

Broadstairs Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Broadstairs Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Malik and Partners also known as Broadstairs Medical Practice on 25 April 2017. Overall the practice is rated as requires improvement. We rated the practice as good for providing effective, caring and responsive services and requires improvement for safe and well led services

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

- The practice had a system for capturing concerns, including reporting and recording significant events. These were investigated and lessons were shared to make sure action was taken to improve safety in the practice.
- We found the practice to be clean and tidy. Staff had received training in infection control.
- Appropriate recruitment checks had been conducted for new staff.

- Unverified data from the 2016/2017 Quality and Outcomes Framework showed good patient outcomes. The practice had achieved 88% of the points available.
- The practice had an open culture and systems in place to share current evidence based guidance. However, these required strengthening to ensure all staff remained appraised of developments in guidance.
- Staff had the skills and knowledge to deliver effective care and treatment. They were supported to undertake additional training for their own professional development and the benefit of the practice.
- The practice conducted patient health checks and encouraged patients to participate in national screening programmes.
- 94% of the patients who had completed the NHS Friends and Family test would recommend the practice to their friends or family.

Summary of findings

- Complaints were acknowledged, investigated and responded to appropriately. Where appropriate, lessons were learnt and shared with the staff.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was not formalised within a business plan but staff were clear about the vision and their responsibilities in relation to it.
- The practice had a strong understanding of their clinical performance, but acknowledged the need to strengthen their governance arrangements including recording discussions, decisions and how changes have been embedded into practice.
- The practice valued and actively sought feedback from staff and patients. They had successfully recruited to their virtual patient participation group, although this was in its infancy.
- The practice was active within their Clinical Commissioning Group demonstrating willingness to learn and improve. They were involved in local initiatives and pilot programmes.

The areas where the provider must make improvement are:

- Ensure the safe prescribing of medicines.
- Ensure systems and processes are established to assess, monitor and improve the quality and safety of services. For example; a programme of audit to inform quality improvements.

The areas where the provider should make improvements are;

- Improve the dissemination of NICE guidance and check compliance.
- Improve the identification of carers and show them on the clinical system for the information of staff.
- Formalise the practice business plan to inform the delivery and development of services.
- Maintain records of discussions and decisions including evidencing how changes have been embedded into practice.

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?

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

- The practice had a system for capturing concerns, including reporting and recording significant events. These were investigated and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had identified improvements were required to strengthen their management of medicines. The prescribing of some medicines were not in accordance with guidance.
- We found the practice to be clean and tidy. Staff had received training in infection control.
- Appropriate recruitment checks had been conducted for new staff.
- Staff understood their role and responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Unverified data from the 2016/2017 Quality and Outcomes Framework showed good patient outcomes. The practice had achieved 88% of the points available.
- The practice had an open culture and systems in place to share current evidence based guidance. However, these required strengthening to ensure all staff remained appraised of developments in guidance.
- The practice had conducted administrative and clinical audits to inform quality improvements.
- Staff had the skills and knowledge to deliver effective care and treatment. They were supported to undertake additional training for their own professional development and the benefit of the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice conducted patient health checks and encouraged patients to participate in national screening programmes.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- 94% of the patients who had completed the NHS Friends and Family test would recommend the practice to their friends or family.
- Comment cards completed by patients told us they were consistently treated with kindness, patience and compassion.
- Information for patients about the services available was accessible.
- The practice worked within multidisciplinary teams to support isolated and house bound patients.
- The practice had identified 0.5% of their patient list to be carer's and provided them with information and seasonal vaccinations. However, the practice clinical system did not alert members of the clinical team to patients who were carer's.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice understood the needs and preferences of patients with life-limiting conditions. They had a dedicated phone line for frail patients, emergency services and health and social care partner services to contact the practice.
- Comment cards completed by patients told us they could make convenient appointments with a named GP and there was continuity of care. Telephone appointments and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaints were acknowledged, investigated and responded to appropriately. Where appropriate lessons were learnt and shared with the staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was not formalised within a business plan but staff were clear about the vision and their responsibilities in relation to it.
- The practice had a strong understanding of their clinical performance, but acknowledged the need to strengthen their governance arrangements including recording discussions, decisions and how changes have been embedded into practice.

Requires improvement



Summary of findings

- The provider was aware of the requirements of the duty of candour. We reviewed complaints and significant incidents and saw the practice operated an open and honest culture which complied with these requirements.
- The practice valued and actively sought feedback from staff and patients. They had successfully recruited to their virtual patient participation group, although this was in its infancy.
- The practice was active within their Clinical Commissioning Group demonstrating willingness to learn and improve. They were involved in local initiatives and pilot programmes.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for safe and well led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff had completed safeguarding training and were able to recognise the signs of abuse in older patients and were confident regarding the reporting and escalation of any concerns.
- The practice participated in admission avoidance programmes including services for frail patients. They followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice offered a priority telephone access to older persons, care homes and health and social care services. They offered patients home visits and urgent on the day appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- The practice worked within multidisciplinary teams to support isolated and house bound patients. They provided patients with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice informed and contacted patients for seasonal vaccinations.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for safe and well led services, good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The nursing staff were trained and led on the monitoring of long-term diseases.

Requires improvement



Summary of findings

- The practice participated in admission avoidance and frailty programmes for patients at risk of hospital admission. On the patient being discharged from hospital the practice ensured their care plans were updated to reflect any additional needs.
- Unverified QOF data for 2016/2017 showed the practice achieved full points for their management of patients with long term conditions such as heart failure, asthma and epilepsy.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for safe and well led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- We found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- We found children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Information was provided to families on life style and healthy living for patients planning their families and expectant mothers.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and

Requires improvement



Summary of findings

students).The provider is rated as requires improvement for safe and well led services, good for providing effective , caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice provided accessible services to those who worked. They offered telephone appointments and online services. These included access to a GP App, supporting patients to make appointments and access health advice online or via the local Health Helps Now website signposting health services in Kent and Medway.
- The practice had adjusted the services it offered to this population group to ensure that health checks, national screening programmes and immunisations could be accessed.
- Travel advice and vaccinations were available.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for safe and well led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice supported patients to register with no fixed abode or who were temporary residents within the area.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice conducted annual health checks and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. They had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

Requires improvement



Summary of findings

The provider is rated as requires improvement for safe and well led services and good for providing effective, caring and responsive services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice conducted annual health checks and offered longer appointments for patients with poor mental health. They achieved 100% of the QOF points available for their care of patients with dementia and poor mental health.
- 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 information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support individual patients with mental health needs and dementia.

Summary of findings

What people who use the service say

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. They told us staff were kind and patient. They consistently showed them compassion and tried to meet their individual needs sensitively.

The practice had received 458 responses to their friends and family test. 431 of the responses (94%) were extremely likely or likely to recommend the practice to their family or friends.

Areas for improvement

Action the service **MUST** take to improve

- Ensure the timely review and actioning of medicine safety alerts.
- Ensure the safe prescribing of medicines.
- Ensure systems and processes are established to assess, monitor and improve the quality and safety of services. For example; a programme of audit to inform quality improvements.

Action the service **SHOULD** take to improve

- Improve the dissemination of NICE guidance and check compliance.
- Improve the identification of carers and show them on the clinical system for the information of staff.
- Formalise the practice business plan to inform the delivery and development of services.
- Maintain records of discussions and decisions including evidencing how changes have been embedded into practice.

Broadstairs Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Broadstairs Medical Practice

Dr Malik and Partners is also known as the Broadstairs Medical Practice. There are approximately 7112 patients registered with the practice.

The practice is located in the town of Broadstairs and serves an affluent coastal community. The majority of their patient group are working age between 15 years and 64 years of age. The practice neighbours Broadstairs Railway Station, a public car park and there is additional on street parking available.

The practice consists of a partnership of three GPs (two male and one female). Two of the GPs work full time (one male and one female), the other male GP works 0.25 working time equivalent and there is a full time salaried female GP. They are supported by two practice nurses, a healthcare assistant and an administrative team overseen by the practice manager and finance manager.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments for the GPs and the nursing teams vary but generally cover 8am to 1pm and 2pm to 6pm daily. The practice does not operate extended hours services. Pre-bookable appointments are available and could be

booked up to four weeks in advance for GPs and three months in advance for the nursing team. Urgent appointments are also available on the day for patients that needed them.

When the practice is closed patients requiring non-urgent care are advised to call the national NHS 111 service for advice or use the Health Helps Now which is a service, signposting patients to health provision in Kent and Medway. Out of hours provision is provided by Prime Care.

The practice has a website. It is in its infancy as aspects of the site are under construction. It provides details of some of the services offered by the practice, health advice and signposts patients to other services. It can be translated into a number of languages.

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 25 April 2017. During our visit we:

Detailed findings

- Spoke with a range of staff (the practice manager, GP partners, nursing team and administrative staff) and spoke with patients and carers who used the service.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events. Staff told us they would inform the practice management of any incidents and there was a recording form available. 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).

The practice had recorded 16 incidents within the last five months. These related to a potential data breach, prescribing errors, clinical errors and health and safety. We reviewed two of the incidents and found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. These had been discussed with the wider clinical and practice team and learning identified. For example; The practice told us of a significant incident whereby a patient had been discharged from hospital with the wrong medication. They had recorded this as a significant incident, discussed it with staff and referred it to NHS England in accordance with the national reporting and learning system.

Overview of safety systems and processes

The practice had some defined systems, processes and practices in place to help minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection and adult safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Both nursing and administrative staff had been trained as chaperones. All

had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We found the premises to be clean and tidy. There were individual room cleaning schedules in place and the nursing team undertook additional cleaning duties for the clinical areas. All cleaning was overseen by the practice management team.
- The practice nurse was the infection prevention and control (IPC) clinical lead. They had attended the Clinical Commissioning Group meetings to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An infection prevention control audit had been undertaken for each room. We saw evidence that action was taken to address any improvements identified as a result. All clinical staff were encouraged to have a Hepatitis B immunisation and their immunisation status was recorded. (Hepatitis B virus is a type of virus that can affect the liver, it may be contracted as a result of a needle stick injury if they have not been immunised against the virus).

We found the arrangements for managing medicines, including emergency medicines and vaccines, in the practice could be strengthened to minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us they were received by the practice manager and shared with the clinical team for actioning. For example, we found that the practice had responded appropriately to a recent alert for women of a child bearing age receiving a specific medicine, that if pregnant may place their child

Are services safe?

at risk of congenital abnormalities or developmental delay. The practice had spoken with the patients, explaining the potential risks and offered alternative treatment.

- We reviewed the practice's medicines prescribing policy. The policy failed to define how they ensure safe prescribing and appropriate monitoring of patients on high risk medicines. We found repeat prescriptions for warfarin (an anticoagulant used to prevent heart attacks and blood clotting) were set for between six and twelve months. Other disease modifying anti-rheumatic drugs (DMARDs) were also set for three to six months repeat prescriptions. Guidance on the safe monitoring of the medicine advocates clinical review of the patient's medication and testing at more frequent intervals.
- We found the monitoring of the warfarin patients' bloods was conducted externally by pharmacists under contract from the Clinical Commissioning Group. However, we found an absence of evidence (such as patient blood results or communications from the pharmacies) on the patient's clinical record to support the continued safe prescribing of warfarin. The practice told us they had raised concerns with their Clinical Commissioning Group (CCG) regarding the prescribing practice. We also contacted the CCG to appraise them of the potential risks.
- We checked patient records and found those patients receiving other high risk medicines such as Lithium were being appropriately monitored.
- Blank prescription forms were logged in to the practice. We found the record contained insufficient details to track the movement of the prescriptions within the practice.
- Repeat prescriptions were signed by GPs before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of their local CCG pharmacy teams. The practice had successfully achieved below the average prescribing performance for antibiotics and had underspent on their prescribing budget.
- We checked the Patient Group Directions to ensure they had been adopted by the practice. These allow nurses to administer medicines in line with legislation. The

healthcare assistants were also trained to administer B12 injections and flu vaccines. We found their Patient Specific Directions from a prescriber were produced appropriately.

We reviewed two personnel files for the last staff members employed. We found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references and qualifications. For clinical staff, registration with the appropriate professional body and the appropriate checks through the DBS were conducted prior to commencing their employment.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and a staff lead for the practice. The practice conducted daily inspections and recorded their findings including any actions required to be taken.
- The practice had revised their fire risk assessment in April 2017. Their fire safety equipment had been checked in June 2016 and they tested their fire alarms regularly. There were designated fire marshals within the practice. Staff were aware of the fire evacuation plan, which included how staff may support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment had been checked and calibrated in June 2016. This was to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella assessment was conducted on 4 April 2017. The premises were found to be low risk and regular monitoring was conducted of their water supply.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff would cover for one another during periods of absence.

Are services safe?

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included an emergency escalation plan including contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke to clinicians regarding their understanding of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The clinical system was updated regularly with NICE and QOF guidance and the GPs attended a yearly update course appraising them of changes. However, we found not all clinicians were aware of the July 2016 Sepsis guidelines.

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 practice registered in December 2016 and therefore the Care Quality Commission's verified data on the QOF performance at the practice was not available.

We checked the most recent unverified 2016/2017 QOF data for the practice. The practice had achieved 88% of the points available (395 points out of a possible 435 points).

The practice achieved full points in a number of clinical areas. These included;

- Management of patients who experienced poor mental health with dementia and depression and the care of patients with learning disabilities.
- Management of patients who had long term conditions, specifically heart failure, asthma, epilepsy and chronic kidney disease.

The practice management team promoted an open and supportive culture within the practice. They encouraged one another to discuss issues as they arose and to share learning from these. The practice had conducted three audits within the last five months, relating the storage and management of medicines. All were single cycle audit but learning had been identified. For example, the practice conducted a clinical audit on their practices monitoring of patients on Lithium (a medicine used to treat some people with poor mental health. The audit showed one out of

seven patients had not achieved the set standard for the safe monitoring of the medicine. Learning points were identified and shared with the clinical treatment to improve clinical performance.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed clinical and administrative staff. Staff received a staff handbook and time for familiarisation with the premises and team. Their induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice maintained a central training schedule, thereby, monitoring their mandatory and role specific training to help ensure staff maintained their knowledge and skill base. For example, for those reviewing patients with long-term conditions, cytology, travel health, gynaecological assessment and examination.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines attended training to ensuring they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and probationary reviews. 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, support for revalidating GPs and nurses. 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, Clinical Commissioning Group training sessions 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. This included care and risk assessments, care

Are services effective?

(for example, treatment is effective)

plans, medical records and investigation and test results. We checked the practice clinical system and saw blood test results and information from out of hours care providers had been reviewed and appropriately actioned.

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. Information was shared between services, with patients' consent, using a shared care record.

The practice reviewed end of life care for patients formally during their multi-disciplinary meetings which were held three monthly. Regularly discussions were also held with partner health and social care services some of whom were conveniently located within the same building as the practice. We checked patient records and saw that care was well documented and delivered in a coordinated way. We found it took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.

- We checked patient records and saw appropriate consent had been obtained for surgical interventions. Potential complications of minor surgery had been appropriately documented and shared with the patients.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.

Unverified practice clinical data for 2016/2017 showed;

- The practice achieved 80% for the cervical screening programme, which was comparable with the national average of 81%.
- The uptake for the childhood vaccination programme was good. For example, rates for the vaccines given to under two year olds and for children of five years of age were 90%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems 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.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we found that members of staff were polite and helpful to patients, treating them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 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 consistently helpful, caring and sensitive to their needs, treating them with dignity and respect.

There was no national GP patient survey data available for the practice as it was newly registered with the Care Quality Commission to provide regulated activities in December 2016.

We spoke to carers of patients from a local learning disability home and a female refuge. They were both positive about the professionalism of the staff and told us they were responsive and sensitive to the individual needs of patients.

The practice had received 458 responses to the NHS Friends and Family test. 94% of the respondents stated they were extremely likely or likely to recommend the practice to their family or friends.

Care planning and involvement in decisions about care and treatment

Comment cards completed by patients told us that 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. We saw that care plans were personalised and children and young people were treated in an age-appropriate way and recognised as individuals.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available and could be provided in different formats where required.
- The Choose and Book service was used with patients and staff supported them where appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services was available through the practice and their primary healthcare visitor (a community health service).

The practice was actively trying to identify more carers at the point of patient registration and during clinical consultations. They told us they served an affluent population, predominately working age people where there were lower levels of carer dependency than nationally. The practice had identified 33 patients as carers (0.5% of the practice list), but they had not been flagged on the clinical system. This can assist staff to support carers by affording them additional consideration when booking appointments and accessing services.

The practice provided carers with written information on the various avenues of support available to them and invited them for seasonal vaccinations. They had also requested expressions of interest from staff to fulfil the role of carer's champions to help ensure that the various services supporting carers were coordinated and effective.

Are services caring?

Staff told us that if families had experienced bereavement, their usual GP contacted them and may send them a

sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice explained their patient profile and told us how they had used this to inform their delivery of services. For example;

- Patients were able to make appointments online, by the telephone or in person with the reception team.
- The practice had introduced a GP App to offer patient's greater convenience to book appointments, complete the NHS Friends and Family Test online and access information and services relating to health campaigns.
- Telephone consultations were available for the convenience of patients.
- The practice operated a dedicated priority telephone line for frail patients, emergency services and partner health and social care services.
- The practice sent text message reminders of appointments to patients.
- Prescriptions could be pre-ordered online and dispensed from a pharmacy of the patients choice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were longer appointments available for all patients on request and where patients had reviews such as for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided onsite phlebotomy and minor surgery.
- The practice took account of the needs and preferences of their patients. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- Dossett boxes could be arranged by the practice with the assistance of their local medicine management team.
- There were accessible facilities, which included step free access and interpretation services available.
- The practice was aware of NHS England's Accessible Information Standards and invited and supported patients to disclose barriers they experienced to using

or accessing services. The practice made reasonable adjustments to ensure patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

- The practice worked with their named care coordinator in the development and delivery of carer's plans with the patient and carers.
- The practice coordinated care with specialist teams to support patients with drug and alcohol dependency.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments for GPs and the nursing teams varied but generally covered 8am to 1pm and 2pm to 6pm daily. The practice did not operate extended hours services. Pre-bookable appointments were available and could be booked up to four weeks in advance for the GPs and three months in advance for the nursing team. Urgent appointments were also available for patients that needed them on the day.

The practice told us that between February 2017 and March 2017 there were 46 missed nursing appointments and 56 missed GP appointments. The practice had introduced a non-attendance policy. The practice sent text reminders to patients ahead of their appointments. The reception team told us they contacted patients who failed to attend appointments either by phone or in writing. Patients were asked to notify the practice in advance if they no longer required their appointments and were supported to reschedule them, where appropriate. Repeat non-attendance by patients was reviewed by the GP partners and practice management.

The practice had a system to assess:

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

The practice explained their home and visit request procedure, whereby GPs spoke with the patient and assessed the clinical need to attend to the patient at home. We confirmed home visits were being made.

There was no performance data available from the national GP patient survey as the practice had recently registered with the Care Quality Commission in December 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. If the patients were dissatisfied with the outcome of their complaint they were signposted to the Parliamentary and Health Service Ombudsman.
- The practice manager was the named person responsible who handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice told us they tried to resolve complaints to the satisfaction of parties at the time of reporting. They had received seven complaints in the last five months, relating to staff conduct, clinical opinion, referral processes and information given to a patient. We looked at two complaints relating to staff conduct and clinical judgement. We found both had been acknowledged, investigated and responded to appropriately. Where appropriate independent clinician opinion had been obtained. Where learning had been identified for the practice this had been shared with staff and checks were conducted to ensure the change had been embedded.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice registered with the Care Quality Commission to provide regulated activities as a GP service in December 2016. Their stated objective was to place their patients first. The GP partners told us of how they had defined key roles and made specific appointments to their staffing team to ensure they were able to deliver accessible, high quality care.

The practice told us they were formalising their business objectives and developing a business plan for the next two to five years. This would inform their recruitment strategy and identification and development of revenues streams.

Governance arrangements

The practice were formalising their governance framework to support the delivery of the strategy and good quality care. We found;

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Staff were also being developed to undertake additional responsibilities. For example, the practice nurse was being supported to become a nurse prescriber to assist in the timely assessment and treatment of patients.
- Practice specific policies were being revised to ensure they were reflective of their systems and processes. These were available to all staff and the management team were accessible to staff should the staff team have any questions relating to their implementation.
- The practice management team actively monitored the clinical performance of the practice through the quality outcomes framework and medicine management reports. The management team discussed performance daily but did not minute their formal discussions.
- The practice did not have a programme of continuous clinical and internal audit to inform quality improvements. However, the GPs had conducted single cycle audits as part of their appraisal and discussed their findings with colleagues. Their discussions had not been documented and the clinical performance of the practice revised in response.

- We saw evidence of timely and critical reviews of significant incidents by the GP partners. For example; the reporting of first cancer diagnosis and identification of good practice and learning points.

Leadership and culture

We spoke to the GP partners, the practice manager and finance manager. They demonstrated they had the experience to run the practice but needed to strengthen systems to demonstrate greater transparency and effective governance. They told us of some the challenges they had encountered since the registration of the practice, such as ensuring the correct coding of patient data and their migration to paperless systems for their clinical records.

The management team spoke highly of the commitment and professionalism of their staff. They told us how they had supported them with the growth of their patient numbers and recruitment of colleagues. They told us they constantly tried to provide safe, high quality and compassionate care. The practice demonstrated a willingness to learn and change. They encouraged their staff to participate in local training and development initiatives to enhance their professional knowledge and inform the development of the service. For example; the practice nurse was participating in an infection prevention control primary care programme.

Staff told us they felt valued by the GP partners and practice managers. They told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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). Staff were encouraged and supported to be open and honest communicate about all concerns and specifically about notifiable safety incidents. We saw the practice responded in a timely manner and had systems 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 maintained records of some verbal interactions as well as written correspondence.

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

Are services well-led?

Requires improvement 

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

- The practice held multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. The practice clinical team, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. We reviewed meeting minutes from the December 2016 multidisciplinary meeting. We found these lacked detail of discussions and decisions. However, when we checked patient records we found clearly evidenced discussion and coordination of care outside the forum. The GP's accepted that the forum was used to develop their understanding of partner services and strengthen their working relationships as opposed to reviewing individual patient care.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues when identified or at team meetings. All staff we spoke with felt confident and supported in doing so. We noted team events and days out were held regularly and showed sensitivity to individual preferences.
- We reviewed three sets of staff meeting minutes for December 2016, January 2017 and March 2017. The notes lacked narrative of the discussions although the January 2017 meeting minutes were more comprehensive covering a range of administrative issues from the management of prescriptions, answering the phone to learning from significant complaints. Staff attendance was not detailed; actions and outcomes from earlier meetings not reviewed and actions were not assigned owners including proposed dates for completion.
- Staff said they felt respected, valued and supported, particularly by the partners and both practice managers in the practice. All staff were involved in discussions

about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

- The practice was active within their Clinical Commissioning Group demonstrating willingness to learn and improve. They were involved in local initiatives and pilot programmes. For example; they were supportive of the introduction of medical assistants within GP practices and were participating in a pilot programme with NHS England entitled Time to Care. They understood this would involve a critical review of their policies and systems.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through regular informal discussions and the recent formation of their patient participation group (PPG). Over 60 patients had registered an interest in participating in the practice's virtual patient group. Terms of reference had been distributed and initial discussions held. The practice had scheduled to meet with the patients in May 2017 to discuss how they may wish contribute to the practice patient survey.
- the NHS Friends and Family test, complaints and compliments received.
- staff through daily discussions with colleagues, appraisals, staff meetings and team away days. Staff told us they had confidence in the practice management team and would not hesitate to give feedback and discuss any concerns or issues with any of them. Staff told us they felt valued and were committed and involved in the development of the practice.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have effective systems in place to ensure the proper and safe management of medicines.</p> <p>Some patients were found to have been placed at risk due to insufficient monitoring being conducted.</p> <p>The practice was repeatedly prescribing some medicines six and twelve monthly, contrary to guidance.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The practice failed to ensure systems and processes were established to assess, monitor and improve the quality and safety of services.</p> <p>We found an absence of records (partner meetings, team meetings, clinical meetings or multidisciplinary meeting minutes) to evidence risks had been considered, assessed, acted upon and the risks mitigated.</p> <p>There was no audit programme to inform the identification or mitigation of risks.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>