

Aldborough Surgery

Quality Report

Chapel Road
Aldborough
Norfolk
NR11 7NP
Tel: 01263 768602
Website: www.aldboroughsurgery.co.uk

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

Ratings

Overall rating for this service	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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Aldborough Surgery on 22 June 2017. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events. Dispensary near misses were also recorded as significant events. However, the practice had not carried out an annual trend analysis of significant events.
- The practice had some systems in place to minimise risks to patient safety. However, we found out of date equipment on the emergency trolley. The provider took immediate action in relation to this finding on the day of our inspection.
- The dispensary did not ensure all repeat prescriptions were signed before they were dispensed. The practice did not record receipt of blank prescription pads but did track them through the practice.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice ran a training academy which held external training courses and was available to other local practices. This covered training which was deemed mandatory.
- The practice gained verbal consent for minor surgical procedures, however did not always obtain written consent.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- The practice were proactive in identifying patients with caring responsibilities, and had identified 4.4% of their patient population as carers.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had set up a Long Acting Reversible Contraception (LARC) clinic and were accepting referrals from two other local practices.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that care and treatment of patients is only provided with the consent of the relevant person.

The areas where the provider should make improvements are:

- Implement a process to ensure actions taken following risk assessments carried out are clearly documented.
- Review the system for monitoring of blank prescription stationery.
- Review trends following significant events and near misses.

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.

- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had completed a variety of risk assessments. There was a legionella risk assessment in place but the actions were not always clearly documented. The provider took immediate action in relation to this finding on the day of our inspection.
- We found out of date equipment on the emergency trolley. The provider took immediate action in relation to this finding on the day of our inspection.
- From the sample of documented examples we reviewed, we found there was a system for reporting and recording significant events. Staff we spoke with could demonstrate that action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 did not have a system to monitor trends in near misses or significant events. The provider took immediate action and provided evidence of a near miss log.
- The practice did not always ensure repeat prescriptions were signed before dispensing. The practice took immediate action and put a new protocol in place to ensure prescriptions were signed prior to dispensing.
- The practice did not record receipt of blank prescriptions into the practice; however they did track them to individual clinicians. After the inspection, the practice sent evidence of an improved tracking system that recorded receipt of blank prescriptions into the practice.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average compared to the national average. Unverified data from 2016/17 showed this had improved significantly since 2015/16.
- Staff were aware of current evidence based guidance.

Good



Summary of findings

- Clinical audits demonstrated quality improvement in areas such as the management of chronic obstructive pulmonary disease.
- Staff had the skills and knowledge to deliver effective care and treatment. There was a teaching session every month which was available to local practices to attend.
- There was evidence of appraisals and personal development plans for all staff.
- Staff contacted patients who did not attend breast or bowel screening to encourage uptake and to answer questions about the procedures.
- The practice did not gain written consent for all minor surgical procedures; however verbal consent was recorded in patient's notes. The practice took immediate action and sent evidence of a written consent form for minor surgical procedures.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the most recent national GP patient survey published July 2017 showed patients rated the practice in line with and above local and national averages for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 4.4% of the population list as carers and had offered health checks for this patient group.

Good



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. For example, the practice had a dementia champion and all staff were trained in dementia awareness.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice hosted various external groups such as Relate counselling and a physiotherapist.

Good



Summary of findings

- The practice had set up a Long Acting Reversible Contraception (LARC) clinic and the practice was accepting referrals from two other local practices. The practice were also working with the clinical commissioning group (CCG) to help set up a new community service for the LARC clinic.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The waiting room had a 'monthly focus' display which gave different information each month. At the time of the inspection, the focus was mental health.
- Information about how to complain was available and evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. However, meetings had become less frequent due to staff absence.
- Staff had received inductions, annual performance reviews and opportunities for training.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The practice had systems in place to ensure awareness of notifiable safety incidents.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the process for dispensing repeat prescriptions needed improvement to ensure all repeat prescriptions were signed before dispensing.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Requires improvement



Summary of findings

- GPs who were skilled in specialist areas used their expertise to offer additional services to patients, such as dermatology.

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 requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent 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.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs. The practice made contact with these patients to offer their services.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, a physiotherapist operated weekly from the surgery.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice worked closely with a local organisation to inform patients of a transport scheme to help patients get to appointments at the surgery and local hospitals as transport links in the area are minimal.

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 requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- The practice offered pre-diabetes screening.
- Performance for diabetes related indicators was 74%; this was 19% below the clinical commissioning group (CCG) average and 16% below the England average. The exception reporting rate was 6%, which was lower than the CCG average of 15% and the England average of 12%. The prevalence of diabetes was 6%, which was 1% below the CCG average and equal to the national average of 6%. Unverified data submitted for 2016/17 showed overall performance for diabetes related indicators had improved to 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured their care plans were updated to reflect any additional needs.
- 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 was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- From the sample of documented examples we reviewed 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. The practice also held a register of vulnerable children and followed up children who did not attend appointments.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for pregnant women and provided a room to be used for antenatal classes.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- The practice worked with midwives and health visitors to support this population group.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice held seasonal flu clinics in the school holidays for children to improve the uptake.
- The nurses were trained to offer sexual health advice.
- The practice had a member of staff that was a mentor for teenagers. This role included making them aware of the occupational roles within healthcare.
- A marriage counsellor also operated from the premises and patients were able to access this service.

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 requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice also offered telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group, including health checks for 40 to 70 year olds.
- The practice offered text message reminders for appointments and communicated with patients via email.

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 requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those registered as carers. The practice offered longer

Requires improvement



Summary of findings

appointments and an annual review for those with a learning disability and had offered 12 patients out of 22 a review. There had been an overhaul of the recall system to improve uptake of these appointments.

- 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 regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. There was also an alert on the records of vulnerable patients.
- 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.
- Reception contacted vulnerable patients by telephone to check on their welfare and remind them of appointments. The practice also printed out the next appointment details for those patients that required it.
- Staff had undertaken domestic abuse training.
- The practice offered accessible information to patients with a learning disability or sensory impairment in order to improve the practices accessible information standard.

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 requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. However there were examples of good practice:

- The practice carried out advance care planning for patients living with dementia.
- 79% of patients diagnosed with dementia had received a face to face care review in the last 12 months, which was comparable to the national average of 84% and local average of 83%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, the practice had a dementia champion.

Requires improvement



Summary of findings

- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. However, the practice had not ensured all repeat prescriptions were signed by a clinician prior to dispensing.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. 217 survey forms were distributed and 133 were returned. This represented a 61% completion rate.

- 94% of patients described the overall experience of this GP practice as good compared with the CCG average of 90% and the national average of 85%.
- 84% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. Patients commented on the excellent care received and friendly nature of the staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients commented positively on the open booking system and the caring nature of all staff. Patients commented that they felt listened to and well respected by staff.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Ensure that care and treatment of patients is only provided with the consent of the relevant person.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Implement a process to ensure actions taken following risk assessments carried out are clearly documented.
- Review the system for monitoring of blank prescription stationery.
- Review trends following significant events and near misses.

Aldborough Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a CQC pharmacist specialist, a GP specialist adviser, and a practice manager specialist adviser.

Background to Aldborough Surgery

Aldborough Surgery provides services to approximately 3,300 patients in Aldborough, a rural area in North Norfolk. The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice also works closely with a local transport charity to ensure patients are able to access the surgery and other health care locations.

The practice has one male GP partner and two female salaried GPs. There is a practice manager and a finance and facilities manager who work on site. The practice employs one nurse practitioner, one practice nurse and one healthcare assistant. Other staff include two dispensers, a dispensing manager, three receptionists, a lead receptionist, three secretaries and four administrative assistants. The practice holds a General Medical Services contract with North Norfolk Clinical Commissioning Group (CCG).

The practice works closely with a local organisation to inform patients of a transport scheme to help patients get to appointments at the surgery and local hospitals as transport links in the area are minimal.

The practice is open between 8.30am and 6pm Monday to Friday. Appointments can be booked up to six weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available to book up to one month in advance.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by Medicom. Patients can also access advice via the NHS 111 service.

We reviewed the most recent data available to us from Public Health England which showed the practice has a smaller number of patients aged 0 to 39 years old compared with the national average. It has a larger number of patients aged 50 to 84 compared to the national average. Income deprivation affecting children is 11%, which is lower than the CCG average of 13% and the national average of 20%. Income deprivation affecting older people is 11%, which is lower than the CCG average of 12% and national average of 16%. The practice have 1% of the population recorded as a non-white ethnic group. Life expectancy for patients at the practice is 82 years for males and 87 years for females; this is higher than the CCG and England expectancy which is 79 years and 83 years respectively.

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

Detailed findings

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 such as the CCG to share what they knew. We carried out an announced visit on 22 June 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, administration and dispensary staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- 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 manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we 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.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Near-miss errors were recorded as significant events. The practice did not monitor for trends to help make sure appropriate actions were taken to minimise the chance of errors occurring again. Following our inspection, the practice provided evidence of a near miss log. However, following our inspection, they told us they have planned to undertake an analysis of events.
- The practice had a plan in place to improve the sharing and learning from significant events which included an overhaul of the agendas for meetings and more regular meeting dates.
- Staff were able to explain that lessons were shared and action was taken to improve safety in the practice. For example, the reception now took specimens in a box over the counter, rather than handling them.
- We reviewed safety records, incident reports and patient safety alerts including alerts received from the MHRA). There was a system for managing patient safety alerts. We ran three alerts and checked patient records of any patients affected. All the records checked showed the patients were managed appropriately.

Overview of safety systems and processes

The practice had systems, processes and practices in place to 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 member of staff for safeguarding. The lead GP attended safeguarding meetings. Reports were provided where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level for child safeguarding (level three).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or a risk assessment was in place (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 clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC). There was an IPC protocol and staff had received up to date training. The protocol did not state who the IPC lead was or the locations of spill kits. The practice sent evidence after the inspection to show this had been updated to include the name of the lead and the location of spill kits. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, hand washing signs were in all clinical rooms

Are services safe?

as a result of the last audit. The IPC lead was not specifically trained for the role, however they had completed IPC training which the practice deemed mandatory.

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

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. The practice had audited their dispensing service showing patients giving high levels of positive feedback. Dispensing staff had completed appropriate training and had their competency annually reviewed.
- The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed. There was a variety of methods available to patients to order their repeat prescriptions. However, we found that some repeat medicines supplied at the dispensary were handed to patients before prescriptions were signed and authorised by the doctors. Following our inspection, the practice provided evidence of a new protocol to ensure all prescriptions were signed prior to dispensing.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We reviewed 11 patient records which confirmed that the procedure was being followed.
- Medicines were stored securely within the dispensary area and were only accessible to authorised staff. Records showed medicine refrigerator temperature checks were carried out to ensure medicines and vaccines requiring refrigeration were stored at appropriate temperatures. Processes were in place to check medicines following alerts and recalls of

medicines and to check medicines for expiry to ensure they were safe for use; however, records were not kept to show this. After the inspection, the practice provided evidence of a log that was implemented to record this.

- Emergency medicines we checked were within their expiry date.
- Blank prescription forms were kept securely; however, the practice did not record receipt of blank prescriptions into the practice, but did log them to clinicians. Following our inspection, the practice sent evidence of an improved system to monitor tracking of prescription pads.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had standard procedures in place that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs and the practice carried out regular audits of controlled drugs.
- One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. The nurse met with a GP daily to discuss prescribing decisions and clinical interventions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and 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, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Are services safe?

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

- There was a health and safety policy and risk assessment available.
- The practice had a fire risk assessment that had been completed in 2011. Since this date, the practice had reviewed the risk assessment annually, completed actions highlighted and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated 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 infection control. The practice had carried out a legionella risk assessment in-house. However, the actions were not always clearly documented (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice booked an external contractor to complete an additional legionella risk assessment on the day of the inspection.
- 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.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements to respond to emergencies and major incidents, however, these needed to be improved:

- 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. There were out of date items including syringes, needles and venflons (cannulas). These were removed on the day of inspection and the practice put in place a log to monitor the expiry dates of medicines and equipment on the emergency trolley. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in the dispensary of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, emergency medicines diazepam and penicillin were kept in the dispensary, rather than on the emergency trolley. After the inspection, the practice reported they had put them on the emergency trolley.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Staff spoken to could demonstrate up to date knowledge of evidence based guidance. The last meeting to discuss guidance was in November 2016. However, there was a plan in place to hold these meetings more regularly.

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 (2015-2016) were 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception reporting rate was 4% which was in line with the CCG and national averages of 6%. (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 an outlier for some QOF (or other national) clinical targets. However, this had improved when viewing unverified from 2016/17. Data from 2015/16 showed:

- Performance for diabetes related indicators was 74%; this was 19% below the CCG average and 16% below the England average. The exception reporting rate was 6%, which was lower than the CCG average of 15% and the England average of 12%. The prevalence of diabetes was

6%, which was 1% below the CCG average and equal to the national average of 6%. Unverified data submitted for 2016/17 showed overall performance for diabetes related indicators had improved to 90%.

- Performance for mental health related indicators was 67%. This was 27% below the CCG average and 26% below the England average. The exception reporting rate was 11%, which was lower than the CCG average of 19% and in line with the England average of 11%. The prevalence of mental health was 1%, which is equal to the CCG and national averages. Unverified data submitted for 2016/17 showed overall performance for mental health related indicators had improved to 100%.
- Performance for dementia related indicators was 93%, which was 6% below the CCG average and 4% below the England average. The exception reporting rate was 12%, which was comparable to the CCG average of 14% and England average of 13%. The prevalence of dementia was 1% which was equal to the CCG and national averages. Unverified data submitted for 2016/17 showed overall performance for dementia related indicators had improved to 100%.
- The performance for depression related indicators was 100%. This was 5% above the CCG average and 8% above the England average. The exception reporting rate was 19%, which was lower than the CCG average of 25% and England average of 22%. The prevalence of depression was 6% which was lower than the CCG prevalence of 7% and the national prevalence of 8%.

The overall performance for QOF from the unverified data for 2016/17 had improved from 89% to 98%. The practice had an action plan in place from last year which included an overhaul of the patient recall system. There was now a monthly recall system to ensure patients were followed up in a systematic way by the practice. The practice had a delegated person responsible for the recall of patients. This recall included a phone call and letters to remind patients to attend for annual check-ups.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included increased referrals of patients with chronic obstructive pulmonary disease to pulmonary rehabilitation.

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 staff. This covered such topics as safeguarding, 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, the practice held a training afternoon every month on areas such as domestic abuse. The practice ran a training academy which was available to other practices. This offered external courses for training that was deemed mandatory.
- 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, by access to on line resources and informal discussion.
- The learning needs of staff were identified through a system of appraisals. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. For example, the advanced nurse practitioner met with a GP every day for clinical supervision. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training once per month. The practice ran a training academy which held external training courses and was available to other practices. This offered external courses for training that was deemed mandatory.

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.
- From the sample of four documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going 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 last multidisciplinary meeting had taken place in February 2017; there was also evidence of informal discussions taking place. The practice had an action plan in place to meet more regularly, which included changing the day of the meetings, a new agenda plan and informing external services of the meeting dates as soon as possible.

The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice did not formally support any of the local care homes however the practice offered home visits for those patients at the end of life.

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.

Are services effective?

(for example, treatment is effective)

- The practice had written consent for the implant of coils; however there were not written consent forms for other minor surgical procedures. The practice had recorded verbal consent in the notes for these procedures. After the inspection, the practice provided evidence of a new consent form that would be used for all minor surgeries and planned to implement this.

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, and the practice actively offered carers health checks.
- A midwife, counsellor and physiotherapist were available on the premises so that patients requiring these services could be seen at the practice.

The practice's uptake for the cervical screening programme was 79% which was comparable to the CCG average of 85% and the England average of 82%. Patients who did not attend for their cervical screening test were followed up to encourage attendance. The practice telephoned these patients to ask why they had not attended and offered information regarding the testing procedure. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 64% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was comparable to the CCG average of 64% and the England average of 58%.
- 78% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was comparable to the CCG average of 80% and an England average of 73%.

Childhood immunisation rates were above CCG and England averages in all domains. Flexible appointments were available for patients receiving childhood immunisations and the practice also held immunisation clinics.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74. The practice had offered 283 checks and completed 153 which represented 54%. The practice had 22 patients registered with a learning disability and had completed health checks for four of these patients. 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 observed that 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.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 28 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a caring and effective service that was personalised to each patient.

We spoke with five patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded positively and kindly to patients and staff attitude was reported to be excellent.

Results from the national GP patient survey, published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with and above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them, which was comparable with the clinical commissioning group (CCG) average of 92% and national average of 89%.
- 88% of patients said the GP gave them enough time, which was comparable to the CCG average of 89% and the national average of 86%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern which was comparable to the CCG average of 89% and the national average of 86%.
- 97% of patients said the nurse was good at listening to them compared with the CCG average of 94% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern which was higher than the CCG average of 94% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% 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 and were given thorough explanations of medications and tests. 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 and were able to discuss more than one issue in a consultation. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey, published in July 2017, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with and above local and national averages. For example:

Are services caring?

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care which was higher than the CCG average of 86% and national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments which was higher than the CCG average of 93% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care which was higher than the CCG average of 88% and national average of 85%.

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. We saw notices in the reception areas informing patients this service was available. The sign in screen had different languages available.
- Information leaflets were available in easy read format.
- There was information in the waiting room to inform patients of any changes in the practice. The practice had a 'monthly focus' which promoted information for key areas such as mental health.

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. This included information on carers, dementia, stroke, cancer, youth clubs and pregnancy. 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 151 patients as carers (4.4% of the practice list). Approximately 50% of these patients had received an annual review. There had been an overhaul of the recall system to improve uptake of these appointments. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. For example, the practice had identified carers who found it difficult to get to the surgery and had provided information on support groups, as well as offering flexible appointments.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Feedback from patients regarding the bereavement care at the practice was positive.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients when requested. Clinicians would deal with more than one issue in a consultation which patients commented positively on.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were carried out by a GP.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice had a dementia champion and all staff were trained in dementia awareness.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message and email reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, including interpretation services, available.
- The practice offered rooms to Relate counselling and well-being to ensure patients requiring these services could be seen close to home. They also offered rooms to a physiotherapist and a midwife.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, the reception had a lower counter for patients who used wheelchairs.
- The practice offered an intrauterine device or coil fitting service. The practice had set up a Long Acting Reversible Contraception (LARC) clinic and the practice was accepting referrals from two other local practices. The practice was also communicating with the local clinical commissioning group (CCG) in order to assist setting up a new community service for the LARC clinic.

- There were free chlamydia testing kits in the patients' toilet.
- A member of staff was undertaking a mentorship programme with the local secondary school in order to educate young people about opportunities in primary care.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. The practice operated an 'open surgery' between 8.30am and 10.30am daily when patients could turn up without an appointment. Feedback from patients on the day of inspection was positive regarding this system.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was generally higher compared to local and national averages.

- 84% of patients were satisfied with the practice's opening hours which was higher than the CCG average of 79% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone which was significantly higher than the CCG average of 77% and the national average of 71%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 84%.
- 89% of patients said their last appointment was convenient compared with the CCG average of 88% and the national average of 81%.
- 84% of patients described their experience of making an appointment as good which was higher than the CCG average of 80% and the national average of 73%.
- 62% of patients said they don't normally have to wait too long to be seen, which was comparable to the CCG average of 67% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and could book in with a GP of choice. The feedback regarding the appointment system was largely positive from patients on the day of inspection.

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

The practice had a system to assess:

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

A GP reviewed all patients requesting a home visit and assess whether these were clinically appropriate. A GP carried out all home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.

- 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. Complaints leaflets were available in the waiting room.

The practice had received two complaints in the last 12 months and we found these had been handled satisfactorily and had been dealt with in a timely way. The practice offered an open and transparent response to complaints. Lessons were learned from individual concerns and complaints and taken to as a result to improve the quality of care. For example, one complaint had led to a review of the confidentiality policy. The practice had discussed this and shared learning was evident in discussions with staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. The vision was 'we aim to provide efficient, effective and sympathetic healthcare to approximately 3,200 registered patients. We offer traditional values combined with the best medical and administrative practice'.

- The practice had a mission statement which was not displayed on the practice website or in the waiting areas. Staff spoken to knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and care:

- 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 such as chronic disease management, safeguarding and infection prevention and control (IPC).
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, the infection prevention and control policy lacked practice specific information.
- The practice had a comprehensive understanding of its performance. The practice had an organisational structure; they acknowledged that meetings had become less frequent due to staff absence; however, they had an action plan in place to ensure that meetings would be held more frequently to enhance safety and learning.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements in areas such as chronic obstructive pulmonary disease care and referral to external organisations.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, although the process for dispensing repeat prescriptions needed improvement to ensure all repeat prescriptions were signed before dispensing.

- We saw some evidence that demonstrated lessons were learned and shared following significant events. The last meeting held to discuss significant events was in February 2017. However, staff spoken to were able to share outcomes and learning from recent events and the practice had an action plan in place to implement regular meetings with a new structure.

Leadership and culture

On the day of inspection the management team told us they prioritised safe, high quality and compassionate care. Staff told us the management team were approachable and always took the time to listen to all members of staff, and were supportive and enthusiastic. The practice were implementing an improved meeting structure and agenda that ensured meetings were held more regularly to enhance safety and learning.

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). The management team encouraged a culture of openness and honesty. From the sample of two documented examples we reviewed we found that the practice 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 kept written records of verbal interactions as well as written correspondence.

There was a leadership structure and staff felt supported by management:

- The practice had not held a multidisciplinary meeting since January 2017. The practice were aware meetings were required more often and reported they hadn't been held due to a change of dates and staff absence; however we saw evidence of informal discussions. The practice had an action plan in place to start more regular meetings and had a revised agenda system.
- The practice held monthly team training events that involved the whole practice and staff from other local practices to encourage learning.

Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues directly with management. Staff reported regular social events were organised by the management team.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. 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.

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 the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had set up a waste management campaign to educate patients on

medicines waste. The PPG meetings were attended by the practice manager and a GP. The group had eight core members and 70 virtual members who were contacted by email.

- The NHS Friends and Family test, complaints and compliments received.
- Staff through informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the staff were regularly asked about their training needs prior to the training day which was held once a month.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and planned to upskill staff. For example, two members of staff wanted to train to become healthcare assistants and a practice nurse and the practice was planning to support them through the training.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The equipment being used to care for and treat service users was not all safe for use. In particular: <ul style="list-style-type: none">• There was out of date equipment on the emergency trolley. There was not always proper and safe management of medicines. In particular: <ul style="list-style-type: none">• Repeat prescriptions were not signed prior to dispensing.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The care and treatment of service users was not being provided with the consent of service users. For example: <ul style="list-style-type: none">• The provider user was not obtaining written consent where needed, for example, in relation to minor surgery, not including the fitting of coils.