

Dr William Paul Arnett

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

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 a previous announced comprehensive inspection of Dr William Paul Arnett on 2 November 2015 when breaches of legal requirements were found. Overall we rated the practice as inadequate and the practice was placed into special measures. After the inspection, the practice wrote to us to say what action they intended to take to address the identified breaches of regulation.

We undertook this comprehensive inspection on 27 September 2016 to check that the practice had taken this action and to confirm that they now met legal requirements. You can read the

report from our last comprehensive inspection by selecting the 'all reports' link for Dr William Paul Arnett on our website at www.cqc.org.uk

Overall, the practice is now rated as good.

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

- The practice had enlisted support from the local clinical commissioning group to make improvements following the previous inspection in November 2015. We found that the practice had made good progress and had either addressed or were in the process of addressing all of the issues previously identified.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- The practice had implemented a schedule of clinical audit activity and were able to demonstrate improvements to patient care as a result of this.
- Feedback from patients about their care was consistently positive. Patients reported that they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested. Pre-bookable appointments were available within acceptable timescales.

Summary of findings

- The practice had a number of policies and procedures to govern activity, which were reviewed and updated regularly.
- The practice had implemented a patient participation group and responded appropriately to feedback from patients.
- Information about services and how to complain was available and easy to understand.
- The practice had developed a clear vision with staff to prioritise quality and safety.

We saw an area of outstanding practice:

- As the practice were aware that they a high number of asylum seekers and refugees on their patient list they had established links with other relevant service providers such as the refugee council and an organisation dedicated solely to the treatment and rehabilitation of torture survivors. The practice nurse was undertaking training in improving access to healthcare for migrants.

However, there were areas where the provider needs to make improvements.

Importantly, the provider should:

- Implement a robust system to monitor the performance of the practice, including regular monitoring of Quality and Outcomes Framework (QOF) attainment.
- Maintain a record of whether staff are up to date with routine immunisations and that staff at risk of injury from blood contaminated sharps are offered a Hepatitis B and influenza vaccination in line with recommended guidance.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service. However, we are aware that NHS England have terminated their contract with this provider since our inspection and that services for patients registered with this practice have now transferred to an alternative provider.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

The practice had taken action to address the concerns raised during our previous inspection in November 2015 when they were rated as inadequate for this domain. They had implemented systems that would support them to demonstrate a safe track record. This included:

- Implementing a significant event policy and procedure and signing up to the local SIRMS (Safeguard Incident and Risk Management System) system to help identify and report recurrent trends and themes. Staff were aware of their roles and responsibilities in relation to this and there was evidence of significant events being discussed and reviewed regularly.
- Ensuring that an appropriately trained chaperone was always available should patients request this service
- Arranging for all staff to have undertaken a Disclosure and Barring Service (DBS) check.
- Reviewing and strengthening the arrangements to ensure the safe management of medicines requiring refrigeration.
- Developing a fully comprehensive infection control policy and procedure and carrying out infection control audits.
- Ensuring that the supply of emergency medicines held on site conformed with recommended guidance.

Although there were some systems in place to monitor risks to patients and staff, the practice did not have a register of staff vaccinations or record of staff being offered Hepatitis B and influenza immunisations in line with national guidance.

When there were unintended or unexpected safety incidents, patients appeared to receive reasonable support, truthful information, and verbal or written apologies. The practice was clean and hygienic.

Good



Are services effective?

The practice is rated as good for providing effective services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as requires improvement for this domain. This included:

- Implementing a programme of clinical audit activity which led to improvements in patient outcomes.

Good



Summary of findings

- Ensuring that all hospital discharge information was reviewed by a GP.
- Completing the GP appraisal and revalidation process.

We also found that systems were in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework showed that the practice's performance was lower than local clinical commissioning group (CCG) and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring effectiveness and had achieved 90.8% of the point's available (local CCG average 95.7% and national average 94.7%) for the period 2014/15 (the most recently published data). This showed a slight improvement from the previous year (2013/14) when the practice achieved 89.1%. Information provided by the practice indicated that they had achieved 90.1% for 2015/16 (data yet to be published).

Achievement rates for cervical screening, flu vaccination and the majority of childhood vaccinations were comparable with local and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Although the practice was rated as good during our previous inspection we had concerns that patient confidentiality could be compromised in the treatment room as discussions could be overheard in the small waiting area outside of this room. The practice had since taken the decision not to use this waiting area and all patients were now asked to wait in the main waiting room.

Patients we spoke with during the inspection and those that completed Care Quality Commission comments cards said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment. Information for patients about the service was available. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Results from the National GP Patient Survey published in July 2016 (the latest results available at the time of our inspection) were comparable with local CCG and national averages in respect of providing caring services. For example, 88% of patients who

Good



Summary of findings

responded to the survey said the last GP they saw or spoke to was good at listening to them (CCG and national 89%) and 96% said the last nurse they saw or spoke to was good at listening to them (CCG average 94% and national average was 91%).

The practice was proactive in the identification and support of carers and had identified 62 of their patients as being a carer (2.8% of the practice patient population). Of these patients, 84% had received an influenza immunisation.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as requires improvement for this domain. This included:

- Establishing a patient participation group who met regularly and were involved in the development of the practice.
- Ensuring that arrangements were in place for a female locum GP to attend the practice should a patient specifically request an appointment with a female GP.
- Reviewing and increasing appointment availability which now included pre bookable telephone appointments.

The practice had good facilities and was well equipped to treat patients and meet their needs.

The practice's scores in relation to access in the National GP Patient Survey (July 2016) were generally higher than local and national averages. The results showed that 88% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%). The percentage of patients who found it easy to get through to the surgery by phone was 82% (CCG average 79%, national average 73%) and 74% said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average of 65%).

The practice was able to demonstrate that they monitored the needs of their patients and responded appropriately. For example:

- The practice was in the process of ensuring that patients with more than one long term condition were offered one annual review in their birthday month.
- Patients with a learning disability were offered an annual review and flu vaccination
- As the practice had a high number of patients who were refugees or asylum seekers they had established links with the

Good



Summary of findings

refugee council and an organisation dedicated solely to the treatment and rehabilitation of torture survivors. The practice nurse was undertaking training in improving access to healthcare for migrants.

Are services well-led?

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

The practice had taken action to address the concerns raised during our previous inspection in September 2015 when they were rated as inadequate for this domain. This included:

- Developing a mission statement and business development plan with contribution from the whole staff team
- Reviewing and updating policies and procedures
- Implementing a schedule of meetings
- Improving clinical audit activity to lead to improvements in outcomes for patients

The practice now had a clear 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 this.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings. However, we were still concerned that there was a lack of oversight of how the practice was performing in terms of the management of common long term conditions and that clinical leadership was distant and not as effective as it could have been.

The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Requires improvement



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 good for the care of older people.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with heart failure. This was above the local clinical commissioning group (CCG) average of 98.7% and the England average of 97.9%.

Patients aged over 75 were offered an annual health check and influenza, pneumococcal and shingles immunisations when appropriate. The practice had a palliative care register and held and attended regular multi-disciplinary meetings to discuss and plan end of life care. This involved the development of personalised emergency health care plans in conjunction with patients and their families and carers.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions.

Longer appointments and home visits were available when needed. The practice's computer system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively. The practice was in the process of ensuring patients with multiple long term conditions were offered one joint annual review in their birthday month. The practice had taken steps to ensure patients prescribed certain drugs by secondary providers were appropriately monitored through the use of shared care agreements.

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice had achieved mixed outcomes in relation to the conditions commonly associated with this population group. For example:

- The practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average.
- The practice had obtained 100% of the points available to them in respect of hypertension (0.5% above the local CCG average and 2.2% above the national average).

Good



Summary of findings

- The practice had obtained 77.4% of the points available to them in respect of diabetes (16.1% below the local CCG average and 11.8% below the national average).
- The practice had obtained 80.3% for chronic kidney disease (15.5% below the local CCG average and 14.4% below the national average).

QOF results provided by the practice for the period 2015/16 (not yet published) showed that the practice had improved slightly and had obtained 78% of the points available for diabetes and 100% of the points available to them for chronic kidney disease.

Families, children and young people

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

The practice had identified the needs of families, children and young people, and put plans in place to meet them. There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 91.7% to 100% (compared with the CCG range of 93.7% to 96.9%). For five year olds this ranged from 85.7% to 95.2% (compared with CCG range of 94.7% to 98.9%).

At 80.5%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81.7% and national average of 81.8%.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been met. The surgery was open from 7.30am to 6pm

Good



Summary of findings

on a Monday, 8am to 6pm on a Tuesday, Wednesday and Friday and 7.30am to 1pm on a Thursday. The GP remained 'on-call' on a Thursday afternoon up to 6pm to deal with emergency appointment requests.

The practice offered smoking cessation and weight management advice, minor surgery, NHS health checks (for patients aged 40-74) and long term condition clinics.

The practice offered online services as well as a full range of health promotion and screening which reflected the needs for this age group. A text messaging service was available to remind patients of their appointments.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Longer appointments were available on request for patients with a learning disability, who were also offered an annual flu immunisation and health review.

The practice had established effective working relationships with multi-disciplinary teams in the case management of vulnerable people. 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 and out of hours.

The practice pro-actively identified carers and ensured they were offered flu vaccinations, health checks, appropriate advice and support. At the time of our inspection they had identified 62 of their patients as being a carer (approximately 2.8% of the practice patient population). Of these patients 52 had received an annual flu vaccination (84%) and 38 had received a carer's assessment (61%).

As a high number of asylum seekers and refugees were registered with the practice they had established links with relevant service providers such as the refugee council and an organisation dedicated solely to the treatment and rehabilitation of torture survivors. The practice nurse was undertaking training in improving access to health care for migrants.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

Nationally reported QOF data for 2014/15 showed the practice had achieved 76.9% of the points available to them for caring for patients with dementia (CCG average 95.5%, national average 94.5%) and 100% of the points available to them for depression (CCG average 95.7%, national average 92.3%). They had achieved 73.7% for patients with mental health conditions which was below the CCG average of 91.8% and national average of 92.8%. However, the practice were able to provide evidence to demonstrate they had improved and that they had obtained 88% of the QOF points available to them for dementia, and 81% of the points available for mental health conditions for 2015/16 (results not yet published).

Patients experiencing poor mental health were sign posted to various support groups and third sector organisations, such as local wellbeing and psychological support services.

The practice had undertaken an audit to establish how dementia friendly they were which had resulted in alterations to the patient toilet and the addition of illustrated door and wall signs. A member of staff had been identified as a dementia champion.

Summary of findings

What people who use the service say

The results of the National GP Patient Survey published in July 2016 showed patient satisfaction was mixed but generally comparable with or higher than average. Of the 295 survey forms that were distributed, 108 were returned. This was a response rate of 37% and represented approximately 4.9% of the practice's patient list.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 86%, national average 85%).

- 84% said their GP was good at explaining tests and treatment (CCG average 86%, national average 86%)
- 88% said the nurse was good at treating them with care and concern (CCG average 93%, national average 91%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were very complimentary about the standard of care received. The respondents stated that they found the surgery clean and hygienic and that they were confident that they would receive good treatment. Words used to describe the practice and its staff included excellent, understanding, reassuring, fantastic and friendly.

We spoke with seven patients during the inspection, two of whom were members of the practice patient participation group (PPG) who all said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a robust system to monitor the performance of the practice, including regular monitoring of Quality and Outcomes Framework (QOF) attainment.
- Maintain a record of whether staff are up to date with routine immunisations and that staff at risk of injury from blood contaminated sharps are offered a Hepatitis B and influenza vaccination in line with recommended guidance.

Outstanding practice

- As the practice were aware that they a high number of asylum seekers and refugees on their patient list they had established links with other relevant service providers such as the refugee council and an organisation dedicated solely to the treatment and rehabilitation of torture survivors. The practice nurse was undertaking training in improving access to healthcare for migrants.

Dr William Paul Arnett

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector. Also present was a GP specialist advisor and a second CQC inspector.

Background to Dr William Paul Arnett

Dr William Paul Arnett, Roker Family Practice is a single handed GP practice and provides care and treatment to approximately 2,240 patients from the area north of the River Wear in Sunderland. It is part of the NHS Sunderland Clinical Commissioning Group (CCG) and operates on a general medical services (GMS) contract.

The practice provides services from the following address, which we visited during this inspection:

Roker Family Practice,
51-52 Roker Avenue
Sunderland, SR6 0HT

The practice is located in two converted terraced houses which have been combined to make one property. The reception area, waiting and consultation rooms are all located on the ground floor and disabled access is available to the rear of the building. On street parking is available nearby.

The practice is open from 7.30am to 6pm on a Monday; 8am to 6pm on a Tuesday, Wednesday and Friday and from 7.30am to 1pm on a Thursday. The GP remained 'on-call' on a Thursday afternoon until 6pm to deal with requests for emergency appointments or advice. Appointment availability with the GP was as follows:

Monday

Face to face appointments from 7.30am to 9.30am; 10.30am to 11.30am; 1pm to 2.40pm and 3.30pm to 4.30pm.

Telephone appointments and urgent appointment request triage from 11.30am to 1pm.

Tuesday

Face to face appointments from 9.30am to 11.40am and 4pm to 5.30pm.

Telephone appointments and urgent appointment request triage from 11.50am to 1pm and 1.30pm to 2.40pm.

Wednesday

Face to face appointments from 9.30am to 11.40am

Telephone appointments and urgent appointment request triage from 11.50am to 12.50pm, 1pm to 2.40pm and 3.30pm to 4.30pm.

Thursday

Face to face appointments from 7.30am to 9.30am and 1.30am to 11.30am.

Friday

Face to face appointments from 9.30am to 11.40am

Telephone appointments and urgent appointment request triage from 11.50am to 12.50pm and 2.30pm to 3.30pm

Appointments with the practice nurse were available from 8.30am to 11.30am and 1.30pm to 4.30pm on a Monday and a Wednesday and from 8.15am to 11.30am on a Tuesday and Thursday.

The service for patients requiring urgent medical attention out-of-hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care

Detailed findings

Limited. As part of an extended access scheme patients registered with the practice were also able to access pre bookable appointments at some local health centres from 6pm to 8pm on weekdays.

Roker Family Practice offers a range of services and clinic appointments including chronic disease management and long term condition clinics, smoking cessation, weight management, family planning, childhood immunisations, travel vaccinations and minor surgery. The practice consists of:

- One GP partner (male)
- One practice nurse (female)
- One apprentice health care assistant (female)
- Four non-clinical staff members including a practice manager, senior receptionist, receptionist and cleaner

The area in which the practice is located is in the fourth most deprived decile. In general people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile showed that the practice had a higher percentage of male patients (59%), particularly in the 20 – 64 year age groups, than the national average.

The average life expectancy for the male practice population is 77 (CCG average 77 and national average 79) and for the female population 82 (CCG average 81 and national average 83).

The percentage of the practice population reported as having a long standing health condition was 67.7% (CCG average 59.7% and national average 54%). Generally a higher percentage can lead to an increased demand for GP services. The percentage of the practice population recorded as being in paid work or full time education was 36.4% (CCG average 55.5% and national average 61.5%). Deprivation levels affecting children were lower than the local CCG average but higher than national averages. Deprivation levels affecting adults were higher than both the local CCG and national averages.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in November 2015 which

resulted in the practice being rated as inadequate and placed into special measures. We rated the practice as inadequate for providing safe and well-led services, requiring improvement for providing effective and responsive services and good for providing caring services.

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

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice, asked other organisations to share what they knew and reviewed the action plan submitted by the practice in response to the findings of our previous inspection. We carried out an announced visit on 27 September 2016. During our visit we spoke with a mix of clinical and non-clinical staff including the GP, the practice nurse, practice manager and reception staff. We spoke with

Detailed findings

seven patients, two of whom were members of the patient participation group and observed how staff communicated with patients who visited or telephoned the practice on the

day of our inspection. We reviewed 31 Care Quality Commission (CQC) comment cards that had been completed by patients and looked at the records the practice maintained in relation to the provision of services.

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in November 2015 we found that the practice was not able to demonstrate a safe track record over time. There was no evidence of the practice carrying out an annual review of significant events or that action points identified as a result of significant events had been acted upon.

During the inspection in November 2016 we found that the practice had addressed this concern:

- They had implemented a system to effectively record and monitor significant events. Significant events were reviewed at practice meetings involving the GP, practice manager and practice nurse where lessons learned and action required, if any, would be identified. The minutes of these meetings were then shared and discussed with other practice staff if appropriate. The practice had also implemented an annual review of significant events and were using the local CCG Safeguard Incident and Risk Management (SIRMS) system. This enabled not only the practice but the CCG to identify recurrent issues and those requiring immediate remedial action.

In addition we found that the practice had an effective system in place to disseminate and act upon patient safety alerts.

Overview of safety systems and processes

When we inspected the practice in November 2015 we identified concerns relating to safety systems and processes. Concerns included:

- The practice nurse was the only member of staff who had undertaken chaperone training. However, the practice nurse only worked part time (21 hours per week) yet the GP worked a total of 50 hours per week. We did therefore not feel assured that a chaperone was always available if patients were to request one.
- Only one member of the non-clinical staff team had undertaken a Disclosure and Barring Service (DBS) check and there were no risk assessments in place detailing why it had not been felt necessary to DBS check other members of staff.
- Fire evacuation drills were not being recorded

- The practice nurse had been nominated as the infection control lead for the practice but had not received any specific training to enable them to carry out this role.
- Infection control audits had not been completed and infection control policies had not been reviewed or updated for several years
- There was no evidence of privacy curtains in consultation rooms being regularly cleaned or replaced
- The practice did not have a legionella risk assessment
- Blank computer prescription forms were not stored securely in line with guidance issued by NHS Protect (Security of prescription forms)
- The supply of emergency medicines held on the premises did not conform to recommended guidance as it did not include penicillin. There was no risk assessment detailing why this was not felt to be necessary.
- The practice did not have a defibrillator nor a risk assessment detailing why this was not felt to be necessary
- The practice did not have a daily log of minimum and maximum refrigerator temperatures for the fridge used to store medicines requiring refrigeration
- We had not been assured that the practice nurse had the appropriate medical indemnity insurance.

During the inspection in September 2016 we found that all of these issues had been addressed:

- All practice staff had undertaken chaperone training and Disclosure and Barring Service (DBS) checks to enable them to act as chaperones when required.
- The practice had implemented a system to ensure that fire evacuation drills were carried out on a six monthly basis and recorded. With the exception of the GP all staff had undertaken fire safety training. Additional fire and health and safety training, to include the GP, was planned for the near future.
- The practice nurse had undertaken specific training with the Royal College of Nursing to enable her to carry out the role of infection control lead effectively and safely.
- The practice had reviewed and updated their infection control policy and had carried out an NHS England standardised infection control audit. As a result of the audit numerous action points had been identified and completed including ensuring the practice cleaner had undertaken infection control training, carrying out cleaning audits, reviewing clinical waste arrangements and delivering hand hygiene training to practice staff.

Are services safe?

- A replacement schedule was now in place for the privacy curtains in consultation rooms to ensure they were replaced at least every six months.
- The practice had arranged for a Legionella risk assessment to be carried out and had ensured that identified actions had been completed within given timescales.
- They had reviewed the arrangements for storing blank computer prescriptions to ensure compliance with guidance issued by NHS Protect.
- The emergency medicines held on the premises had been reviewed and were now in line with recommended guidance. A system was in place to ensure expiry dates were regularly checked.
- The practice had purchased a defibrillator.
- The practice had implemented a system to ensure refrigerator temperatures were checked daily and minimum and maximum temperatures recorded. A system was also in place to ensure expiry dates of medicines requiring refrigeration were checked regularly.
- Medical indemnity insurance was now in place for the practice nurse as well as the GP.

In addition, we found that the practice had systems, processes and practices in place which kept patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Staff were able to evidence that appropriate safeguarding referrals were made. For example, the practice nurse was able to give details of the action taken by the practice in relation to evidence

of female genital mutilation. The practice held regular multi-disciplinary meetings to discuss vulnerable patients. Staff had all received safeguarding training relevant to their role. The GP was trained to level three in children's safeguarding.

- An effective system was in place for the collection and disposal of clinical and other waste.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. PGDs allow registered health care professionals, such as nurses, to supply and administer specified medicines, such as vaccines, without a patient having to see a doctor.
- The provider was aware of and complied with the requirements of the duty of candour.

However, the practice did not have a register of staff vaccinations. The practice nurse told us that this was because none of the non-clinical staff had any contact with patient samples. However, the practice needs to take steps to ensure staff are up to date with routine immunisations such as tetanus, diphtheria, polio and MMR (measles, mumps and rubella). The practice should also ensure that Hepatitis B and influenza vaccinations are offered to staff at risk of injury from blood-contaminated sharp instruments.

Arrangements to deal with emergencies and major incidents

The practice had very good arrangements in place to respond to emergencies and major incidents. All staff received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the surgery and all staff knew of their location. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

Management, monitoring and improving outcomes for people

When we inspected the practice in November 2015 we were concerned that although the practice undertook clinical audit activity there did not appear to be a structured approach to identifying areas for clinical audit activity that would lead to better outcomes for patients or for ensuring that planned audits were actually carried out.

During the inspection in September 2016 we found that this concern had been addressed. The practice had implemented a schedule of proposed two cycle clinical audit activity which included audits to look at diabetes care, hypertension, urinary tract infections in older women, antibiotic usage and the prescribing of a non-opioid analgesic medicine used to relieve persistent pain. Although only at the first cycle stage, the non-opioid analgesic audit had resulted in the practice reviewing 20 patients who had been prescribed the medicine. This was to ensure they were being prescribed the most effective painkiller to meet their needs which was also cost effective to the practice.

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 for 2014/15 showed the practice had achieved 90.8% of the total number of points available to them compared with the clinical commissioning group of 95.7% and national average of 94.7%. Information provided by the practice showed that they had obtained 90.1% of the points available from 2015/16 (results not yet published). However, we did not feel that the practice were effectively and continually monitoring performance in this area. For example, the practice manager told us that they felt they had improved in terms of QOF achievement since the previous year when their attainment rate had actually slightly decreased.

Results for 2014/15 showed their clinical exception rate to be 8.9%. This was lower than the local CCG average of 10.8% and national average of 9.2%. The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

- The 2014/15 results showed the practice had obtained the maximum points available to them for 10 out of the 19 QOF indicators, including hypertension and heart failure and for caring for patients who had a learning disability or required palliative care. For three of the other nine indicators the practice had still scored higher than local and national averages. They had scored below local and national averages for atrial fibrillation, chronic kidney disease, dementia, diabetes and osteoporosis. The 2015/16 results provided by the practice indicated that they had scored the maximum points available to them for 9 out of the 10 QOF indicators.

The practice had a palliative care register and practice clinicians attended regular locality multi-disciplinary team meetings to discuss the care and support needs of high risk and palliative care patients.

Effective staffing

When we inspected the practice in November 2015 we found that the GP had been given an additional period of time to complete continual professional development requirements to enable completion of 2015/16 appraisal requirements and revalidation (every GP is appraised annually and every five years undertakes a fuller assessment known as revalidation. Only when revalidation has been confirmed by NHS England can a GP continue to practice and remain on the performers list).

When we inspected in September 2016 we found that:

Although delayed, the GP had satisfied 2015/16 appraisal and revalidation requirements in April 2016 and had made arrangements for his next appraisal, which was due in December 2016.

We reviewed staff training records and found that staff had received a range of mandatory and additional training. As well as information governance and health and safety training this included basic life support, infection control,

Are services effective?

(for example, treatment is effective)

safeguarding and appropriate clinical based training for clinical staff. Staff were also given the opportunity of an annual appraisal during which personal development and training plans were developed.

We looked at staff cover arrangements and identified that there were sufficient staff on duty when the practice was open. Arrangements were in place to arrange for locum GP cover when the practice GP was on holiday or sick leave and a locum induction pack was in place.

Coordinating patient care and information sharing

When we inspected the practice in November 2015 we were concerned not all hospital discharge information was being reviewed by a clinician.

When we inspected in September 2016 we found that the practice now ensured that all discharge information was reviewed by either the practice GP or a locum in his absence.

We also found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had increased their use of personalised care plans as a result of changing to a comorbidity review approach for patients with more than one long term condition.

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 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.

Patients were supported to express their views and were involved in making decisions about their care and

treatment. Of the 108 patients who participated in the National GP Patient Survey published in July 2016, 81% reported the last GP they visited had been good at involving them in decisions about their care. This compared to the CCG and national averages of 82%. The same survey revealed that 82% of patients felt the last nurse they had seen had been good at involving them in decision about their care compared with a national average of 85% and local CCG average of 88%.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients requiring palliative care, carers, high risk patients and those with a long-term or mental health condition or learning disability.

Vaccination rates for 12 month and 24 month old babies and five year old children were comparable with national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 91.7% to 100% (compared with the CCG range of 93.7% to 96.9%). For five year olds this ranged from 85.7% to 95.2% (compared to CCG range of 94.7% to 98.9%)

At 80.5%, the percentage of women aged between 25 and 64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable with the CCG average of 81.7% and national average of 81.8%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged between 40 and 74 and for over 75s. The practice had carried out 183 NHS health checks during the period August 2015 to the date of our inspection and 141 new patient checks from September 2015 to the date of our inspection. Since our previous inspection the practice had appointed an apprentice health care assistant who was able to assist the practice nurse in being able to carry out some health checks. The practice had carried out appropriate follow-ups where abnormalities or risk factors were identified. Information such as NHS patient information leaflets was also available.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Although rated as good for providing caring services during the inspection we carried out in November 2015 we did identify a concern that consultations taking place in the treatment room could be overheard by patients waiting in the small waiting area outside. During the inspection we carried out in September 2016, we found that the practice had taken steps to address this concern and now asked all patients to wait in the main waiting room to the front of the premises until called to the treatment room.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

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

We received 31 completed CQC comment card which were very complimentary about the practice. We also spoke with seven patients during our inspection, two of whom were members of the practice patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey (published in July 2016) showed patient satisfaction was generally comparable with local and national averages in respect of being treated with compassion, dignity and respect. For example:

- 94% 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%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 96% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 97% 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 we spoke with 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey (published in July 2016) showed patient satisfaction was comparable with or higher than local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 87% and the national average of 87%.
- 88% said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 96% said the last nurse they spoke to was good listening to them compared to the CCG average of 94% and the national average of 91%.
- 95% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

The practice had access to a translation service for patients who did not have English as a first language and staff told us that they regularly used this service.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice pro-actively identified carers and ensured they were offered flu vaccinations, health checks and appropriate advice and support. At the time of our inspection they had identified 62 of their patients as being

a carer (approximately 2.8% of the practice patient population). Of these patients 52 had received an annual flu vaccination (84%) and 38 had received a carer's assessment (61%).

Patients experiencing bereavement were sent a condolence card with a letter offering support. This would then be followed up by a telephone call from the practice nurse.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

When we inspected the practice in November 2015 the practice did not have a patient participation group (PPG). In addition there were no arrangements in place for patients to be able to see a female GP if they would prefer to do so and limited opportunities for a patient to have a chaperone during a consultation with the GP.

When we inspected in September 2016 we found:

- The practice now had an active PPG consisting of 7 core and 1 virtual member. The PPG had held four meetings since our previous inspection and PPG members we spoke with felt they were involved in the development of the practice and were included in relevant discussions.
- Arrangements had been made with another local GP practice to supply a female locum GP should a patient specifically request an appointment with a female GP.
- All staff had undertaken chaperone training and a Disclosure and Barring Service (DBS) check to enable them to carry out chaperone duties when required.

We also found that the practice had reviewed the needs of its local population and planned services accordingly. Services took account the needs of different patient groups and helped to provide flexibility, choice and continuity of care. We found that:

- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients, housebound patients and patients who would benefit from these.
- The practice offered comorbidity reviews for patients with more than one long term condition.
- The appointment system operated by the practice ensured that patients could generally get an urgent appointment or telephone consultation with a GP the same day.
- There were facilities for people with disabilities and translation services available.
- The practice offered online services to book appointments and request repeat prescriptions.
- Patients with a learning disability were offered an annual health review and flu immunisations.

- The practice had become a hub site for the screening and identification of patients with atrial fibrillation using ambulatory electrocardiogram (ECG) equipment.
- The practice were aware that they a high number of asylum seekers and refugees on their patient list. In addition to ensuring the practice had access to a good translation service for this group of patients they had also established links with other relevant service providers such as the refugee council and an organisation dedicated solely to the treatment and rehabilitation of torture survivors.
- The practice nurse was undertaking training in improving access to healthcare for migrants.

Access to the service

When we inspected the practice in November 2015 we were concerned that although the practice was open from 7.30am to 6pm on a Monday; 8am to 6pm on a Tuesday, Wednesday and Friday; and 7.30am to 1pm on a Thursday there was a lack of appointment availability, particularly on Thursday and Friday afternoons.

When we inspected in September 2016 we found that the practice had reviewed appointment availability and now offered daily pre bookable telephone consultations in addition to face to face appointments slots. For example, telephone appointments and urgent appointment request triage was available from 11.50am to 12.50pm and 2.30pm to 3.30pm on a Friday. Although the practice was closed on a Thursday afternoon, as are the majority of other practices in the area, the GP remained on call until 6pm to deal with emergencies.

As part of an extended access scheme patients registered with the practice were also able to access pre bookable appointments at some local health centres from 6pm to 8pm on weekdays.

In addition, the practice had appointed a career start health care assistant which had improved appointment availability for the practice nurse, and, in turn the GP. The practice was also working towards increasing patient online access. The practice manager was attending the local CCG technology user group and was committed to ensuring more patients signed up for on line access and used it to its full advantage.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 82% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and the national average of 73%.
- 83% of patients described their experience of making an appointment as good compared to the CCG average of 75% and the national average of 73%.
- 74% of patients said they usually waited less than 15 minutes after their appointment time compared to the CCG average of 69% and the national average of 65%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.

We looked at appointment availability during our inspection and found that a routine GP appointment was

available the following day. The next available appointment with the practice nurse was not until seven working days later. However, we were told that this was due to the fact that the practice nurse worked part time and was fully booked with request for flu vaccinations.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaint and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for handling complaints which were investigated in conjunction with the GP.

The practice had a complaints leaflet and information on how to make a complaint was also available on the practice website.

The practice had not recorded any complaints since our previous inspection. However, a complaint we looked at during our previous inspection had been appropriately investigated and responded to.

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

When we inspected in November 2015 we found:

- The practice did not have a mission statement or business plan. Staff we spoke with had not been involved in any discussions to develop aims, objectives or plans for the future and possible risks and mitigating actions had not been documented.

When we inspected in September 2016 we were told that the practice had used our last inspection report as an incentive and opportunity to learn and improve. They had developed a mission statement which was:

‘To improve the health, well-being and lives of those we care for. To treat patients as individuals with the same respect we would want for ourselves or a member of our families, listening and supporting people to express their needs and wants and enabling people to maintain their maximum possible level of independence, choice and control. To encourage our patients to communicate with us by joining our patient participation group, talking to us, participating in surveys and feeding back on the services that we offer’.

Staff were asked to contribute to the development of a practice development plan for 2015 to 2018 which outlined their aims and objectives. This included:

- To ensure a safe, effective, caring and well-led practice
- To develop the use of information technology to provide better online access for patients
- To improve cost effectiveness focusing on prescribing costs and locality working arrangements

The practice intended to monitor implementation of the business plan against a set of objectives to ensure they were attainable, realistic and timely.

Governance arrangements

When we inspected the practice in November 2015 we identified a number of concerns in relation to governance arrangements. This included:

- Some practice policies and procedures were out of date and had not been reviewed to ensure they remained relevant

- The practice did not have a schedule of meetings. There was no evidence of clinical meetings between the GP and the practice nurse.
- There was no system in place to identify areas of clinical audit activity that would lead to better outcomes for patients or for ensuring that planned audits were actually completed.

During our inspection in September 2016 we found that these issues had been addressed and there had been an improvement in the governance arrangements for the practice. Practice policies and procedures had been reviewed and updated and practice management now ensured that minuted monthly practice and quarterly multi-disciplinary team meetings took place. The GP also attended a regular locality multi-disciplinary team meeting at a local health centre to discuss high risk patients. A schedule of proposed clinical audit activity had been developed and we were satisfied that these would lead to better outcomes for patients when completed.

We also found that there was a clear staffing structure. Staff were aware of their own roles and responsibilities as well as the roles and responsibilities of others.

Leadership and culture

When we inspected the practice in November 2015 we did not feel that the GP had the capacity and capability to lead effectively and ensure high quality care. This was because we had identified concerns and areas for improvement within the safe, effective and responsive domains and felt that there was a lack of involvement, oversight or leadership from the GP in these areas. In addition:

- Practice management were not involving staff in discussions about how to run or develop the practice
- There was little evidence of learning or reflective practice
- The lack of clinical audit activity had led to the GP having to be given an additional period of time to satisfy appraisal and revalidation requirements. As the GP was a single handed GP this had placed the practice at risk.

When we inspected the practice in September 2016 we found that:

- The practice manager, who had been deputy practice manager at the time of our last inspection and was now practice manager, was attending a management development leadership programme specifically aimed

Are services well-led?

Requires improvement 

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

at practice management. The practice manager envisaged that this would give her more practical knowledge of how to lead and effectively manage staff in a health care related environment.

- Clinical audit activity had improved.

There was a clear leadership structure in place and staff reported that they felt supported by management. A schedule of clinical and multi-disciplinary team meetings was in place. However, we were still concerned that there was a lack of oversight of how the practice was performing in terms of the management of common long term conditions and that clinical leadership was distant and not as effective as it could have been.

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

When we inspected the practice in November 2015 they did not have a patient participation group.

When we inspected the practice in September 2016 we found that a patient participation group had been established who met regularly and felt involved in the development of the practice.

In addition, a representative from a local social housing company had also carried out an 'Over2You' assessment of the practice in July 2016. Over2You is a project funded by the Department of Health which focusses on improving the quality of health and social care services by empowering customers to give feedback on health care providers. The researcher engaged with 18 practice patients and reported that the feedback had been very positive with the majority of respondents rating their overall experience as excellent. Words used to describe the practice by participants included clean, welcoming, efficient, accessible, friendly and supportive. The following action had been taken as a result of the assessment:

- The practice had displayed a poster in their reception area advertising the availability of wheelchair and disabled access to the rear of the building as a result of two patients reporting that they were unaware wheelchair access was available.
- They had advertised the availability of same day telephone consultations in response to two patients reporting that they sometimes had difficulty in getting an appointment within an acceptable timescale.
- They had ensured their friends and family comment cards and box were displayed clearly in response to comments that patients were not canvassed by the practice for their feedback
- They had written to patients who had shown an interest in joining the patient participation group inviting them to attend subsequent meetings.

The practice reported that they were one of eight of 40 local GP practices to be awarded a five (out of five) star rating by a local newspaper based on patient feedback in March 2016.

Continuous improvement

During the inspection in September 2016 the practice were able to demonstrate that they had made significant improvements since the previous inspection. They had enlisted help and support from the local CCG following the previous inspection in November 2015. The practice had made good progress and had either addressed or were in the process of addressing all of the issues previously identified. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.