

# The Shotgate Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shotgate Surgery on 13 April 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, through infection prevention control audits, health and safety assessments.
- Clinical staff were responsible for their own professional learning.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had higher than local and national averages for screening patients for breast, cervical and bowel cancer.

- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Some patients said that they experienced difficulties making an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by the practice management.
- The practice sought feedback from staff and patients, but did not consistently respond in a timely manner.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review learning from complaints and safety incidents to ensure learning has been embedded in the practice.
- Implement a system to ensure all clinical staff are aware of and adhering to national guidelines.

# Summary of findings

- Ensure all staff are aware of the practice safeguarding lead.
- Implement a system to ensure that the practice communicates effectively with the out of hour's services.

The areas where the provider must make improvement are:

- Conduct two cycle audits.
- Where audits or quality improvement processes identify areas for improvement ensure that they are acted upon and changes embedded.

- The practice must improve their engagement with their Patient Participation Group to actively seek and act on feedback.
- Ensure appropriate legal authorities are obtained to administer vaccinations safely.
- Ensure the health conditions of patients are coded correctly on their patient records.

**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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Some legal authorities had not been appropriately obtained for the vaccination of children. This was acknowledged by the practice and reported as a significant incident.
- Lessons were shared to make sure action was taken to improve safety in the practice. However checks were not conducted to ensure improvements were embedded.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we found not all members of the clinical team knew who the safeguarding lead GP was.
- Risks to patients were assessed and well managed.
- Emergency medicines and equipment were available and maintained. Staff had received basic life support training.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- The practice had higher than local and national averages for screening patients for breast, cervical and bowel cancer.
- Clinical staff were responsible for their own professional learning.
- There was an absence of systems to ensure staff were adhering to national guidelines
- Where clinical audits had been undertaken there was a lack of evidence to reflect that the learning from them had been shared to achieve improvement.
- 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.

# Summary of findings

- Not all members of the clinical team were aware of how to communicate with out of hour's health services.
- The practice was introducing multidisciplinary meetings with other health and social care professionals to understand and meet the range and complexity of patients' needs.
- Some patient records were inconsistently, incorrectly coded or had significant health conditions absent from the patient health summary.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable or higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was available on the practice website and NHS Choices website.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- 16 of the 22 comment cards completed made reference to the staff being helpful, caring, supportive or kind.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice operated extended hours on a Tuesday afternoon from 6pm to 7.30pm and Friday mornings from 7.30am to 8am.
- Some patients said they experienced difficulties to making a convenient appointment with a GP. They also reported concerns regarding continuity of care under a GP.
- The practice had not audited their appointments to identify times of high or low demand and used it to enhance the accessibility of services.
- 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 was shared with staff but reviews were not conducted to ensure learning had been embedded into practice.

Good



## Are services well-led?

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

Requires improvement



# Summary of findings

- The practice had a vision and a strategy and it was intended this would be shared with the staff and partners in April 2016 once formally agreed.
- The system of governance was not robust in relation to clinical management of the practice.
- Practice meetings had recently been introduced.
- The practice had a number of policies and procedures to govern activity.
- All staff had received inductions and six monthly probationary reviews or annual performance reviews.
- The practice did not consistently action or respond to questions or concerns raised by the Patient Participation Group in a timely manner.

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

- The practice was introducing multidisciplinary meetings with partner health and social care services.
- The practice referred patients to their care coordinator who promoted and supported patients to maintain their independence. This they achieved through accessing additional services and mobility aids.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The practice nurse undertook some flu vaccination home visits in partnership with the district nursing team.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however some examples of good practice.

- The practice nurses led on long term conditions such as diabetes.
- Longer appointments and home visits were available when needed.
- All patients had a named GP.
- Not all clinicians were aware of how to communicate with their out of hours services.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however some examples of good practice.

**Requires improvement**



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw relationships were being built with partner services but some were in their infancy.
- Patients were advised of midwife and health visitor contact numbers.
- Mothers and children were invited for their six week check.
- Some vaccinations for children had not been appropriately authorised by a medical professional. However checked on the patient record system showed none had been administered.

## **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 students). The provider was rated as good for safe, caring and responsive and requires improvement for effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were however some examples of good practice.

- The practice offered extended hours surgeries on a Tuesday afternoon 6pm to 7.30pm and Friday morning 7.30am to 8am.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Requires improvement**



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

- The practice carried out annual health checks for people with a learning disability.
- The practice maintained a list of vulnerable adults. It was intended to be used to inform discussions at the forthcoming multidisciplinary meetings.

**Requires improvement**





# Summary of findings

- The practice was reinstating multidisciplinary meeting with their health and social care partners in April 2016.
- Staff had undertaken safeguarding training to an appropriate level but not all members of the clinical team knew who the safeguarding lead for the practice was.

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

- Patients experiencing poor mental health received an annual physical health check.
- Staff undertook dementia awareness training.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice told patients experiencing poor mental health about how to access various support groups and they were supported to self-refer where appropriate.

**Requires improvement**



# 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. 258 survey forms were distributed and 99 were returned. This represented a 38% completion rate.

- 82% of patients found it easy to get through to this practice by phone compared to the local average of 72% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the local average 82% and the national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 74% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards. These were overwhelmingly positive with 16 of the comments referring to staff as caring, kind, supportive or helpful. However, patients did report difficulties securing convenient appointments. Some also voiced concerns regarding continuity of care due to the use of locum GPs.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had received eight responses to the NHS Friends and Family Test survey and 75% would recommend the service. We also spoke with partner health services such as the Single Point of Contact, One Response, End of Life Team and the District Nursing Team. Other health and social care professionals shared patient concerns regarding continuity of patient care, due to an absence of full time GPs on site. They agreed all staff were caring and committed.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Conduct two cycle audits.
- Where audits or quality improvement processes identify areas for improvement ensure that they are acted upon and changes embedded.
- The practice must improve their engagement with their PPG to actively seek and act on feedback.
- Ensure appropriate legal authorities are obtained to administer vaccinations safely.
- Ensure the health conditions of patients are coded correctly on their patient records.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review learning from complaints and safety incidents to ensure learning has been embedded in the practice.
- Implement a system to ensure all clinical staff are aware of and adhering to national guidelines.
- Ensure all staff are aware of the practice safeguarding lead.
- Implement a system to ensure that the practice communicates effectively with the out of hour's services.

# The Shotgate Surgery

## 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 The Shotgate Surgery

The Shotgate Surgery is one of a number of practices managed by a corporate health provider. It is located in Wickford on a main road with designated parking facilities neighbouring the building. They have approximately 3270 registered patients.

The practice employs four GPs, two female and two male. The two salaried GPs work two consecutive days and the two locum GPs work two days a week. They are supported by two practice nurses and an administrative/reception team overseen by the deputy practice manager and practice manager both who work two days on site. The practice is supported by a regional and national management team including a corporate team of specialists in training and policies.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.10am to 11.30am and 4pm to 6pm on Monday, Tuesday, Thursday and Friday and 5pm on a Wednesday. Extended hours appointments were offered on Monday 6.30pm to 7.30pm and Friday mornings 7.30am to 8am.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice has a patient profile similar to the national patient profile, with slightly lower representation amongst the youngest and older age groups. Life expectancy for both male and females was above the local and national averages.

The practice has a website providing details of opening times, contact information and details of their staff and services offered.

## 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 13 April 2016. During our visit we:

## Detailed findings

- Spoke with a range of staff practice manager, deputy practice manager, area manager and clinical lead GP, reception staff and practice nurse and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager 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 legal requirement that providers of services must follow when things go wrong with care and treatment, by providing openness and transparency to patients affected by such an incident).

We reviewed six significant incidents for the period 2015 to 2016 and all had been appropriately recorded, investigated and acted upon. We reviewed their annual complaints and serious incidents review for January 2016. We saw concerns had been discussed and recommendations made. For example, ensuring their response to complainants addresses all aspects of their complaints. It was not evident that reviews had been conducted to check that learning had been embedded.

- 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 had revised their policy for actioning alerts in October 2015. This specified that the alert was shared with the clinical team and an administrator was responsible for identifying those patients potentially adversely affected. This was overseen by the practice manager to ensure where necessary actions were addressed in a timely and appropriate manner. We checked patient records and found alerts had been appropriately actioned.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 member of staff for safeguarding however this was not known to all staff. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.

- A notice in the waiting room advised patients that chaperones were available if required. Only clinical staff were permitted to act as chaperones and had undertaken training. Chaperones had also received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and the most recent infection control audit was undertaken in February 2016. There was evidence that where the standards for cleaning had fallen below the required standard action had been taken. Both administrative and clinical staff had received infection control training and the clinical staff had appropriate vaccinations.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The clinical medical director had identified disparities in the prescribing data for the surgery. They had reported their concerns to the CCG Medicines Management team and were working with them to resolve the issue. We checked a sample number of patient records and found evidence of appropriate monitoring of high risk medicines.
- Blank prescriptions pads were logged on receipt and were securely stored. There were systems in place to monitor their use. Patient Group Directions had not been appropriately authorised by a clinician. We conducted a search of their patient record to identify any patients who may have been administered the vaccinations. No patients had been adversely affected.

## Are services safe?

The practice acknowledged their error and raised a significant incident to investigate how it had occurred and learn from incident to mitigate it occurring in the future.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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. The practice manager was the health and safety lead for the practice. A health and safety review had been conducted in April 2016. Eight actions were identified to be completed between four weeks and six months. These including the installation of emergency lighting, practice nurse and administrator to attend first aid course, obtain electrical safety certificates and manual handling training.
- The practice had a fire risk assessment dated 5 January 2015; the practice had identified this for annual review. The last fire evacuation had been conducted in February 2016. All electrical equipment was checked in April 2016 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice told us staff covered for one another in their colleague's absence. However, the practice also required all leave to be approved and the practice manager and deputy manager were not permitted to take leave at the same time.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had recently experienced a loss of their phone lines and observed the requirements of the policy.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Each clinician was responsible for their own learning and to ensure they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice did not have a system in place to monitor that these guidelines were followed.

### 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 98% of the total number of points available with an exception reporting rate of 11.5%, 4.6% above the local average and 2.3% above the national reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register in whom the last IFCC-HbA1C is 64mmol/mol or less in the preceding 12 months. The practice achieved 82% as opposed to the national average of 78%. Patients on the diabetic register who had the influenza immunisation also had a higher than national average, achieving 98% in comparison with the national average 94%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 100% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and 92% had their alcohol consumption recorded.

- The practice had slightly lower than the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 75% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was slightly below the national average achieving 76% in comparison with 84% nationally.

There was no evidence of quality improvement through clinical audit.

- We reviewed the audit of the Shotgate Surgery prescribing of medicines used to reduce blood clotting completed in March 2016. We found the audit was not explicitly aligned to national standards. There was also no evidence to demonstrate how the audit had been shared with the clinical team to inform clinical practice. We spoke to clinicians who were unaware of any clinical audits or their outcomes.
- The practice had conducted an audit of their patients overall attendance at accident and emergency (A&E) departments for 2015 and repeated this audit later in the year. The audits revealed that many of the attendances at A&E could have been reduced if relevant patients had been identified early and monitored and reviewed more regularly and their clinical needs met by the practice.
- We found that recommendations had been proposed to reduce patient attendances at accident and emergency services such educating patients. However, no specific actions had been assigned to staff, objectives defined or reviews conducted to evidence reduced patient attendance at A&E.

The practice had low accident and emergency admissions compared to the national average for Ambulatory care sensitive conditions. They are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management and early intervention by the practice.

We found inconsistency in the coding of patient data. We checked a sample of ten diabetic patients' medical records. We found only seven had had been clearly coded to reflect the clinical narrative within their patient record. This presented the potential of the consulting GP not appreciating the patient had the condition when they attended for an appointment. We reviewed thirteen



# Are services effective?

## (for example, treatment is effective)

patients' medical records with Coeliac disease (a disease in which the small intestine is hypersensitive to gluten, leading to difficulty in digesting food). Only three patients had been coded correctly within their health summary. One child of seven years old was also found to have been incorrectly coded as having the condition. Factual inaccuracies within patient data may also adversely affect the integrity of medical and medicolegal reports.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff and a locum pack to appraise the GPs of the practice policies, procedures and practices. This covered such topics as safeguarding, significant events, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with diabetes.
- 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 and discussion at practice meetings, practice nurse groups and attendance at the local diabetic practice nurse forum.
- 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, and facilitation and support for revalidating GPs. Staff had received a six month probationary review or their annual appraisal within the last 12 months.
- Staff received training that included: safeguarding, dementia awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared some relevant information with other services. However we spoke to clinicians, some of whom were unaware of how to communicate information with their out of hours service. The practice were introducing multidisciplinary meetings in April 2016. These were recognised as important to enhance communication and improve the coordination of patient care. Initial discussions and meetings had been held with the district nursing team and social care team for vulnerable adults.

### 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. Guidance material was available to staff.
- 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 assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice reported a lower prevalence of cancer within their patient population than the local and national averages. They encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had higher than the local and national averages for screening their patients. For example;



# Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme for 25-64year old women was 81%, which was above the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 74% of the female patient 50-70 years of age had been screened for breast cancer within 6 months of their invitation. This was higher than the local average of 69% and the national average of 72%.
- 61% of their patient's 60-69 years of age had been screened for bowel cancer within six months of their invitation. This was higher than the local average of 54% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 88% to 94%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

The 22 patient Care Quality Commission comment cards completed were overwhelmingly positive. 16 of the comments made specific reference to the staff being caring, supportive, helpful and kind.

We spoke with the chairperson of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 85% of respondents said the GP was good at listening to them compared to the clinical commissioning group the local average of 85% and the national average of 89%.
- 88% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 93% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 93% and the national average of 95%.
- 80% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average 80% national average of 85%.
- 80% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 90% national average of 91%.

- 84% of respondents said they found the receptionists at the practice helpful compared to the local average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey, January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were just below or in line with local and national averages. For example:

- 80% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local average of 90% and the national average of 90%.
- 77% of respondents said the last nurse saw was good at involving them in decisions about their care compared to the local average 85% and the national average of 85%.
- 80% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average 80% 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.

### 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. These were either displayed or available within the patient information folder available within the waiting area.

The practice's computer system alerted GPs if a patient was also a carer. Patients were encouraged and supported to disclose carer responsibilities. The practice had identified 46 patients as carers. They were invited for flu vaccinations.

## Are services caring?

Staff told us that if families had suffered bereavement, their regular GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice provided a range of services to respond and meet the needs of their patients.

- The practice offered extended hours opening on Tuesday afternoons until 7.30pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- The community midwife attended the surgery fortnightly on a Thursday.
- The practice worked with the local care coordinator to design a package of care for patients such as those discharged from hospital or wishing to maintain independent living.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled, ramp access and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11.30am and 4pm to 6pm on Monday, Tuesday, Thursday and Friday and 5pm on a Wednesday. Extended hours appointments were offered on Tuesday from 6.30pm to 7.30pm and Friday mornings from 7.30am to 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for people that needed them.

Results from the national GP patient survey, January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of respondents were satisfied with the practice's opening hours compared to the local average 73% the national average of 75%.
- 82% of respondents said they could get through easily to the practice by phone compared to the local average 82% and the national average of 73%.

The practice had an action plan in place following the outcome of the national GP patient survey of 2015. It intended to improve telephone access for patients, improve the accessibility of appointments with a named GP and reduce waiting times for appointments with a GP. All actions were assigned to the practice manager and were being progressed such as the appointment of a permanent GP due to start on 1 July 2016. It was anticipated that this would improve the appointment system.

The practice had not audited their appointments to identify unmet need or underutilised clinical capacity to inform their delivery of services. However, they had monitored non-attendance by patients between September 2015 and March 2016 and this averaged between 39 and 49 appointments a month. We reviewed practice meeting minutes and saw the practice had considered the introduction of potential sanctions for patients who repeatedly fail to attend but no decision had been reached.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We reviewed their complaints log and found no complaints had been recorded between July 2014 and May 2015. The practice told us they had revised their procedures and practices to improve opportunities to capture patient's experiences. There had been six complaints recorded between May 2015 and April 2016. These included verbal and written allegations alleging delays in referrals, manner of consultations and prescribing.

- The 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.

We looked at three complaints received in the last 12 months and found they had or were being investigated.

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

The complaints had been acknowledged and complainants spoken to. Where appropriate, an account from the clinician involved in their care had been obtained and a detailed explanation and apology sent to the complainant.

We reviewed the practice meeting minutes for March 2016 and April 2016 and saw that significant incidents, complaints and comments were a standing agenda item.

We also reviewed their annual complaints and serious incidents review for January 2016 and saw concerns had been discussed and recommendations made. For example, ensuring their response to complainants address all aspects of their complaints. It was not evident that reviews had been conducted to check that learning 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 was part of a large national corporate provider of health provision. The practice had a patient charter setting out patients' rights and also their responsibilities.
- We spoke to partner health and social care services who told us they had met with the newly appointed practice manager and discussed roles and promoted sharing of appropriate information to improve the coordination of patient care.
- The practice had aspirations to be a training practice as their newly appointed permanent GP was a GP trainer.
- The practice had a business plan which reflected the vision and values. For example, ensuring the practice maintains a high quality of care whilst offering patients good access.

### Governance arrangements

The practice had recently enhanced their overarching governance framework which supported the delivery of the 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. The practice had a deputy manager who was on site two days a week supported by the practice manager who attended two days and was overseen by a regional manager and the head of operations.
- Practice specific policies were implemented and were readily available for staff to access. Locum GPs were required to confirm they had read and understood key policies such as the practice whistle blowing policy, confidentiality and consent policy, mental capacity act, safeguarding children and vulnerable adults and infection prevention control.
- There was an understanding of the performance of the practice. This was acknowledged by the provider who had appointed a permanent GP to the practice to oversee clinical matters starting in July 2016. The provider had identified anomalies' with their prescribing data presenting difficulties for them to assess their performance in medicine management. QOF exception reporting was documented by the administrative staff and overseen by the practice and organisational management team.

However there were some areas where governance was not robust;

- There were clinical and internal audit programmes in place. These were incomplete and therefore had not been used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions such as the implementation of the patient safety alerts. There was no system of review to ensure these had been embedded into the practice.
- Some Patient Group Directions for the administration of vaccines for children had not been authorised correctly by a clinician.

### Leadership and culture

On the day of inspection the practice explained how they had undergone a restructure. They told us they had recognised the need to strengthen their clinical governance and corporate oversight of the practice. They had appointed new members of the clinical team for example, clinical medical director and permanent GP. They told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, explanations and a verbal and written apology.

There was a leadership structure in place and the administrative staff felt supported by the deputy and practice manager.

- Staff told us the practice had introduced regular practice meetings since January 2016.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

# Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported, particularly by their colleagues and believed the appointment of a permanent GP to the practice would improve access and continuity of patient care.
- Staff were encouraged to attend locality group meetings such as practice management, practice nurse group and specialist health groups.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, every two months and had five/six members. They were committed to working with the practice but told us of their frustration and disappointment by the lack of engagement by the practice.
- The Patient Participation Group (PPG) had raised concerns relating to the availability and accessibility of

appointments. We reviewed the last PPG meeting minutes for 18 December 2015. The practice had agreed to obtain data on the number of appointments available and the number of patients turned away on a daily basis. We asked to see the data but it had not been collated.

- They were also awaiting a response to other concerns raised and stated they would appreciate representation from the clinical team at their meetings. The practice told us they were intending to share their business plan with the PPG during the April 2016 PPG meeting and would respond to earlier correspondence.
- The practice had gathered feedback from staff through informal conversations, meetings and appraisal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they had found it difficult due to the high turnover of clinical staff over the previous years. However, with the appointment of the new practice manager they felt more supported and involved in how to improve how the practice was run.

## 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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services. The practice had proposed a programme of clinical audits for 2016. One had been completed into accident and emergency attendances but had not been used to inform improvements.</p> <p>The registered person did not do all that was reasonable practicable to assess monitor and mitigate risks relating to the health, safety and welfare of service users. For example; a non-clinician had endorsed PGD documentation for the vaccination of children.</p> <p>The registered person did not maintain an accurate record of service users. For example; patient information had been incorrectly coded or insufficiently summarised to show it as a significant health condition.</p> <p>The registered person failed to act on feedback from relevant persons and other persons on the services provided for the purposes of continually evaluating and improving such service. The PPG reported being disappointed by the poor levels of communication, slow or absence of response to their concerns. Actions from a PPG meeting had not been addressed.</p> <p>This was in breach of regulation 17(1), (2) (a) (b) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>