

Friary House 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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Requires improvement	
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 follow up inspection at The Friary House Surgery on 27 April 2016. Overall the practice is rated as requires improvement.

We found that improvements had been made since the previous inspection of June 2015 when the practice had been rated as inadequate and was placed into Special Measures.

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

- The practice had put in place new policies and procedures to make improvements following the last inspection; some of the new arrangements were at an early stage and had not been fully embedded into the practice.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.

- Patients said, although sometimes difficult to get through by telephone they had contact with a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The partners were keen to show the progress made and we saw that they had made improvements and been very engaged with the process.
- Risks to patients were assessed and well managed, with the exception of those relating to infection control.

The areas where the provider must make improvements are:

- Ensure that all staff undertaking chaperone duties have a DBS check or a risk assessment to ensure patient safety is fully considered.
- Ensure more effective governance arrangements are put in place to monitor and improve the quality of services provided to patients.

Summary of findings

- Ensure systems are in place to monitor patients prescribed with high risk medicines prior to re-prescribing. Continue to monitor fridge temperatures to ensure medicines are stored safely and review staff awareness of medicines protocols in regard of vaccine storage.
- Ensure patient access to services and appointments are reviewed and improved to support improvements in patient satisfaction.

In addition the provider should:

- Review processes for clinical audits or quality improvement initiatives including staff awareness of infection control audits.

- Review the management of verbal complaints as part of the overall complaints management process.
- Review systems to identify record and support patients who are also carers.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service

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.

Requires improvement



- There were systems in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

Patients were at risk of harm because systems and processes had weaknesses and were not implemented in a way to keep them safe. For example, we found that not all staff who acted as chaperones had been trained for the role and not all had received a disclosure and barring check (DBS) or risk assessment to ensure patients were supported safely. (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).

- Not all aspects of the management of medicines at the practice were well organised or in line with requirements; for example, vaccines were not monitored or stored safely at required temperatures.
- An infection control audit had been carried out however, areas of concern had not been identified; for example, disposable dignity curtains had not been changed at the six monthly interval as stated in the practice's infection control policy.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Summary of findings

- There was evidence of appraisals and personal development plans for staff; however, these were not completed for all staff. A programme of appraisal was planned for the month of birth for all staff annually.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 77.7% say the last GP they saw or spoke to was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89.8%. We noted some areas had improved since our last inspection.
- Patients said they were treated with compassion, dignity and respect and 74.6% of patients said they were involved in decisions about their care and treatment compared to the CCG average of 87.44%
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

Requires improvement



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Access to appointments required improving. Information from the national GP patient survey showed 50% of patients stated they found it easy to get through to this practice by phone compared to the national average of 73%. This was corroborated by some patients we spoke with during the inspection
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. Issues identified included governance arrangements for;
- Disclosure and Barring Services (DBS) checks or risk assessments were in place for staff required to act as chaperones.
- monitoring of medicines fridge temperatures and emergency equipment/medicines logging.
- monitoring infection control policies as well as replacing dignity curtains.
- ensuring staff awareness of infection control audits were effectively and widely communicated
- ensuring staff awareness of medicines protocols in regard of vaccine storage is effectively communicated.
- reviewing processes for clinical audits.
- reviewing appraisal plans to ensure all staff are included in a timely way and are kept aware of the stage in the cycle they are in.
- reviewing national GP patient survey results and patient feedback in regard of access to services and clinical support.
- reviewing the management of verbal complaints as part of the overall complaints management process.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was newly formed and as yet productive.

Requires improvement



Summary of findings

- Not all staff had received regular performance reviews or attended staff meetings and events

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out medicine reviews for patients over the age of 75 years.

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered anxiety and depression assessments for patients with long term conditions

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 requires improvement for safety, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were 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, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services for example, on line repeat prescriptions and on line access to records.
- The practice offered a full range of health promotion and screening that reflects 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 requires improvement for safety, responsive and for well-led. The issues identified as requires 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 96% of patients diagnosed with a mental health issue had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average/ worse than the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had sourced a counsellor to provide a service at the practice to support patients experiencing mental health problems.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 national averages. 252 survey forms were distributed and 113 were returned. This represented about 1% of the practice's patient list. Information from the survey was variable and showed;

- 50% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- 69% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients had written comments which included praise for staff professionalism, and their kind and caring behaviour. However, one card commented that due to the high workload of the GPs there was little face to face contact and a second card commented on not always seeing the same GP for continuity of care.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that all staff undertaking chaperone duties have a DBS check or a risk assessment to ensure patient safety is fully considered.
- Ensure recruitment arrangements include all necessary employment checks for all staff, including DBS checks prior to employment.
- Ensure more effective governance arrangements are put in place to monitor and improve the quality of services provided to patients.
- Ensure systems are in place to monitor patients prescribed with high risk medicines prior to re-prescribing and to monitor fridge temperatures to ensure medicines are stored safely and review staff awareness of medicines protocol in regard of vaccine storage

- Ensure access to services and clinical support appointments are reviewed and improved.

Action the service **SHOULD** take to improve

- Review staff awareness of infection control audits
- Review processes for clinical audits or quality improvement initiatives.
- Review appraisal plans to ensure all staff are included in a timely way and are kept aware of the stage in the process they are in.
- Review the management of verbal complaints as part of the overall complaints management process.
- Review systems to identify record and support patients who are also carers.
- The practice should consider how patients can access the service and how the information is provided

Friary House 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 GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Friary House Surgery

The Friary House Surgery provides primary medical services to people living within the inner city of Plymouth. The practice also has patients living on the outskirts of the city. The practice's population was in the third most deprived decile for deprivation. The lower the decile the more

deprived an area is. There is a practice age distribution of male and female patients' broadly equivalent to national average figures. Average life expectancy for the area is broadly inline with national figures with males living to an average age of 77 years and females to 82 years. About 16% of the practice's patients are over the age of 65 years compared to a CCG average of about 22%; most patients at the practice are of working age. Unemployment amongst the practice's patients was higher (6.2%) than the CCG average (4%).

At the time of our inspection approximately 10,730 patients were registered at the practice. There are five GP partners, four male and one female, who provided a total of 30 patient sessions each week. There is also a salaried GP who provides an additional eight sessions each week at the

practice. The GPs are supported by a managing partner, three nurses, two healthcare assistants, a phlebotomist (a person trained to take blood) and additional administrative staff.

Patients using the practice also have access to community staff including district nurses, health visitors, and counsellors. A midwife is based at the practice two days a week.

The practice is open from Monday to Friday, between the hours of 8am and 6pm. Appointments and telephone calls are available between 8:30am to 6pm with extended hours on alternate Saturdays between 8am and 10:30am. GPs offered patients telephone consultations, appointments and performed home visits where appropriate.

During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to talk to an Out of Hours service delivered by another provider.

The practice has a Primary Medical Services (PMS) contract.

The following regulated activities are carried out at the practice; Treatment of disease, disorder or injury; Surgical procedures; Family planning; Diagnostic and screening procedures; Maternity and midwifery services. These services are provided from the provider's sole location; Friary House Surgery, Beaumont Road, St Judes, Plymouth. PL4 9BH.

Why we carried out this inspection

On the basis of the findings at the comprehensive inspection undertaken on 4 June 2015 we placed the

Detailed findings

provider into special measures. (Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled).

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 27 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff and spoke with a patient who used the service.
- Observed how patients were being cared for,
- 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

During our previous inspection in June 2015 we identified concerns across a number of areas including patient safety. We saw improvements had been made however areas still required improvement.

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a child received a repeated immunisation (No harm came to the patient). A review of processes took place, it was agreed that immunisations would not be given if a red book was not produced prior to the immunisation. Parents when booking the appointment, were requested to bring in their red book. The Red Book is a personal child health record and contains baby's details and information on their growth and development and is also where immunisations were detailed.

Overview of safety systems and processes

During this inspection we looked at the areas of concern regarding safe working practices the provider and staff had

implemented since the last inspection undertaken by us on 4 June 2015. Systems were not fully embedded meaning the practice did not have sufficient processes and practices in place to keep patients safe which included:

- Reception staff were potentially being used as chaperones. We noted in the staff meeting notes of March 2016 that a question was raised about 'could a receptionist be used as a chaperone as they had received no training'. The minutes showed the practice manager had agreed that it was okay if the patient was happy. We were told that these staff members had not been DBS checked and there was no formal risk assessment in place for non checked staff to act as chaperones, potentially compromising patient safety.

A notice in the waiting room advised patients that chaperones were available if required. The practice policy dated May 2015 stated that the nurses and practice manager were able to act as chaperones. These staff members were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

At our inspection in June 2015 we found gaps in systems to reduce the risk of cross infection to patients. For example, records showed that no infection control training for staff had taken place at the practice, and infection control audits had not been carried out, although were planned for the near future. We observed at this inspection the premises to be clean and tidy. An outside contractor was used. The practice manager was the infection control lead who liaised with the local infection prevention teams to keep up to date with best practice and the practice nurse was the infection control clinical lead. Since the last inspection an infection control protocol had been implemented and staff had received up to date training.

- The practice manager had undertaken an infection control audit in May 2015. We saw evidence that action was taken to address improvements identified as a result; for example, the replacement of hand operated taps with elbow operated taps had commenced. However, on the day of the inspection staff were unaware of the results of the audit and unclear of the action plan to improve infection control.

Are services safe?

- We noted paper dignity curtains dated June 2015 had not been replaced at the six monthly intervals stated in the practices infection control policy; and pillows used in the GP consulting rooms were not adequately covered, indicating a potential infection control risk.

Although processes were in place for the management of medicines we found that these were not always followed..

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, we found that a refrigerator storing vaccines had been storing vaccines outside the safe recommended temperatures of 2 to 8 degrees centigrade as stated in the national guidelines. Specifically, between the dates of 1 March 2016 and 5 April 2016 the maximum reading was 13 degrees centigrade and between 6 April and 18 April 2016 the maximum reading was recorded as 9 degrees centigrade; meaning the vaccines may be less effective in preventing illnesses.
- The vaccine safety and cold chain storage guidance displayed on the fridge included to record on the log known reasons of fluctuation in temperature. No explanation for the raised temperature had been recorded on the sheets given to the manager. A staff member told us that they had been told not to worry about fridge temperatures unless above 8.5 degrees. We noted no actions had been taken in response to the raised fridge temperatures.
- Robust systems were not in place to recall patients prescribed with high risk medicines for blood monitoring before repeat medicine prescriptions were issued.

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. The GPs provided reports where necessary for other agencies. Staff demonstrated

they understood their responsibilities and all had received e-learning training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

We reviewed six personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional bodies. Not all checks through the Disclosure and Barring Service had been completed, however the practice manager was in the process of completing these.

Monitoring risks to patients

At our previous inspection we found records showed that staff were not up to date with annual fire training and fire drills and portable electrical equipment and calibration of relevant equipment were out of date and overdue testing.

- We saw the practice had a fire risk assessment carried out by an external contractor which was dated 25 April 2016. The practice were awaiting the results of the assessment. A fire drill had been carried out on 13 January 2016. All electrical equipment was checked in July 2015 to ensure the equipment was safe to use and clinical equipment was checked in January 2016 to ensure it was correctly calibrated and working properly.

At this inspection we saw that there were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office; however, it did not identify the local health and safety representatives.

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. The practice had recognised the need to employ a nurse practitioner and additional administrative staff. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Are services safe?

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.

Staff had undertaken 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 were available. Emergency medicines were easily accessible to staff in a secure area of the

practice and all staff knew of their location. All medicines we checked were in date and stored securely. However, we noted there was no systematic approach in the area the medicines and equipment were kept to record when checks were made or who carried out the checks. A spreadsheet was held by the practice manager which indicated checks were being made; however, it was not possible to identify who had checked the medicines or equipment and therefore identify where errors might occur.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed in April 2016 and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

During our previous inspection in June 2015 we identified concerns across a number of areas including effective care and treatment. We saw improvements had been made.

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 results provided by the practice were 95% of the total number of points available.

We had QOF data related to the period up to March 2015; our previous inspection took place in June 2015 therefore the results would not reflect any progress made since then. We asked the practice to show us what progress had been made against the 2015/2016 QOF targets. In most cases the practice was progressing well and had improved arrangements for monitoring performance. One of the GP partners had taken up lead responsibility for QOF and a member of the administrative team had dedicated time to manage the recall system and book patients in for the review appointments.

At our inspection on 4 June 2015 we found that formal monitoring and systematic ways of improving outcomes for patients had not been taking place. During this inspection we found that the processes for chronic disease management and recall systems had been put in place, patients were being asked to attend the practice for monitoring during the month of their birthday.

There was evidence of quality improvement including clinical audit. Ten audits had been completed. We looked at two clinical audits, these were completed audits where the improvements made were implemented and monitored.

An initial audit in 2014 demonstrated that a number of patients were on higher than the recommended dose and actions were taken to rectify this. This audit was repeated again in 2015 and a further patients were found on the higher dose.

The practice participated in local audits, national benchmarking, and findings were used by the practice to improve services. For example, recent action taken as a result included auditing the correct dosage of a medicine to patients over 65 years. Systems were put in place on the computer to alert GPs when prescribing this medicine. Another audit in April 2016 demonstrated that no patients were being prescribed the higher dose.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. We were informed that all staff had received an appraisal in

Are services effective?

(for example, treatment is effective)

the last 12 months, however, one staff member told us that they had completed their pre-appraisal form so their appraisal must be imminent. We were later informed a programme of appraisal was planned for the month of birth for all staff annually.

- 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 and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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.

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.
- A GP offered acupuncture for pain relief for conditions such as migraine and joint pain.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients, well women and well man clinics. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had plans to set up an in house diabetes education and support programme to support patients to take ownership of diabetes and to organise in house supervision from external diabetes nurses to train practice staff to initiate insulin therapy

Are services caring?

Our findings

During our previous inspection in June 2015 we identified concerns across a number of areas including providing a caring environment, which required improvements. We saw improvements had been made.

Kindness, dignity, respect and compassion

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

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

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 123 patients as carers (1% of the practice list). They offered health checks and advice on the practice website. Written information was available within the practice to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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

During our previous inspection in June 2015 we identified concerns across a number of areas including being responsive to patient needs. We saw improvements had been made but services still required improvement.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered additional pre booked telephone appointments and face to face appointments on alternate Saturday mornings for patients who could not attend during normal opening hours.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments and telephone calls were available between 8.30am and 6pm. Extended hours on alternate Saturdays between 8am and 10.30am. GPs could pre-book appointments up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 50% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were aware of the lower results and were auditing the effectiveness of the telephone triage system. A survey carried out in October 2015 showed that from a list of 442 patients triaged with telephone consultations, four patients went on to accident and emergency or minor injury services within three day and 438 patients were dealt with successfully on the telephone and did not re engage with the same problem. 99% of patients were dealt with successfully by triage. However, patients said they were not happy with access to appointments. We noted there were no concrete plans (despite the practices survey') to evolve their use of the Dr First system which appeared not to be working for about 50% of patients.

As part of their plan to improve access to appointments the practice had organised a coffee morning, with press coverage, using the time to explain the triage system to patients as well as explaining about other ways to access the service such as online bookings.

The practice had a system in place to assess:

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

All patient calls were monitored by the GPs.

Listening and learning from concerns and complaints

The practice had systems in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system.

We looked at seven complaints received in the last year and found these were satisfactorily handled and dealt with in a timely way, showing openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. However, we noted verbal complaints were handled at reception and no formal notes were kept of these complaints to enable the practice to identify trends, development areas or possible training needs.

Are services well-led?

Requires improvement 

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

Our findings

During our previous inspection in June 2015 we identified concerns across a number of areas including providing effective leadership and governance. We saw improvements had been made however, other areas required improvement.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was to care for the well being in body, mind, spirit and relationships. Staff knew and understood the values.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

We saw that improvements had been made across a number of areas; however, some remained weak and the delivery of high-quality care was not assured by the leadership and governance in place. The practice did not have embedded systems in place to support an overarching governance framework which supported the delivery of the strategy and good quality care.

Areas which required on going review were;

- Governance arrangements for Disclosure and Barring Services (DBS) checks or risk assessments are provided for staff who are required to act as chaperones.
- Governance of infection control policies including replacing dignity curtains.
- Governance arrangements to ensure staff awareness of infection control audits were effectively communicated
- Governance arrangements to review processes for clinical audits.
- Governance arrangements to review appraisal plans to ensure all staff are included in a timely way and are kept aware of the stage in the cycle they are in.
- Governance arrangements to review national GP patient survey results and patient feedback in regard of access to services and clinical support.

- Governance arrangements to review the management of verbal complaints as part of the overall complaints management process.

Positively we noted practice specific policies were implemented and were available to all staff.

Leadership and culture

The partners in the practice had the capability to run the practice but lacked the capacity to ensure high quality care was being provided by all staff. They aspired to provide safe, high quality and compassionate care but poor governance procedures restricted their ability to provide this. Staff said the partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and 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

Are services well-led?

Requires improvement 

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

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 patient participation group was in its infancy, they had two members and were looking at ways to recruit more patients and develop their role.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. At our inspection in June 2014 reception staff told us that they did not attend meetings. The practice had now introduced meetings for all staff, the first being held on 16 March 2016. Minutes of weekly business meetings

were now made available for staff to view. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

The practice had arrangements in place to take Medical Students in September 2016.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Medicines requiring refrigeration were not being stored at the correct temperature• Systems were not in place to monitor patients prescribed with high risk medicines
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider should assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Disclosure and Barring Services (DBS) checks for chaperones and clear processes for ensuring recruitment included DBS checks before staff commenced their role were not in place• Staff were not aware of the findings of the infection control audits.• Governance arrangements to review processes for clinical audits were not in place.

This section is primarily information for the provider

Requirement notices

- Governance arrangements to review appraisal plans to ensure all staff are included in a timely way and are kept aware of the stage in the cycle they are in.
- Governance arrangements were not in place to review national GP patient survey results and patient feedback in regard of access to services and clinical support.
- Systems were not in place to review the management of verbal complaints as part of the overall complaints management process.

Regulation 17 (1)