

Conner and Partners

Quality Report

175 Ferry Road,
Hullbridge,
Hockley,
Essex,
SS5 6JH

Tel: 01702230555

Website: www.riversidemedicalhullbridge.nhs.uk

Date of inspection visit: 23 June 2016

Date of publication: 17/10/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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	9
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Conner and Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Conner and Partners on 23 June 2016. Overall the practice is rated as good. The practice was rated as requires improvement for the safe domain and good for the effective, caring, responsive and well led domains.

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

- The practice investigated safety concerns when things went wrong and learning from these incidents was recognised, shared or acted on to minimise recurrences.
- The practice had policies and procedures in place to safeguard vulnerable children. Staff had undertaken training and understood their roles and responsibilities in relation to this.
- Some staff who carried out chaperone duties did not have Disclosure and Barring Services (DBS) checks and a risk assessment had not been carried out to support this decision.
- Infection control procedures were being followed. Regular infection control audits were being carried out. However some staff had not undertaken infection control training. There was a legionella risk assessment in place. Staff told us that they had hepatitis B vaccinations / immunity. However not all staff files included evidence of this.
- All equipment was routinely checked, serviced and calibrated in line with the manufacturer's instructions.
- There were risk assessments in place for areas including fire safety, infection control, health and safety, premises and equipment.
- There was a detailed business continuity plan in place to deal with any untoward incidents which may disrupt the running of the practice.
- The practice had a recruitment procedure. Checks including proof of identity and references were obtained and newly employed staff undertook a period of role specific induction. However Disclosure and Barring Services (DBS) checks had not been undertaken for some relevant staff.

Summary of findings

- Medicines were stored securely and there were systems in place to check they were in date and available in sufficient quantities.
- Clinical audits were carried out routinely to monitor and improve outcomes for patients.
- There were procedures in place to ensure that patients had regular medicines reviews where they were prescribed medicines on a long term basis or where they were prescribed high risk medicines.
- Patients consent to care and treatment was sought in line with current legislation and guidance.
- Patients were treated with dignity and respect and those spoken with were happy with the care and treatment they received.
- The practice identified some patients who were carers and offered them appropriate support.
- Same day urgent appointments or telephone consultations and home visits were available. Patients spoken with told us they were satisfied with the appointment system.
- The practice did not offer early morning or late evening appointments. However weekend appointments were available.
- Complaints were investigated and responded to appropriately and apologies given where relevant. Information about the complaints system was not readily available for patients to access.

- The practice had suitable facilities and equipment to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management.
- The practice sought and used patient's comments and views to review and improve the services provided where needed.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure that staff carrying out chaperone duties have received a disclosure and barring service check or that a risk assessment is in place to show why one is not required.
- Ensure that recruitment procedures are effective and follow published guidance.

Additionally the provider should:

- Review staff records so that they include evidence that staff have been vaccinated / have immunity against Hepatitis B.
- Review the arrangements for staff training so that staff undertake relevant, periodic training updates.
- Review the arrangements for making the complaints procedure and information available to patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There were systems in place to report safety related incidents and to investigate when things went wrong and the practice could demonstrate that lessons were learned and communicated with staff to support improvement and minimise recurrence.
- Information about safety such as safety and medicines alerts were received shared and acted on as needed.
- There were procedures in place to safeguard patients from abuse or harm. The practice had a safeguarding lead and suitable policies and procedures in place to highlight adults and children who were at risk of harm or abuse. Some staff did not have recent safeguarding training; however they were aware of their responsibilities in this area.
- The practice nurse was the infection control lead and oversaw the infection control procedures. All areas of the practice we saw were visibly clean and a cleaner was employed on a daily basis. Infection control audits were carried out to monitor the effectiveness of cleaning and infection control measures within the practice. Some staff had not received recent infection control training; however staff we spoke with were aware of their responsibilities in this area.
- There was a risk assessment in place in respect of legionella. Some staff files did not include evidence that staff had inoculation / immunity against hepatitis B.
- The practice had a health and safety policy and procedure and risks to the health and welfare of staff and patients were assessed and managed. Staff had access to relevant information in relation to substances which may be hazardous to health such as cleaning materials.
- There were fire extinguishers located throughout the premises and these were checked regularly. Fire exits were signposted and regular fire evacuation drills were carried out. Staff had undertaken fire safety training.
- Electrical and diagnostic equipment used within the practice was tested to ensure that it was working properly.
- Medicines were checked regularly and those we looked at were in date.

Summary of findings

- Staff were not recruited consistently. Appropriate checks including proof of identify and employment references were carried out when new staff were employed. However Disclosure and Barring Services (DBS) checks had not been carried out when new staff were employed, where relevant to their role.
- There were medicines and equipment available to deal with medical emergencies and all clinical staff had undertaken basic life support training. The practice had a detailed business continuity plan to deal with incidents that may disrupt the running of the practice

Are services effective?

The practice is rated as good for providing effective services.

- Data for 2014/15 showed that the practice performance for the management of the majority of long term conditions and disease management such as heart disease, diabetes and respiratory illness was similar to or better than other practices both locally and nationally.
- The practice undertook clinical audits as part of the systems for monitoring the quality of services provided to patients.
- GPs and the practice nurse referred to published guidance and used this in the assessment and treatment of patients.
- Data showed that the practice performance for prescribing certain antibiotics, antidepressants and painkillers was better than other GP practices locally and that GPs were following guidance and best practice.
- There were procedures to ensure that patients had received appropriate blood tests and medicines reviews when they were prescribed medicines or high risk medicines.
- The practice followed current legislation and guidance in relation to obtaining patient consent to care and treatment.
- Staff were proactive in health promotion and disease prevention and provided patients with information on diet and lifestyle. They also encouraged patients to attend the practice for regular routine health checks, screening and reviews for medication long term conditions.
- The practice received, reviewed and shared information with other health services to help ensure that patients received coordinated and appropriate care and treatment.
- Staff received supervision and appraisals and said that they were supported to perform their roles and to meet patient's needs.

Good



Summary of findings

- Not all staff had recent 2016 training updates in areas such as safeguarding adults and children and infection control. However all staff who we spoke with were aware of their roles and responsibilities in relation to these areas.

Are services caring?

The practice is rated as good for providing caring services.

The results from the national GP patient survey, which was published on 7 January 2016, comments made by patients we spoke with, and those who completed comment cards showed that:

- Patients felt that they were treated with kindness, respect and dignity by staff.
- Patients said that reception staff were welcoming and helpful.
- GPs and the nurse listened to patients and gave them time to discuss any issues or concerns.
- GPs and nurses explained treatments and involved patients in making decisions about their care and treatment.

The results from the most recent national GP patient survey published in January 2016 showed that the practice scored higher than other practices both locally and nationally for all aspects in relation to how staff treated patients. For example:

- 92% said the GPs were good at listening to them compared to the CCG average of 85% and national average of 89%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

We saw that staff treated and assisted patients in a caring and compassionate manner. We saw that reception staff were polite and that they took time to listen and to assist patients with general and specific queries and questions.

The practice recognised the needs of patients who were carers. There was information displayed throughout the waiting area, which directed carers to the relevant organisations and told them about the range of benefits and support that were available locally. This information included details about social care assessments and local agencies that provide support and bereavement services.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 was participating in a local pilot initiative to provide out of hours care and treatment at weekends.

The most recent GP patient survey showed that the practice performed the same as or better than some other GP practices both locally and nationally for several aspects of its service including access to appointments. For example:

- 78% described their experience of making an appointment as good compared with a CCG average of 70% and compared with the national average of 73%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

We found that:

- The practice offered extended hours appointments at weekends.
- Routine appointments could be booked in person, by telephone or online via the practice website.
- Same day emergency appointments were available.
- Telephone consultations were available each day as were home visits for those who were unable to attend the practice.
- The practice had suitable facilities and was equipped to treat patients and meet their needs.
- The practice had considered the needs of patients with physical and / or sensory impairment and the premises were suitable to meet their needs.
- Translation services were available if needed.
- The practice responded quickly to complaints raised and offered apologies to patients when things went wrong or the service they received failed to meet their needs. The complaints system was not displayed for the information of patients.

Information about the practice services (such as how to access services when the practice was closed) was easily accessible.

Good



Are services well-led?

The practice is rated as being good for well-led.

Good



Summary of findings

- The practice had a clear vision and strategy to provide a responsive service for all its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.
- The practice had suitable governance systems in place to review and monitor the safety and quality of services. Risks to the health, safety and welfare of patients were assessed and monitored through a systems of reviewed and audits.
- There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were practice specific and were reviewed regularly to ensure that they reflected current legislation and guidance.
- The practice 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 provider was rated as good for older people.

Good



- All patients over 75 years had a named GP who was responsible for their care and treatment.
- Home visits were carried out for patients who were unable to attend the surgery for appointments.
- The practice proactively contacted all patients to invite them for annual flu vaccines and health checks.
- Vulnerable elderly patients and those who were at risk of unplanned hospital admissions were identified and had care plans in place to help support them to remain at home.
- Patients who were carers were identified and provided with information about the benefits and support available to them.
- The premises were accessible and adapted to support patients with mobility issues including those who used wheelchairs. The practice had a hearing loop system and toilet facilities for the disabled.

People with long term conditions

The provider was rated as good for people with long term conditions.

Good



- The practice proactively invited patients with one or more long term condition to attend health reviews.
- Data from 2014/15 showed that the practice performance for monitoring and treating patients with conditions such as heart disease and diabetes was the same as or better than other GP practices both locally and nationally.
- There were systems in place to ensure that patients who were prescribed medicines on a long term basis had the appropriate blood tests and medicine reviews.
- Clinical audits were routinely carried out to help review and improve outcomes for patients with one or more long term condition.

Families, children and young people

The provider was rated good for families, children and young people.

Good



- The practice offered same day appointments for children.
- Appointments were available outside of school hours.
- Community midwifery services were available at the practice.

Summary of findings

- Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Some staff had not received updated safeguarding training for children. However staff who we spoke with were aware of their responsibilities in this area.
- Data from 2014/15 showed that childhood immunisation rates were similar to other GP practices 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.
- Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

Good



The provider was rated good for working-age people.

- Same day and pre-booked (up to four weeks in advance) appointments and telephone consultations available each day.
- The practice did not offer extended opening such as early morning or late evening appointments. However weekend appointments were available.
- Data from the most recent national GP patient survey showed that the practice performed the same as or better than other GP practices both locally and nationally for patient satisfaction about access to the service. This included opening times and access to appointment.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

People whose circumstances may make them vulnerable

Good



The provider was rated as good for people whose circumstances make them vulnerable

- The practice had a dedicated safeguarding lead and procedures for staff to follow to help protect vulnerable patients against the risk of abuse.
- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability.

Summary of findings

- Patients with complex medical need and those who were vulnerable had a care plan in place.
- The practice proactively promoted annual health checks for patients with learning disabilities.
- Home visits and telephone consultations were available for patients who were unable to visit the practice.
- Information was made available to patients and carers to help them understand and access the range of benefits and support services that were available to them.

People experiencing poor mental health (including people with dementia)

The provider was rated as good for people experiencing poor mental health (including people with dementia).

- The practice reviewed and monitored patients with dementia and carried out face-to-face reviews.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs, which included an assessment of alcohol consumption.
- Where appropriate patients with mental health conditions had a care plan in place which had been agreed with them.
- Patients on antipsychotic and antidepressant medicines had regular medicines reviews and blood tests to ensure that their medicine dosage was effective and safe.
- Longer appointments and home visits were provided as required.
- Information was available about the range of local support and advice services available to patients and where appropriate their carers.
- Patients were referred to specialist mental health services as required.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 generated 123 responses from 234 surveys sent out which represented 52% of the patients who were selected to participate in the survey. This is above the national response rate of 38%

The survey showed that patient satisfaction was as follows:

- 88% found the receptionists at this surgery helpful compared with a CCG and the national average of 87%.
- 87% found it easy to get through to this surgery by phone compared with a CCG average of 67% and the national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and the national average of 78%.
- 96% said the last appointment they got was convenient compared with a CCG average of 93% and the national average of 92%
- 87% described their experience of making an appointment as good compared with a CCG and the national average of 73%.

- 89% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and the national average of 65%.
- 77% felt they did not normally have to wait too long to be seen compared with a CCG average of 67% and the national average of 58%.
- 95% of patients would recommend the practice to someone new compared with a CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards We also spoke with three patients on the day of the inspection. Patients commented positively about the practice and said that:

- Staff were caring, professional and helpful
- They could usually get an appointment that suited them and that they could get same day appointments for urgent issues
- GPs and the nurse took time to listen to patients and to explain their treatments.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that staff carrying out chaperone duties have received a disclosure and barring service check or that a risk assessment is in place to show why one is not required.
- Ensure that recruitment procedures are effective and follow published guidance.

Action the service **SHOULD** take to improve

- Review staff records so that they include evidence that staff have been vaccinated / have immunity against Hepatitis B.
- Review the arrangements for staff training so that staff undertake relevant, periodic training updates.
- Review the arrangements for making the complaints procedure and information available to patients.

Conner and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Conner and Partners

Conner and Partners is located in a purpose built medical centre in the semi-rural village of Hullbridge in the borough of Rochford, in Essex; the practice provides services for 6855 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Castlepoint and Rochford Clinical Commissioning Group. A GMS contract is one between NHS England and the practice where elements of the contract such as opening times are standardised.

Data from 2014/15 shows that the practice population is lower than the national average for younger people and children under four years. The practice population of people aged over 65 years is 29%. This is higher than other GP surgeries both locally and nationally.

The percentage of patients who have a long standing health condition is 56% and this is similar to other GP practices both locally and nationally.

Life expectancy for men is higher than both the local area and national averages. Life expectancy for women is similar to the national average.

Economic deprivation levels affecting children and older people are lower than the practice average across England. 52% of the practice patients are in paid employment or full time. This is slightly lower than the local area average of 56% and lower than the national average of 61%.

The practice provides a range of core services including:

- Childhood and adult vaccinations and immunisations
- Cervical screening
- Diabetes care
- Asthma and COPD care
- Mental health.

The practice provides a range of enhanced services including:

- Ambulatory BP checks
- Minor injuries and minor surgery.
- Senior health checks
- Learning disability health checks.
- Smoking cessation.

Enhanced services are those which require an enhanced level of provision above what is required under core GMS contracts.

The practice is managed by three GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in

Detailed findings

the Health and Social Care Act 2008 and associated Regulations about how the practice is run. The practice also employs one salaried GP. In total one male and three female GPs work at the practice.

The practice is a GP training practice. Any doctors who wish to become GPs need to undertake specialist training. The practice's GPs have undertaken extra qualifications as GP trainers. Doctors who are training to become GPs are called Registrars and are fully qualified and experienced doctors. At the time of our inspection had two GP Registrars. In addition the practice had one FY2 (Foundation Year 2) doctor. This is a qualified doctor who is in their second year after qualifying.

The practice also employs three practice nurses and one healthcare assistant. In addition the practice employs a team of receptionists and administrative staff.

The practice is open from 8am to 6.30pm on Mondays to Fridays.

Appointments are available from 8am to 12pm and 3pm to 5.45pm. The practice does not provide early morning or late evening appointments. However weekend appointments are available for patients via a local initiative which the practice participates in.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Conner and Partners as part of our comprehensive inspection programme. 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. This inspection was planned to check whether the provider was 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.

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.

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 and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2016. During our visit we spoke with a range of staff including the GPs, the practice manager and reception / administrative staff. We also spoke with three patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 31 comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place for reporting and investigating significant events, such as clinical errors or misdiagnosis. We looked at the records in respect of the eight reported significant events within the previous 12 months. Significant events were discussed during clinical meetings. We reviewed the minutes from these meetings and the reporting documents. We found that learning was shared with relevant staff and used to secure improvements.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medicines and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. All safety related alerts and information was kept and accessible to relevant staff to refer to and use as needed.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe. However improvements were needed in some areas. We found:

- Arrangements were in place to safeguard children from abuse. There were appropriate policies and procedures to assist staff to recognise and report concerns. These policies referred to the local safeguarding teams and included relevant contact details. One of the GP partners was the safeguarding lead. Some GPs and nurses had undertaken level 3 training in safeguarding children. Some staff had not undertaken recent safeguarding training updates. Staff who we spoke with were able to demonstrate that they understood and adhered to the practice policies.
- The practice had procedures in place for providing chaperones during examinations and notices were displayed in the waiting area and the consultation rooms to advise patients that chaperones were available, if required Disclosure and Barring Services

(DBS) check. These 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.

- Staff had access to policies and procedures in place to protect patients and staff against the risk of infection. The practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. These procedures covered cleaning and hand washing, handling and storing specimen samples, dealing with biological substances and disposing of waste matter.
- We observed the premises to be visibly clean, tidy and uncluttered. The practice employed an external cleaning contractor and there was a daily, weekly and periodic cleaning schedule in place. Regular infection control audits had been carried out. The most recent audit which had been carried out in December 2015 identified some areas for improvement including the replacement of all clinical and non-clinical waste bins with pedal operated type bins and wall mounted dispensers for hand washing soap. There was a plan in place which described the timeframe for achieving these improvements.
- Staff had access to personal protective equipment such as gloves and aprons. Some staff records did not include evidence in respect of screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- Medicines were stored securely and only accessible to relevant staff. Prescription stationery was securely stored and there were systems in place to monitor their use and minimise the risk of misuse. All medicines we saw were within their expiry date.
- There were protocols in place for handling and storing medicines such as vaccines which required cold storage. These procedures were followed by staff and medicines were stored appropriately.
- The practice had a policy for employing clinical and non-clinical staff. We reviewed five staff files including those for the most recently employed staff. These included files for nursing staff, administrative staff and one GP. We found that the recruitment procedures had not been followed consistently. Checks including proof

Are services safe?

of identification, qualifications and employment references were evident. However Disclosure and Barring Service (DBS) checks had been not carried out for all relevant staff.

•

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patients and staff safety. These included a health and safety policy and the practice manager was in the process of updating the risk assessments.
- There were assessments in place in respect of the risks the control of substances hazardous to health (COSHH) such as cleaning materials.
- The practice had undertaken a legionella risk assessment which identified no concerns.
- There was a fire safety policy and procedure and an annual fire safety risk assessment was carried out. The practice had fire alarm system and fire safety equipment. Checks were carried out to ensure that fire safety extinguishers and the smoke detectors were working. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas. Regular fire evacuation drills were carried out.
- Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. All electrical equipment was checked to ensure that it was safe to use.

- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs and staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had clear procedures in place for dealing with medical emergencies. Records showed that all relevant staff received annual basic life support training. The practice had oxygen and an automated external defibrillator (AED) for use in medical emergencies. All staff who we spoke with were able to demonstrate that they understood their roles and responsibilities in relation to dealing with medical emergencies.

The practice had a range of medicines for use in the event of a medical emergency. These included medicines to treat anaphylaxis, exacerbation of asthma and cardiac arrest.

The practice had a detailed business continuity plan in place for major incidents which could affect the day to day running of the practice. This was service specific and included the details of the arrangements in place for example if staff could not access the premises or the day to day running of the practice was disrupted due power or other systems failures. The plan was accessible to staff, regularly reviewed and revised where required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice GPs kept up to date with, referred to, and used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These were used routinely in the assessment and treatment of patients to ensure that treatment was delivered to meet individual's needs.

GP partners who we spoke with told us that they held regular clinical sessions to discuss and review assessments, treatments and clinical decision making. GPs attended regular peer support and training sessions as part of the local CCG 'Time to Learn' programme.

GPs acted as clinical leads in areas including the management of long term conditions such as diabetes and respiratory disease.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. We reviewed the verified performance data from 2014/15 including the practice exception reporting. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls, patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 85%. This was higher than the local CCG average of 74% and the national average of 77%. Exception reporting was significantly lower at 1.5% than the local CCG (6.5%) and the national (12%).

- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 76% compared to the local average of 72% and the national average of 78%. Exception reporting was significantly lower at 2.5% than the local CCG (5%) and the national (9%).
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 81% compared with the local average of 77% the national average of 80%. Exception reporting was significantly lower at 4% than the local CCG (7%) and the national (12%).
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 94% compared to the local average of 84% and the local average of 88%. Exception reporting was lower at 3% than the local CCG (4%) and the national (8%).

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 89% compared to the local average of 80% and compared to the local average of 83%. Exception reporting was lower at 1% than the local CCG (2%) and the national (4%).
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was the same as the local and national average of 97% and the national verge of 98%. Exception reporting was significantly lower at 0% than the local CCG (3%) and the national (6%).
- The percentage of patients with asthma who had a review within the previous 12 months was 70% compared to the local average of 71% and national average of 75%. Exception reporting was significantly lower at 1% than the local CCG (4%) and the national (7%).

Are services effective?

(for example, treatment is effective)

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 97% compared with the national average of 90% and the local average of 88%. Exception reporting was at 7% was comparable to the local CCG (8%) and the lower than the national (11%).

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition was similar to GP practices nationally. For example:

- 93% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the local average of 77% and national average of 88%. Exception reporting was lower at 6% than the local CCG (8%) and the national (12%).
- 100% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had a record of their alcohol consumption compared to the local average of 83% and national average of 89%. Exception reporting was higher at 12% than the local CCG (6%) and the national (10%).
- 85% of patients who had been diagnosed with dementia had a face to face review within the previous 12 months. This compared with the national average of 84% and the local average of 80%. Exception reporting was significantly lower at 3% than the local CCG (10%) and the national (8%).

The practice carried out clinical audits as a means of monitoring and improving outcomes for patients. We were provided with two clinical audits.

One audit monitored the practice referrals process in relation to making referrals for suspected cancers. The results of this showed that the practice was following current guidance in this area.

The practice performance for prescribing medicines such as antibiotics, non-steroidal anti-inflammatory medicines and hypnotics (anti-depressant type medicines) was in line with other GP practices. GPs who we spoke with were aware of the local shared care arrangements for monitoring

patients who were prescribed high risk medicines. There were procedures in place in respect of repeat prescribing and GPs reviewed and authorised repeat prescriptions to ensure that they were appropriate.

We reviewed the records for a number of patients and found that those who were prescribed medicines including anticoagulants and other high risk medicines had appropriate blood tests carried out at regular intervals in line with current guidelines.

Effective staffing

Staff told us that they received training and support that reflected their roles and responsibilities. We found:

- The practice had an induction programme for newly appointed members of staff to help them become familiar with the practice policies and procedures.
- The practice used the protected Time to Learn to provide training updates for staff.
- Staff we spoke with told us that they felt supported.
- Relevant information was shared with staff through meetings.
- Some staff did not have up to date training in areas including safeguarding children and adults, chaperone duties and infection control. However staff who we spoke with were able to demonstrate that they understood their roles and responsibilities in these areas.
- All staff received an annual appraisal of their performance from which further training and development needs were identified and planned for.
- There were arrangements in place for supporting and supervising GP registrars who were undertaking their training at the practice.
- The practice's nurse and GP staff had ongoing clinical support and supervision
- The nurses working at the practice were currently registered with the Nursing and Midwifery Council (NMC) and they were preparing for their revalidation
- All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England)

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

Regular clinical meetings were held between the GPs and nurse to discuss and coordinate patients care and treatment.

Information was received, reviewed and shared within the practice team and with other healthcare providers. This included when patients were referred to secondary and specialist services and when patients were admitted to or discharged from hospital.

Monthly multi-disciplinary team meetings took place to discuss, review and plan the care and treatment for patients including those who were nearing the end of their lives, patients receiving palliative care and those who were at risk of unplanned hospital admissions.

The practice had policies and procedures around obtaining patients consent to treatment. Where written consent was obtained copies were scanned and saved within the patient record. A clinical code was used within patients' records to show that verbal consent had been obtained.

Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with understood current guidelines in respect of obtaining consent in the care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear. Staff had an awareness of the provisions of the Mental Capacity Act 2005, Gillick competence and Fraser guidelines.

Patients who we spoke with during the inspection said that their care and treatment was explained to them in a way that they could understand and that their consent to treatment had been sought.

Health promotion and prevention.

The practice promoted and encouraged patients to access the current NHS and Public Health England national screening programmes. There was a policy to offer telephone reminders for patients who did not attend for

their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening. We reviewed the performance data for 2014/15 including exception reporting:

- The practice's uptake for the cervical screening programme was 86%, compared to the local average of 87% and the national average of 82%. Exception reporting at 2% was lower than the local CCG and national which was 6%.
- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer within the previous 3 years was the same as the local CCG average of 80% compared the local and national average of 72%.
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer within the previous 3 years was 63% compared with the local CCG average of 60% and the national average at 58%.

Childhood immunisation rates for the vaccinations included:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 95% compared to the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 90% compared to the CCG percentage of 95%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 100% compared to the CCG percentage at 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years.

Smoking cessation sessions were available and patients were provided with information relating to healthy lifestyle choices.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff had access to policies and procedures in relation to treating patients with dignity and respect. These included how patients were treated at reception, during and after consultations. We observed throughout the inspection that reception staff were polite and helpful to patients. Patients we spoke with told us that reception staff were friendly, helpful and respectful.

Reception staff were mindful when speaking on the telephone not to repeat any personal information. Staff we spoke with told us that patients would be offered a room to speak confidentially if they wished to do so.

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 to help ensure that conversations taking place in these rooms could not be overheard.

Patients who completed CQC comment cards and those patients we spoke with during the inspection told us that they were happy with the level of care and support that they received from GPs, nurses and reception staff. A number of patients commented on the helpful attitude of the receptionists.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 94% said the GPs were good at listening to them compared to the CCG average of 85% and national average of 89%.
- 95% said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 97% said they had confidence and trust in the last GP compared to the CCG of 94% and the national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and compared to the national average of 91%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Each of the three patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. They told us that they never felt hurried or rushed and that their treatments were explained to them in a way that they could understand.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 89% said the last GP they saw was very good or good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 81%.

Staff told us that that access to translation services was available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for identifying and supporting patients who were carers. Patients were provided with the opportunity to inform the practice at any time if they had caring responsibilities. There was a practice register of all patients who were carers and at the time of our inspection these accounted for 0.6% of the practice population. Following our inspection the practice carried out an audit of records and found that while a number of patients who were carers had been identified that a miscoding within the system had resulted in lower reporting. Following the audit the practice were able to demonstrate that 1.4% of patients had been identified as having caring responsibilities.

Are services caring?

This information was used on the practice's computer system to alert GPs when the patient attended appointments.

There were notices displayed in the waiting area, which advised carers of the benefits they could access such as social care assessments. There was also information

available to signpost patients and carers to the various local support agencies and organisations including counselling services, advice on domestic and elder abuse and cancer support services.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they contacted families following bereavement, where this was appropriate and an appointment or other support was provided needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example;

The practice was taking part in a local initiative which provided out of hours GP services to patients at weekends.

We found that;

- Appointments could be booked in person, by telephone or online via the practice website.
- The appointment system was structured so that longer appointments were available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent appointments were available each day for children and those with urgent medical conditions.
- The practice operated duty doctor system to offer patients same day appointments where these were needed.
- Telephone consultations and emergency appointments were available each day
- Smoking cessation advice and treatment was available in individual appointments.
- The practice provided step free / ramp access and all of the consultation and treatment rooms were located on the ground floor.
- Toilets for the disabled and baby changing facilities
- Braille signage was available.
- Translation services were available as required.

Access to the service

The practice was open from 8am to 6.30pm on Mondays to Fridays. Morning appointments were available between 8am and 12pm and afternoon appointments between 3pm and 5.45pm. The practice did not offer early morning or late evening appointments. However weekend appointments on Saturdays were available and this service was advertised.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 87% described their experience of making an appointment as good compared with a CCG average of 72% and the national average of 73%.
- 88% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 8%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and the national average of 73%.

All of the 31 patients who completed comment cards told us that they found it easy to get routine appointments quickly.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Written information was not readily available to help patients to understand the complaints procedure. Patients we spoke with were aware of the process to follow if they wished to make a complaint and those we spoke with said that they felt confident that their concerns would be taken seriously, investigated and resolved.

We looked at the records for the written complaints received within the previous twelve months. Records showed that complaints had been acknowledged, investigated and responded to within the complaints procedure timeline. Each element of patients concerns or complaint had been fully investigated and responded to in an open and transparent manner. A suitable apology was given to patients when things went wrong or where the patients experience fell short of what they expected. The complaints response included information about how patients could escalate their complaints should they remain dissatisfied with the outcome or how their complaint was handled. Learning from complaints was discussed and shared with staff at practice meetings to improve patient's experiences.

Are services well-led?

Good 

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

Our findings

Vision and strategy

GPs and other staff who we spoke with were enthusiastic and demonstrated that they had a desire to improve the quality of treatment for patients and to offer a flexible service that met patient's needs. The practice had a range of policies, procedures in place, which underpinned how the practice was managed and these were practice specific, kept under review and accessible to all relevant staff.

Governance arrangements

The practice had clear systems in place to identify and manage risks to patients and staff:

- There was a staffing structure and accountability.
- The GPs we spoke with demonstrated that they were eager to improve services and that they engaged regularly with their peers to do this.
- Audits, reviews and risk assessments were carried out to monitor and improve the quality of services provide to patients and to provide safe and effective care and treatment.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of scheduled and opportunistic clinical and non-clinical practice meetings and informal discussions were held during which staff could raise issues and discuss ways in which the service could be improved.

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

The practice valued feedback from patients. The practice encouraged patients to participate in the NHS Friends and Family Test and monitored the results to help identify areas for improvement. We saw that the results for 2015/16 were discussed and shared with staff on a regular basis. The results were mostly positive with over 90% of patients indicating that they would be extremely likely or likely to recommend the practice to friends and family.

The practice had a Patient Participation Group (PPG). Regular meetings were held and patients views and comments were considered and acted on where possible to help make improvements to the services provided and patients overall experiences.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Risks to the health, safety and welfare of patients and staff were not consistently assessed, monitored and managed.
Surgical procedures	The practice were not following recognised recruitment processes.
Treatment of disease, disorder or injury	Some staff carrying out chaperone duties had not received a disclosure and barring service checks and a risk assessment was not in place as to why one was not required.
	Regulation 12 (1) (2)