

Dr WJ Degun's and Dr OO Macaulay Practice

Quality Report

Dr WJ Degun's and Dr OO Macaulay Practice
The Knares Medical Practice
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall. (Previous inspection 26 June 2017– Requires Improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Dr WJ Degun's and Dr OO Macaulay Practice, also known as The Knares Medical Practice on 26 June 2017. The overall rating for the practice was requires improvement. We issued the practice with a warning notice in relation to the governance at the practice.

We carried out a focused inspection on 14 November 2017 and we found that the practice had met the requirements of the warning notice as sufficient improvements had been made. The full comprehensive report of both the June 2017 and November 2017 inspections can be found by selecting the 'all reports' link for Dr WJ Degun's and Dr OO Macaulay Practice on our website at www.cqc.org.uk.

This inspection was a comprehensive inspection carried out on 23 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulations that we identified in our previous inspection on 26 June 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The provider had put in place an effective action plan to make improvements.

Summary of findings

- There was now open and transparent leadership. There were regular minuted meetings with clinicians, local practices, other providers and all practice staff.
- Staff were supported and trained. The infection control lead had received appropriate training. Staff were supported to undertake additional training relevant to their role.
- Areas of underperformance had been identified. Unverified data indicated improvement.
- All chaperones had received a Disclosure and Barring (DBS check) to assess their suitability for the role.
- Systems to learn from significant events had been improved. Risk was effectively managed so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. This was discussed with clinicians, staff, other practices and stakeholders. The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had identified patients who had been identified as carers. Carers were provided with support when they needed it.
- More GPs and nurses had been recruited and patients reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.
- The provider encouraged staff at all levels to attend neighbouring practices to review and improve their ways of working. Staff presented their analysis at a team meeting and changes were made as a result of their findings.

However, there were also areas of practice where the provider should make improvements.

The provider should:

- Review, monitor and improve antibiotic prescribing.
- Improve uptake of breast cancer screening for women aged 50-70 within six months of invitation.
- Continue to monitor and improve patient feedback in relation to GP's explanation of tests and treatments.
- Facilitate regular meetings with the Patient Participation Group.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Dr WJ Degun's and Dr OO Macaulay Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector and was supported by a GP specialist advisor.

Background to Dr WJ Degun's and Dr OO Macaulay Practice

Dr WJ Degun's Practice, also known as The Knares Medical Practice is situated in Basildon, Essex. The practice registers patients who live in Leigh Chapel South, Langdon Hills and surrounding areas of Basildon. The practice provides GP services to approximately 6,700 patients.

The practice is commissioned by the Basildon and Brentwood Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to 18 years compared to the England average and fewer patients aged over 65 years. Economic deprivation levels affecting children and older people are higher than average, and unemployment levels are lower. The life expectancy of male patients is in line with the local average and the life expectancy of female patients is higher by one year. The number of patients on the practice's list that have long standing health conditions is comparable to average, as is the number of patients who are carers.

The practice is governed by a partnership that consists of one full-time male GP and a part-time female GP. The partnership is supported by four part-time locum GPs, four practice nurses and a healthcare assistant. Administrative support consists of a full-time practice manager, a head receptionist and a number of part-time reception and administrative staff.

The practice is open 7.30am until 6.30pm every weekday except on a Thursday, when it is open until 7.15pm. When the surgery is closed, urgent GP care is provided by Integrated Care 24, another healthcare provider. Morning surgery times start at 7.30am daily, finishing between 12.30pm to 1.40pm. Afternoon surgeries begin between 1.30pm and 4pm and continue until between 5pm and 7.15pm.

The practice has previously been inspected on 16 May 2017 and 26 June 2017. On both occasions, the practice was rated as requires improvement overall. After the June 2017 inspection, the practice was issued with a warning notice in respect of the governance at the practice. We inspected the practice again on 14 November 2017 to check that requirements of the warning notice had been met. This inspection was a comprehensive inspection to ensure the practice had made improvements and also to give revised ratings.

Why we carried out this inspection

We carried out an announced comprehensive inspection at Dr WJ Degun's and Dr OO Macaulay Practice, also known as

Detailed findings

The Knares Medical Practice on 26 June 2017. The overall rating for the practice was requires improvement. We issued the practice with a warning notice in relation to the governance at the practice.

We carried out a focused inspection at the practice on 14 November 2017 and we found that the practice had met the requirements of the warning notice as sufficient improvements had been made. The full comprehensive

report of the June 2017 and focused report of November 2017 inspections can be found by selecting the 'all reports' link for Dr WJ Degun's and Dr OO Macaulay Practice on our website at www.cqc.org.uk.

We undertook a comprehensive inspection carried out on 23 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches of regulations that we identified in our previous inspection on 26 June 2017.

Are services safe?

Our findings

What we found at the inspection of June 2017

We rated the practice as requires improvement for providing safe services as not all staff who acted as chaperones had a Disclosure and Barring Service check or risk assessment to ascertain their suitability for the role. The infection control lead had not received relevant infection control training, and there was limited evidence of review and shared learning following significant events.

These arrangements had significantly improved when we undertook a follow up inspection on 23rd January 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. Staff knew who to go to for further guidance and policies were being updated to reflect these details.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were now being undertaken where required. (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). For staff who did not have references who had been recruited prior to our first inspection, the practice completed a risk assessment to ascertain whether there were now required.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had now all received a DBS check.
- There was an effective system to manage infection prevention and control. The practice employed an external provider to review their infection control arrangements. Regular risk assessments indicated significant improvement. All staff had now received training relevant to their roles.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had increased its staffing since our last inspection.
- Members of the administrative and reception team had visited a neighbouring practice as part of a review to their staffing levels and ways of working. As a result of this, two new receptionists were being recruited into the team.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. Locum GPs and locum nurses were engaged as required in response to increased demand.
- The practice conducted a patient safety questionnaire for patients. There were twenty responses received. All patients indicated that they felt safe at the practice and that appropriate standards of cleanliness were maintained.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and a system was implemented immediately after our inspection to effectively monitor its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing with the support of the local medicine management teams.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Significant events were now being recorded and learning shared across the practice. Staff that we spoke with were aware of how to report significant events and told us about significant events that they had been involved in. Minutes of practice meetings evidenced that learning was being effectively shared.
- Staff had received training on 'being open' so that they knew how to share information when things went wrong.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety. For example, a significant event was identified and raised following an incident that occurred after minor surgery. New systems were implemented and staff were aware of how the improved system worked.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at the inspection of June 2017

We rated the practice as requires improvement for providing effective services as there were areas of clinical underperformance and no action plans to make improvements. Staff did not receive an effective appraisal.

There had been significant improvement when we undertook a comprehensive inspection on 23 January 2018. The practice is now rated as good for providing effective services.

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Whilst the practice was not an outlier for its prescribing of antibiotics, data evidenced that this was above average. The number of antibacterial prescription items prescribed per specific therapeutic age-sex related prescribing unit was 1.20, compared to the CCG average of 1.10 and England average of 0.98. The practice had been targeted with reducing this figure by 5% by the medicines management team last year but had not achieved this. However, meeting minutes evidenced that antibiotic prescribing guidelines had been recently circulated to clinicians and discussed with a view to improving this.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were able to monitor their own blood pressure using a machine in the waiting area.
- The practice had recently purchased a machine which would enable them to carry out an on-site check of patients' cholesterol levels to assist in ongoing monitoring and review.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. Over a 12 month period the practice had offered 63 patients over 75 a health check. 55 of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Significant improvements had been made to reviewing patients who were prescribed medicines that required monitoring. Patients taking these medicines were being regularly reviewed to ensure that medicines were prescribed safely.
- Clinicians who carried out reviews of patients with long term conditions had received specific training. The GPs had attended further training in diabetes management.
- Additional nurses had been employed over the summer months to improve the uptake in health checks.
- Technology had been purchased to assist in monitoring patients with long-term conditions.
- In 2016/17 the percentage of patients with hypertension who had a blood pressure reading within specified range was below average, as was the percentage of patients with diabetes whose cholesterol was within a specified range and the percentage of patients with diabetes whose blood pressure was within a specified range. We were shown evidence to confirm that performance for these indicators had improved.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice had invited the midwife to attend their practice meeting. The midwife provided information about how to support pregnant women with continuing health conditions and guidance about what referrals should be made.

Are services effective?

(for example, treatment is effective)

- The practice had implemented a protocol for reviewing pregnant women on long-term medicines.
- The midwife held a weekly clinic at the practice.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 74%, which was in line with the 80% coverage target for the national screening programme.
- The practice sent text messages to inform eligible patients to have the meningitis vaccine.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Care plans and other documents with pictorial aids were used to support patients with a learning disability to be involved in their care.
- There were 44 patients on the learning disabilities register. All of these patients had received a health check in the last year.
- There were 284 patients who had been identified as carers. 260 carers had been invited for a health check in the last year and 116 checks had been completed.

People experiencing poor mental health (including people with dementia):

- In 2016/17 96% of patients of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- In 2016/17 75% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was below average. We were shown evidence to confirm that performance for this indicator had improved.
- The practice specifically considered the physical health needs of patients with poor mental health and those

living with dementia. The percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 83% which was comparable to the national average.

Monitoring care and treatment

The practice now had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Searches were regularly undertaken to ascertain current achievement and there was a sound understanding of performance.

The most recent published Quality Outcome Framework (QOF) results for 2016/17 showed that the practice had achieved 89% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 97%. The overall exception reporting rate was 4% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Since our previous inspections, the practice had implemented an effective action plan with a view to improving QOF performance and patient review. This involved all members of the practice team and external resources were utilised as appropriate. The practice had enlisted administrative support from a neighbouring practice to review and rectify patient registers and had employed locum nurses to carry out patient reviews; further, they were proactively visiting housebound patients to carry out their reviews, as well as providing educational support and appraisal of QOF performance at clinical and non-clinical meetings.

- As 2016/17 was the most up to date verified data available to inspectors, the practice provided us with data comparing performance from December 2016 to December 2017. This evidenced that there had been significant improvement in the review and monitoring of patients. For example:
- In 2016/17 the percentage of patients with hypertension who had a blood pressure reading within specified

Are services effective?

(for example, treatment is effective)

range was 74% compared with the CCG average of 80% and national average of 83%. We were shown evidence to confirm that performance for this indicator had improved.

- In 2016/17 the percentage of patients with diabetes whose cholesterol was within a specified range was 63% compared to the CCG average of 75% and national average of 80%. We were shown evidence to confirm that performance for this indicator had improved.
- In 2016/17 the percentage of patients with diabetes whose blood pressure was within a specified range was 61% compared to the CCG average of 77% and England average of 78%. We were shown evidence to confirm that performance for this indicator had improved.
- In 2016/17 the percentage of patients of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the previous 12 months was 82% compared to the CCG average of 93% and national average of 90%. We were shown evidence to confirm that performance for this indicator had improved.

The practice was actively involved in quality improvement activity. The practice had completed six clinical audits in the past two years, one of which was in its second cycle. Clinical audits looked at prescribing and reviewed cancer referrals, for example and evidenced improvement. The practice worked with four practices in the locality to share ways of working. Meeting minutes evidenced that these meetings were used to discuss ways to improve the quality of care given to patients with long-term health conditions.

The practice had scheduled for nurses from the practice to spend time with the nursing team in a neighbouring practice. This was being done with an aim of reviewing and as appropriate, improving their clinical performance. They had found that this had been an effective method of developing the practice when a similar course of action was undertaken by the administrative team.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Since our previous inspections, the practice had reviewed all staff training and had invested in developing staff at all levels. Whilst online training was utilised, face-to-face training was employed where a need was identified. For example, all available staff attended in house infection control training in October 2017 as well as improving patient experience training in September

2017. GPs had attended diabetes training and the training needs of the nursing team had been reviewed and actioned. The practice was supporting a nurse to complete their prescriber training.

- The practice now understood the learning needs of staff and provided protected time and training to meet them. Training and development was an integral part of the practice's business plan. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop and told us of additional training that they had attended to support them to carry out their roles, for example in relation to medical terminology.
- At our comprehensive inspection of August 2017, we found that the appraisals system was not effective as this did not evidence the provider answering staff feedback. This was no longer the case: all staff had received a meaningful appraisal in the last year and their feedback was considered and responded to. All staff now had uniforms and told us of how morale at the practice had improved. They told they attended social events and lunches provided by the partners and enjoyed their work.
- The practice completed a staff survey during 2017 and analysed the results. As a result of the feedback, the practice reviewed the salaries of all staff.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- Records showed that relevant staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- The practice had audited their referrals for new cancer diagnosis using the two week wait referral. However, the number of females aged 50-70 who had been screened for breast cancer within six months of invitation was 41%, compared to the CCG average of 61% and the England average of 62%. The practice advised us that they would review this data and send reminders to patients who had not attended for their screening.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- The practice monitored the process for seeking consent. Consent forms were used when undertaking minor surgery.
- Clinicians supported patients to make decisions.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 302 surveys were sent out and 105 were returned. This represented about 6% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 96%.
- 74% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 86%.
- 93% of patients who responded said the nurse was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 90% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and had received training in the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Staff gave us examples of when these services were used.
- Staff communicated with patients in a way that they could understand. Communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services.
- A hearing loop was available for deaf patients.

The practice proactively identified patients who were carers. A protocol for identifying and supporting carers was available in clinical rooms. Once identified, their carer status was recorded on the system and they were invited for a health check. The practice had identified 70 patients as carers, which was approximately 1% of the practice list. 31 health checks had been carried out in the last year.

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

- 71% percentage of patients said that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care compared to the CCG average of 75% and national average of 82%.
- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 81% and the national average of 86%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

Are services caring?

The practice was aware of the feedback in the GP patient survey and had undertaken their own survey after the results for the GP survey had been published. The practice survey was completed between 1st of July and 11th of September 2017. This survey took place after many changes at the practice has been implemented, such as the engagement of additional nurses and GPs, further training and improvements to the appraisal and development of staff. 32 responses were received:

- All patients surveyed said the practice were good or very good at treating them with dignity and respect.
- All patients surveyed said the practice were good or very good at involving them in decisions about their care and treatment.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.
- Staff completed information governance training.
- All new staff signed the practice's confidentiality policy before they started work.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. The practice offered extended opening hours, online services such as repeat prescription requests and booking appointments and text reminders for appointments and health checks.
- Additional GPs and nurses had been recruited by the practice since our previous inspection. Patients told us that it was now easier to make an appointment at a time that suited them.
- Appointments could be taken to have blood tests at the practice.
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. This included proactively visiting housebound patients for reviews and vaccinations.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice was in the process of reviewing systems in reception to make it easier to speak to a member of staff. Two new receptionists were being recruited.
- Two mobile telephones had been purchased for use by clinicians working at the practice. This meant that clinicians did not have to use the practice's telephone lines when they needed to make a telephone call, so that there was increased access for patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits, telephone consultations and urgent appointments for those with enhanced needs. The GP accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice was looking at changing systems so that all multiple conditions were reviewed at one appointment. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Additional technology had been purchased so that blood pressure monitoring and cholesterol levels could be taken at the practice.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Children who had not attended for hospital appointments were followed up by the practice
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The midwife held a weekly clinic at the practice and attended regular meetings.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included extended opening hours.
- The practice pro-actively contacted patients aged 18-21 by text message to advise them to attend for a meningitis vaccination.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

Are services responsive to people's needs?

(for example, to feedback?)

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers.
- The practice made information accessible to those who needed it, such as pictorial aids, translation facilities and a hearing loop.

People experiencing poor mental health (including people with dementia):

- Care plans were developed and reviewed for those experiencing poor mental health.
- The practice worked with social workers and other providers to review and signpost patients to relevant avenues of support.
- Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice was aligned with other services to promote social prescribing.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. These patients were identified on the system as requiring an urgent appointment.
- The appointment system was easy to use, online, in person or on the telephone.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 302 surveys were sent out and 105 were returned. This represented about 6% of the practice population

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 80%.
- 75% of patients said they could get through easily to the practice by phone compared with the clinical (CCG) average of 66% and national average of 71%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the (CCG) average of 71% and national average of 76%.
- 73% of patients responded positively to the overall experience of making an appointment compared to the CCG average of 67% and England average of 73%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The practice recorded any negative comments made by patients who did not wish to raise a formal complaint. These were discussed during practice meetings.
- The complaint policy and procedures were in line with recognised guidance. This was available on the reception desk or on the practice's website.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Where relevant, the practice investigated complaints as a significant event. Systems were improved and learning was shared during practice meetings.

Are services well-led?

Good 

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

Our findings

What we found at the inspection of June 2017

Sufficient improvements had not been made since our earlier inspection in May 2016. We found that there was a lack of consistent improvement in relation to QOF indicators and patient outcomes. The provider did not know why QOF indicators were low and so no plan had been implemented to improve these.

There was a lack of transparency and involvement between staff and the provider. Staff had raised concern about the practice's lack of recognition of their increased responsibilities, but there was no evidence of these issues being acknowledged or discussed during the reviewed appraisal process. It had not been identified that the infection control lead had not received appropriate training for this role. Practice meetings occurred, although the minutes of these were inconsistent and lacked detail. There was no designated clinical meeting.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a focused inspection of the service in November 2017. The practice is now rated as good for being well-led.

Leadership capacity and capability

Leaders evidenced that they had the capacity and skills to make significant improvements and deliver high-quality, sustainable care.

- Partners and the management team had the experience, capacity and skills to deliver the practice strategy. They had addressed all risks that had been previously identified by inspectors. All staff spoke highly of the changes that had been implemented since our previous inspection.
- Partners were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were proactively addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. Training and development of staff was now a priority which was

reflected in the business plans. Staff that we spoke with told us of the additional training courses they had attended with a view to ensuring that they were able to meet the requirements of their updated job descriptions. One of the nurses was being supported to become a nurse prescriber.

- There was openness and transparency across the practice. A daily morning meeting had been introduced for all staff across the administrative and clinical team. Staff that we spoke with told us how this had been useful when making arrangements for the day ahead and handing over information. These meetings were minuted and any actions were recorded on the shared drive for all staff to review.
- We saw that there was openness and transparency between the GPs and nurses. Nurses were confident approaching GPs with any queries during the course of their day. All staff had attended training on openness and transparency.
- There were now monthly, minuted clinical meetings for nurses and GPs. These meetings were attended by external professionals when a need was identified.

Vision and strategy

The practice now had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy in consideration of the views and experiences of patients, staff and external partners.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice now had a culture of high-quality sustainable care. Areas of underperformance had been targeted, and all staff were clear about how they contributed to ongoing improvement.

Are services well-led?

Good 

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

- Staff stated they felt respected, supported and valued. They were proud to work in the practice. They told us of how the culture had changed and evolved: staff all now wore uniforms and actively contributed to the running of the practice.
- Leaders praised and rewarded staff when they had excelled, and encouraged the team to be open and honest when things went wrong.
- The practice demonstrated openness, honesty and transparency when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had received training on being open, and raised any concerns at the daily practice meeting. They gave us examples of how issues identified had been addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had attended a one to one with a senior member of staff. In this meeting, their job roles were considered and discussed. Job titles and salaries were reviewed to reflect each individual's current responsibilities.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out and

understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. There had been a review of all infection control procedures, which included training for all staff, including the infection control lead.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There had been improvements to the QOF achievement. The practice had reviewed their systems to ensure that patients were now being correctly coded and further, they had increased the number of home visits to housebound patients so they were effectively reviewed. Experienced locum nurses had been engaged to carry out health checks.
- A comprehensive understanding of the performance of the practice was being maintained. QOF performance was now a standing item at monthly clinical meetings, where performance was reviewed.
- We compared the QOF achievement of December 2016 to that of December 2017. We found that as a result of the action taken, the practice had made improvements in relation to all identified areas of underperformance.
- Significant events were now being recorded and learning shared across the practice. Staff that we spoke with were aware of how to report significant events and told us about significant events that they had been involved in. Minutes of practice meetings evidenced that learning was being effectively shared.
- The practice had processes to manage current and future performance. There were now monthly, minuted clinical meetings for nurses and GPs. These meetings were attended by external professionals when a need was identified.

Are services well-led?

Good 

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- All staff, including those who acted as chaperone, had received a DBS check to assess their suitability for the role. There was identification present on all staff files. Issues identified in our previous inspections had been resolved.
- The practice had completed a patient safety questionnaire and feedback was positive: patients felt safe at the practice.
- Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Audits were planned to take into account risks that had been identified.
- The practice had plans in place for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. When we spoke with the practice about areas of weaknesses, they were receptive and told us of action they would take to improve.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The practice was working with four practices in the locality with a view to improving performance and sharing good practice.
- One of the partners met with GPs from other practices every month to discuss how they could improve clinical performance. Meeting minutes evidenced that these meetings were used to discuss ways of improving the care of patients with long-term conditions, for example.
- Members of the administrative and reception team had visited one of these practices as part of a review to systems and staffing levels. Relevant staff presented their analysis at a team meeting and as a result of this, two new receptionists were being recruited into the team and systems were being updated. It was anticipated that this would alleviate pressure on the phone systems and improve access and efficiency.
- Two members of the nursing team were due to visit another practice in the weeks following our inspection. Again, the purpose of this to review of systems and processes, with a view to making continued improvements.
- There was an active patient participation group. They told us that the availability of appointments had improved since our previous inspections. They told us that they would like the opportunity to meet more frequently.
- The service was transparent, collaborative and open with stakeholders about performance. Where services in the community were lacking or required improvement, we saw that action was taken to address these concerns.
- The practice now encouraged and valued feedback from staff. A staff survey had been carried out in July 2017 and the results were collated and analysed. We saw evidence that action had been taken when issues were identified. A further staff survey was scheduled to take place later in the year to assess whether the actions taken had been effective.

Continuous improvement and innovation

Are services well-led?

Good 

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

The practice had taken decisive action to improve and meet CQC requirements. They were actively engaging with other practices in the locality to look at new and effective ways of working. Staff were being encouraged to be a part of improvement and innovation.

Since our inspection last year, they practice had invested in technology and specialist support with a view to further and continuous improvement.