had changed the appointment system due to patient feedback received through NHS Choices, complaints and The NHS Friends and Family Test (FFT). The practice were aware that the NHS GP Patient Survey results were lower compared to the national average and had carried out internal surveys which did not reflect the national survey results.
- The practice gathered feedback generally from staff through discussions. An online staff survey was also carried out on an annual basis and The Practice Ltd had put into place support for staff who were experiencing sypmtoms of stress. Staff told us they felt able to input into service changes if they wanted to.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. This included working with the PPG to introduce coffee mornings. A coffee morning had been held in June 2016 as part of breath easy clinics to promote information and help patients with their own health management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure there was a system in place to monitor the use of blank prescription forms and pads. They had failed to ensure the correct authorisation process was followed to allow nursing staff to administer vaccines under a patient group directive. They had failed to ensure all areas of the practice were maintained and cleaned to prevent the spread of infection. This was in breach of regulation 12(1)(2(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.