

Falklands 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?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Falklands Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Falklands Surgery on 26 April 2017. Overall the practice is rated as requires improvement.

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

- In January 2016, Falklands surgery formed a partnership with East Coast Community Healthcare Community Interest Company (ECCH), who are now the provider for the practice. ECCH is a provider of over 30 community services, which includes four GP practices and has been established for five years.
- There was an open and transparent approach to safety. There was an effective system in place for reporting and recording significant events within the practice; however East Coast Community Healthcare Community Interest Company (ECCH) were not aware of all significant events, as the practice had not used the electronic incident reporting system to inform ECCH.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected. A pharmacist worked at the practice three days a week to support this work.
- Health and safety risks to patients and staff were identified but were not always acted upon in a timely way.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However some staff had not received training deemed mandatory by ECCH.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and improvements were made to the quality of care as a result of complaints and concerns. This was actioned at the practice level and monitored by ECCH. Trend analysis of complaints was undertaken and published on the ECCH website.

Summary of findings

- Patients said they found it easy to make an appointment 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. ECCH had supported a number of initiatives which had been implemented and were being planned to improve the service that patients received.
- ECCH had a clear vision and set of values; however some staff at the practice were not aware of these. Whilst staff felt supported by local leadership, the expectations of improved leadership by ECCH, had not been fully achieved. The communication between the provider and the location was not always effective. This had resulted in delays in information being shared and recommendations being acted upon. For example sharing of significant events, undertaking a legionella risk assessment, calibration of medical equipment and portable appliance testing.

The areas where the provider must make improvement are:

- Ensure there are effective governance processes in place to identify, act on, monitor and review health and safety risks to patients and staff that are identified, including those relating to legionella, significant events and calibration testing.
- Ensure staff are trained in safeguarding to a level appropriate to their role.

The areas where the provider should make improvement are:

- Continue to work towards embedding effective information technology to ensure the provider is informed of all significant events raised at the practice and to enable staff to undertake mandatory training.
- Improve staff understanding and knowledge of ECCH in order that they feel more supported.
- Encourage the uptake of annual health checks for people with a learning disability registered at the practice.
- Ensure that all staff complete training deemed mandatory by ECCH and that annual appraisals are completed with all staff.

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 was an effective system in place for reporting and recording significant events at the practice level, however the provider was not informed of all significant events due to the practice not reporting them to ECCH on the electronic incident reporting form.
- Learning from significant events was shared and action was taken to improve safety in the practice. Checks were made to ensure the learning had been embedded.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected.
- Patients on high risk medicines were identified and reviewed. ECCH employed a pharmacist who supported this work.
- When things went wrong patients received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all staff had received safeguarding training appropriate to their role.
- Health and safety risks to patients and staff were not all assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were at or above average compared to the clinical commissioning group (CCG) and England average. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained and improved their QOF performance.
- 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

- 58% of staff had received an appraisal and personal development plans. Appraisals were scheduled for those staff who had not yet received one.
- 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, published in July 2016, showed patients rated the practice in line with and above other practices both locally and nationally for all aspects of care.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 131 patients as carers (approximately 2% of the practice list). The practice sent information to carers to inform them of local support services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment with a GP, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand. The practice responded to issues raised and learning from complaints was shared with staff to improve the service offered.

Are services well-led?

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

Requires improvement



- ECCH had a clear vision and set of values; however some staff were not aware of these and although staff felt supported by local leadership, they did not feel as supported by ECCH.

Summary of findings

- ECCH had a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk. However the day to day governance was not always effective, for example due to information technology issues and poor communication between ECCH and the practice.
- There was evidence of a number of initiatives which had been implemented and were being planned by ECCH in order to address the needs of the patients at the practice.
- The provider was aware of and complied with the requirements of the duty of candour.
- ECCH sought feedback from staff and patients, which it acted on.

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 safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this group. There were however, 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.
- GPs and nursing staff provided home visits to patients living in the three care homes covered by the practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis, dementia and heart failure were above the local and national averages.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this group. There were however, 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. Patients who had a hospital admission were reviewed on discharge.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2015/2016 showed that performance for diabetes related indicators was 87%, which was 2% below the local and national average of 89%. Exception reporting for diabetes related indicators was 11% which was below the local average of 17% and the national average of 12% (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area.

Requires improvement



Summary of findings

- Longer appointments and home visits were available when needed.
- Patients with complex needs had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this group. There were however, examples of good practice.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Immunisation rates were in line with or above the CCG and England averages for all standard childhood immunisations.
- 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.
- The practice offered a full range of contraception services.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this group. There were however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified. The practice did not offer extended hours appointments; however arrangements could be made to see a GP before or after surgery for patients who were not able to attend during usual opening hours. Telephone consultations were also available.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79%, which was above the CCG average of 75% and England average of 76%.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this group. There were however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and/or mental health needs.
- The practice offered annual health checks for people with a learning disability. The practice had 30 patients on the learning disabilities register. 15 of these patients had received a health check since April 2016.
- The practice offered longer appointments if needed, for example for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 131 patients as carers (approximately 2% of the practice list). Written information was sent to carers to direct them to the various avenues of support available.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for safe and well led services. The concerns which led to these ratings apply to everyone using the practice, including this group. There were however, examples of good practice.

- 78% of patients diagnosed with dementia had their care plan reviewed in a face to face meeting in the last 12 months, which was 4% above the CCG average and the same as the England average.
- 87% of patients experiencing poor mental health had a comprehensive care plan, which was 21% above the CCG average and 10% above the England average.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A mental health link worker attended the clinical meeting every other month to offer support and guidance to the practice in supporting patients with mental health needs.
- A mental health nurse had recently been employed by ECCH, to offer face to face appointments for signposting to other services, at least once a week.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. Overall, the results showed the practice was performing in line with or above when compared with local and national averages. 218 survey forms were distributed and 124 were returned. This represented a 57% response rate.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG average of 81% and national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The practice confirmed these had been available for patients to complete before the inspection and they were on display during the inspection; however we did not receive any completed comment cards.

We spoke with representatives from three care homes where residents were registered at the practice. The feedback was positive, particularly in relation to home visits and involving patients and families in their care.

We spoke with 8 patients during the inspection. All of the patients said they were able to make an appointment and were satisfied with care they received. Patients advised that they were involved in decisions about their care and treatment and their privacy was maintained. The practice engaged with the Friends and Family Test. The most recent data which was published in December 2016, showed that from 14 responses, 93% of patients would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure there are effective governance processes in place to identify, act on, monitor and review health and safety risks to patients and staff that are identified, including those relating to legionella, significant events and calibration testing.
- Ensure staff are trained in safeguarding to a level appropriate to their role.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Continue to work towards embedding effective information technology to ensure the provider is informed of all significant events raised at the practice and to enable staff to undertake mandatory training.
- Improve staff understanding and knowledge of ECCH in order that they feel more supported.
- Encourage the uptake of annual health checks for people with a learning disability registered at the practice.
- Ensure that all staff complete training deemed mandatory by ECCH and that annual appraisals are completed with all staff.

Falklands Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Falklands Surgery

Falklands surgery is situated in Bradwell, Great Yarmouth and provides a service to patients in Bradwell, Gorleston and the surrounding villages. The practice holds a General Medical Service (GMS) contract with the local CCG and offers health care services to approximately 7180 patients. The building provides good access with accessible toilets and car parking facilities for disabled patients. Patients using the practice also have access to community staff including the community matron, district nurses, community psychiatric nurses, health visitors, support workers, health visitors and midwives.

Falklands surgery was previously provided by a GP partnership. In January 2016, Falklands surgery formed a partnership with East Coast Community Healthcare Community Interest Company (ECCH), who are now the provider for the practice. ECCH is a provider of over 30 community services, which includes four GP practices and has been established for five years. Staff employed by Falklands surgery were due to transfer their employment to ECCH, however there had been delays with this. Therefore at the time of the inspection staff remained employed by Falklands surgery.

The practice has a team of three GPs (two male and one female) meeting patients' needs. In addition, there is one nurse practitioner, a senior practice nurse, three practice

nurses and two healthcare assistants. Three of the nurses hold a prescribing qualification. There is a practice manager and a team of administration and reception staff, and an information officer. The practice is a training practice for qualified doctors who are training to be GPs.

The practice has less patients aged 0 to 18 years and more patients aged over 65 years compared to the CCG and England averages. Income deprivation affecting older people is similar to the CCG and England average. Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women.

The practice is open between 8am and 6.30pm Monday to Friday and appointments are available from 8.30am to 5.45pm. If the practice is closed Integrated Care 24 provide the out of hours service, patients are asked to call the NHS111 service to access this service or to dial 999 in the event of a life threatening emergency.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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 26 April 2017. During our visit we:

- Spoke with a range of staff which included the executive director of quality and safety, clinical quality manager, GPs, practice nurses, the practice manager and reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Spoke with representatives from care homes where residents were registered at the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events at the practice, however significant events had not all been reported to ECCH, as the practice had not used the electronic incident reporting system to inform ECCH.

- 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).
- The practice took necessary action immediately following a significant event. These were discussed at the weekly clinical meetings and any actions and learning was also shared with the practice team.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had documented eleven significant events since March 2016. An annual review of significant events was undertaken to identify themes and ensure that changes in practice had been effected and that significant events were closed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a recent power cut had affected refrigerator temperatures where medicines were stored. Appropriate actions were taken in response to this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding at the practice and a safeguarding lead and team employed by ECCH. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Safeguarding was a standing agenda item at the weekly clinical meetings and we saw evidence of patients being discussed where safeguarding concerns had been identified. Staff we spoke with demonstrated they understood their responsibilities in relation to safeguarding children and adults. Only 63% of clinical staff had completed level three safeguarding children training; the provider was unable to provide any evidence of previous training for the remaining staff. Not all staff had completed training in safeguarding vulnerable adults. We were told at the time of our inspection that Level three safeguarding children and adults training had been arranged for May 2017 and that all clinical staff would attend, and some non-clinical staff who had expressed an interest to attend.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. Information about chaperones was also given in the practice leaflet. All staff who acted as chaperones 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse and the practice manager were the infection control leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that action had been taken to address any improvements identified. For example damage to walls had been repaired and

Are services safe?

damaged chairs had been replaced. Bodily fluid spillage kits were available in the practice. There was a sharps injury policy and procedure available. Clinical waste was stored and disposed of in line with guidance.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing. A pharmacist worked at the practice and supported the auditing of this work. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as Independent Prescribers and could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety, however these had not all been acted upon.
- The practice manager was the lead in the practice for health and safety. ECCH completed a health and safety audit in February 2016 which identified a number of risks; however there was no written action plan available. ECCH had requested an annual review of the health and safety audit by the practice in April 2017. Although some actions had been undertaken, some risks identified in February 2016 remained incomplete, for example having an effective system in place for monitoring maintenance and repair of equipment.
- The practice had an up to date fire risk assessment which had been undertaken in May 2016. The recommendations from this were reviewed in April 2017

and identified that portable appliance testing (PAT) had not been undertaken. This action had been identified in the May 2016 fire risk assessment and the February 2016 health and safety risk assessment. We saw evidence that PAT had subsequently been completed in April 2017 however there was a significant delay in this being actioned. Other actions from the fire risk assessment had been completed, for example documented checks of emergency lighting and fire alarm tests. Other recommendations had not been actioned due to a potential move to new premises. The timescale for the move was being confirmed and these recommendations were being kept under review.

- The Legionella risk assessment was not up to date although the need for this to be undertaken had been identified in April 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection we were informed this had been arranged for May 2017.
- We saw a certificate of calibration for spirometry equipment which had been undertaken in February 2017. However, calibration of other clinical equipment to ensure it was working properly had not been completed. We were informed this was planned for June 2017.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and regular locum GPs were used to ensure staffing levels did not go below the agreed level. The provider had recently recruited a paramedic to help meet patients' needs.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All practice staff had received annual basic life support training and there were emergency medicines available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or loss of the premises. The plan included emergency contact numbers for staff and copies were kept off site.

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) evidence based guidelines.

- There were some systems in place to keep clinical staff up to date, although some of the clinicians we spoke with relied on accessing information independently. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through prescribing audits and clinical audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against National screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results from 2015/2016 showed the practice achieved 97% of the total number of points available. The overall exception reporting rate was 11% which was 3% below the CCG average and 1% above the National average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had appointed an information officer with responsibility for QOF, which had increased QOF performance through improved and consistent use of coding and prompts for reviews and follow ups.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 87% this was 3% below the CCG average and England average. The exception reporting rate was 11%, which was lower than the CCG excepting reporting rate of 17% and the England exception reporting rate of 12%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area.
- Performance for mental health related indicators was 100%. This was 10% above the CCG average and 7%

above the England average. The exception reporting rate was 9% which was lower than the CCG average of 19% and England average of 11%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained performance in this area.

- Performance for dementia related indicators was 100% which was 5% above the CCG average and 3% above the England average. The exception reporting rate was 16% which was higher than the CCG average of 14% and England average of 13%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained performance in this area.
- Performance for contraception was 57% which was 39% below the CCG and England average. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area. The practice were aware of the need to improve and had appointed an information officer to ensure that improvements were made.
- The prevalence of hypertension was 18% which was higher than the CCG prevalence of 17% and England prevalence of 14%. The performance for hypertension was 100%. This was 4% above the CCG average and 3% above the England average. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had maintained performance in this area.
- The prevalence of depression was 11% which was higher than the CCG prevalence of 9% and England prevalence of 8%. The performance for depression was 55%. This was 40% below the CCG average and 37% below the England average. The exception reporting rate was 27% which was higher than the CCG average of 26% and England average of 22%. 2016/2017 unverified data from the practice (which excluded any exceptions) showed the practice had improved performance in this area. The practice were aware of the need to improve and had appointed an information officer to ensure that improvements were made.

There was evidence of quality improvement including clinical audit.

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

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits and national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, action taken as a result of a carcinoma of the prostate audit, included improvement to the number of patients with a clear management plan from 23% to 98% and from 90% to 100% of patients having an appropriate reminder set in the recall section of their notes.

One of the GPs at the practice undertook minor surgery and a documented audit process was in place to record pathology results and actions, complication and infection rates. We checked patients who had histology samples sent in the previous two months and found that they had all been actioned. A patient satisfaction questionnaire had been undertaken which showed high rates of satisfaction in relation to minor surgery.

Effective staffing

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

- The provider had a corporate induction programme for all newly appointed staff. Existing staff were in the process of completing the induction programme. Additional mandatory training was identified for new staff, according to staff role and included areas such as safeguarding, infection control, fire safety, assessing and managing risk, health and safety, moving and handling and information governance. Since the service had been provided by ECCH, there had been no new staff employed, so we were unable to confirm that this process had been followed.
- Training that was deemed mandatory by ECCH had not been completed by all existing staff. The practice staff told us that this was due to information technology issues which had resulted in staff not always being able to access the ECCH e-learning site. (The practice and ECCH used different computer systems.) ECCH had tried to resolve this by having an ECCH computer at the practice. ECCH was also reviewing what mandatory training should be in place for staff at the location, as some was not felt to be necessary for all practice staff.
- There was evidence that staff attended role-specific training and received updates. For example, for those reviewing patients with long-term conditions and

providing wound care. This included on-going support from staff at the practice, attendance at meetings, in-house training, courses, conferences and facilitation and support for revalidating GPs.

- 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 clinical meetings.
- The appraisal paperwork was comprehensive and included for example, a reflective review, talent mapping, agreed objectives and quarterly reviews. However, not all staff had received an annual appraisal. Five out of seven nursing staff and six out of twelve non clinical staff had received an appraisal in the previous year. We were informed that appraisals had been scheduled for those who had not received one in the past year.

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 plans and risk assessments, 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 on-going 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs, this included patients with mental health needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse informed us that they would assess the patient's capacity and, record the outcome of the assessment.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice encouraged patients to take responsibility for their own health and well being. They identified patients who may be in need of extra support, which included patients receiving end of life care, carers and those at risk of developing a long-term condition. A smoking cessation advisor visited the practice weekly to provide support to patients. ECCH were looking to extend the role of the advisor to undertake healthy lifestyle, weight management and exercise support and advice. At the time of our inspection, this support was provided by nursing staff.

The practice's uptake for the cervical screening programme was 79% which was above the CCG average of 75% and the England average of 76%. Patients who did not attend for their cervical screening test were followed up to encourage attendance. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women

who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 64% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months compared to the CCG average of 59% and the England average of 58%.
- 76% of females aged 50 to 70 had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and an England average of 73%.

Childhood immunisation rates for the vaccinations given were above CCG and England averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% compared to the CCG range of 71% to 97% and the national range of 21% to 96%. In relation to five year olds this ranged from 70% to 100% compared to the CCG range of 70% to 97% and the national range of 16% to 94%. Flexible appointments were available for patients receiving childhood immunisations and missed appointments were followed up by phone call.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Annual health assessments for people with a learning disability were offered by the practice. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite 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.

We spoke with representatives from three care homes who said staff from the practice who visited, always ensured residents privacy and dignity was maintained. Patients told us they were very satisfied with the care provided by the practice and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed the practice was in line with and above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 73%.

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. We also saw that care plans were personalised.

Results from the National GP patient survey, published in July 2016 showed results were in line with and above the local and national averages for how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

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

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

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.

There was a dedicated member of staff who was responsible for the identification of carers and subsequent coding on the practice computer system. The practice's computer system alerted staff if a patient was also a carer and identified 131 patients as carers (1.8% of the practice list). Written information was sent to carers to direct them to the various avenues of support available.

Are services caring?

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. A card was also sent from the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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 early morning and late evening appointments on request, for those patients who were not able to attend appointments during usual surgery hours.
- The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice had 30 patients on the learning disabilities register. 15 of these patients had received a health review since April 2016, however there was no explanation given as to why the uptake was not higher. The practice offered longer appointments and appointments for patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- GPs, the nurse practitioner or the practice pharmacist undertook a weekly visit to two care homes to assess, monitor and review patients. Feedback was very positive particularly in the responsiveness of the staff at the practice.
- All consultation rooms were on the ground floor and easily accessible. Translation services were available. Information on the role of GPs, how to register and how to access emergency services was available on the practice website in a number of languages.
- A pharmacist was available at the practice three days a week to respond to patients' questions about their medicines.
- ECCH had recently appointed a business lead for primary care with responsibility for implementing actions plans for all ECCH GP practices on new ways of working and new models of care. For example, working with the practice to identify how time can be released for the clinical staff by developing the skills of the administration team.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a registered Yellow Fever Vaccination Centre.

- Alerts were recorded on the patient's record to ensure staff were aware of any particular needs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP appointments were between 8.30am to 10.30am and 2pm to 5.30pm. Nurse appointments were between 8.30am to 12.30pm and from 2pm to 4.30pm Monday, Tuesday and Wednesday, and until 5.45pm Thursday and Friday. The practice had recently introduced telephone triage with scheduled appointments for telephone consultations available three days a week. This appeared to have been well received by patients and reception staff felt this had improved access for patients when they requested an appointment. Appointments could be booked in person, by telephone or online. In addition to pre-bookable appointments that could be made up to four to six weeks in advance with GPs and two months in advance with nurses, urgent appointments were available for people that needed them.

The practice offered home visits and had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Requests for home visits were triaged by the on call GP and allocated to the nurse practitioner who undertook home visits. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Results from the national GP patient survey, published in July 2016, showed that patient's satisfaction with how they could access care and treatment was higher when compared to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

There was an effective system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and

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

contractual obligations for GPs in National. There was a designated person responsible who handled all complaints in the practice. Patients could also send complaints to the patient liaison manager at ECCH.

We saw that information was available to help patients understand the complaints system on the practice's website and in the practice's information leaflet. Compliments, questions, concerns and complaints forms were available at the practice for patients to take without having to ask for one. Reception staff showed a good understanding of the complaints procedure and they had written information that they could give to patients if required. One member of reception staff was unsure whether complaints could currently be reported to ECCH, although ECCH confirmed that they could be.

We looked at documentation relating to five complaints received in the previous year and found they had been fully investigated and responded to in a timely and empathetic manner. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were shared with staff, as appropriate to encourage learning and development. Checks were made that learning had been embedded into practice. Analysis of themes was undertaken and collected for all ECCH services and reported to the integrated governance committee and was published on the ECCH website.

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

ECCH has been an established community interest company for five years. They formed a partnership with Falklands surgery in January 2016 and assumed responsibility for the practice. The decision had been made by ECCH to work alongside the practice and evolve, rather than 'take over' and risk destabilisation of the service provided by the staff at Falklands surgery.

ECCH's vision was 'We will be a ground-breaking, forward thinking community focused social enterprise with a reputation for excellence and quality in improving health and wellbeing.' ECCH had agreed values which had been developed by their staff which covered the areas of attitude, behaviour, competence and delivery. Practice staff we spoke with were not all aware of the ECCH's vision and values.

Governance arrangements

ECCH had a clear organisational structure for Falklands surgery, which detailed the reporting relationships from frontline staff to the ECCH executive. Staff reported that, within the practice, there was a clear staffing and reporting structure and most staff were aware of their own and others' roles and responsibilities. However some staff we spoke with were not aware of the reporting processes or organisational structure within ECCH.

The governance structure of ECCH was made up of eight committees including the policy group, strategic HR Education and training group, safeguarding committee, medicines management committee, health and safety committee, infection prevention and control committee, medical devices management group and primary care, which fed directly into the Integrated Governance Committee (IGC). The IGC was chaired by a non executive director (NED) and was responsible for patient safety, risk management and, patient involvement, complaints and human resources and workforce. The IGC met every two months and reported directly to the ECCH board. The remuneration committee, audit committee and shareholder council also reported directly to the ECCH board. Information regarding Falklands surgery and collated information for ECCH GP practices was reported as appropriate to the IGC.

There was a governance process for policies to be ratified by ECCH before implementation within the practice. Policies were implemented and were available to all staff and local level policies were also in place. The practice held a risk register, however not all risks were recorded and monitored.

Leadership and culture

There were mixed views in relation to the leadership and culture. The majority of staff respected the leadership at the practice and felt supported by the team. Some staff reported that the expectation of improved leadership by joining ECCH, had not occurred. There was also frustration expressed by some staff with the time it took to get things done since ECCH had become the provider, for example completion of mandatory training.

The communication between staff at ECCH and Falklands surgery was not always effective and some staff were not always clear on their responsibilities. This had resulted in delays in information being shared and recommendations being actioned. For example sharing of significant events, undertaking a legionella risk assessment, calibration of medical equipment, portable appliance testing and health and safety audit and review.

ECCH had identified potential and actual challenges to service provision at the practice, and had given consideration to how they would be managed. For example, the difficulty in recruiting GPs and the need to offer alternative provision to meet health care need, had resulted in a paramedic being recently recruited to undertake some urgent care work and appointments with a physiotherapist being available to patients through direct booking at the practice. ECCH had recently appointed a business lead for primary care with responsibility for implementing actions plans for all ECCH GP practices on new ways of working and new models of care.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems in place to ensure that when things went wrong with care and treatment, they gave affected people reasonable support, detailed information and a verbal and written apology.

Are services well-led?

Requires improvement 

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

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

ECCH encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a virtual Patient Participation Group (PPG) and at the time of our inspection, was in the process of setting up a face to face PPG to obtain feedback from patients in relation to the practice. We spoke with one patient who was planning to be involved and they were assured that the practice would work with the PPG to make it an effective forum. The practice consulted patients who were part of the virtual PPG and whose views were obtained by email contact. The practice engaged with the Friends and Family Test. The most recent data which was published in December 2016, showed that from 14 responses, 93% of patients would recommend the practice. ECCH had developed a patient satisfaction questionnaire as part of the friends and family test, in order to obtain more detailed feedback from patients.

ECCH facilitated a 'patients as teachers' forum in May 2016. They invited patients to share their story and identified the main themes from these. Three themes were identified which were access, environment and education. Patients were kept informed of the progress of the actions from the themes. For example a discussion was held regarding the limited GP resource and the need to use other health workers. A paramedic had recently been recruited in response to this being identified.

Staff told us they would give feedback and discuss any concerns or issues with colleagues and management staff at the practice. ECCH advised that there was a staff

suggestion box and staff we spoke with told us that this had been in place, but it could not be located during the inspection. There was a notice board where staff could write messages and thank other staff. ECCH had obtained feedback from staff through staff meetings, appraisals and discussion and were aware of some of the frustrations of staff, for example in relation to their employment and difficult in accessing ECCH mandatory training. They explained the difficulties there had been in relation to ECCH and the practice having different support services for IT and had endeavoured to address the issues. An ECCH computer had been placed at the practice as part of the solution.

Continuous improvement

ECCH was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example the pharmacist role was part of an 18 month pilot to develop and review the use of pharmacists working in GP practice, which included the benefits of this role for patients. ECCH had recently appointed a business lead for primary care with responsibility for implementing actions plans for all ECCH GP practices on new ways of working and new models of care. For example, working with the practice to identify how time can be released for the clinical staff by developing the skills of the administration team. Falklands surgery was a training practice for GP Registrars (qualified doctors who are undertaking training to become GPs). ECCH were supporting the training of nurses at the practice so that student nurses could be placed at Falklands surgery as part of their training and education in the future. ECCH were in the process of applying to be part of the National Productive GP Programme.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Ensure there is an effective process in place to <ul style="list-style-type: none">• identify, act on, monitor and review health and safety risks to patients and staff that are identified.• Ensure that training deemed mandatory by ECCH is completed.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	