

Rusthall Medical Centre

Quality Report

Nellington Road
Tunbridge Wells
Kent,
TN4 8UW

Tel: 01892515142

Website: www.rusthallmedicalcentre.co.uk

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rusthall Medical Centre on 7 July 2016. Overall the practice is rated as requires improvement.

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

- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not sufficiently robustly recorded and auditable, the practice policy was not complied with by all staff and there was insufficient evidence of the duty of candour being complied with.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. However,

the practice was unable to demonstrate that all relevant staff were up to date with safeguarding training, infection control training and health and safety training.

- Data showed that patient outcomes were better than the national average. We saw evidence that audits were driving improvements to patient care and outcomes.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Governance arrangements were not always effectively implemented. The practice had a number of policies and procedures to govern activity. However, some were not dated and limited in detail. Staff did not know where to find the majority of policies and did not have access to them, and methods of disseminating information were not robust and auditable.
- The practice was proactive in pursuing continuity of care with patients being cared for by their designated named GP.

The areas where the provider must make improvement are:

- Revise the system of significant event management to ensure that there is a robust record of investigations, actions and outcomes and that the practice is complying with the duty of candour.
- Ensure that all employed staff receive mandatory training

- Revise medicines management to ensure that blank prescription forms are stored securely and blank prescription forms and pads are monitored through the practice.
- Revise recruitment management to ensure that all appropriate recruitment checks are undertaken prior to employment of staff.
- Revise governance processes and ensure that all governance documents including policies, protocols and minutes of meetings are up to date and accessible to all staff.

In addition the provider should:

- Ensure that all attendances at training are formally recorded.
- Ensure that the staff induction programme incorporates a record and audit trail of the training received.
- Ensure that the communication of information and change to all staff is auditable.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system for reporting and recording significant events. However, reviews and investigations were not sufficiently robustly recorded and auditable, the practice policy was not complied with by all staff and there was insufficient evidence of the duty of candour being complied with.
- Patient safety alerts were received, reviewed and disseminated to appropriate staff by the registered manager
- The practice's systems, processes and practices did not always keep patients safe, and safeguarded from abuse.
- Risks to patients, staff and visitors were not always assessed and well managed.
- Not all staff were up to date with relevant training such as safeguarding, infection control and health and safety.
- Blank prescription forms were not always stored securely and blank prescription forms and pads were not monitored through the practice in line with national guidance.
- The practice was unable to demonstrate that all appropriate recruitment checks had been carried out prior to the employment of staff.
- Panic alarms had been installed in all clinical rooms which alerted staff to an emergency.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to local and national averages.
- Clinical staff assessed needs and delivered care in line with current evidence based guidance.
- There was a strong emphasis on continuity of care and the GPs operated a 'buddy' system to help ensure this was maintained at times of sickness and/or leave.
- There was evidence that clinical audits demonstrated improvement to patient care and outcomes.

Summary of findings

- Clinical staff demonstrated that they had the knowledge and experience to deliver effective care and treatment. However, training records were not up to date and records did not evidence formal training in safeguarding, infection prevention and fire safety.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for the majority of aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- We saw evidence that great care was taken to manage the overall well-being of patients.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice engaged with the CCG in relation to medicines optimisation.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said that they found it very easy to make an appointment with their own GP and there was evidence that continuity of care was key to the practice's good relationship

Summary of findings

with its patients. We saw evidence that the focus on continuity facilitated an in-depth knowledge and understanding of each patient and his or her family, enabling a holistic approach to the care of each patient.

Are services well-led?

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

- The practice had a vision and a strategy to deliver high quality care and promote good outcomes for patients. There was a strong focus on continuity of care. However, not all staff were aware of the vision and strategy and their responsibilities in relation to them.
- There was a leadership structure and staff felt supported by management. However, staff were not always aware of who was responsible for key areas such as infection control for which there was no nominated lead.
- The governance arrangements were not always effectively implemented.
- The practice had a number of policies and procedures to govern activity. However, these were not available for all staff to access
The provider was aware of but unable to fully demonstrate compliance with the requirements of the duty of candour.
- The practice had systems for notifiable safety incidents.
- The practice proactively sought feedback from patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels within the practice.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring, effective and responsive services

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice cared for approximately 67 patients residing in an adjacent nursing home. Weekly visits were conducted with additional visits as required. Staff from the care home attended the practice's multidisciplinary team meetings. The practice was proactive in ensuring relevant vaccinations were offered. Staff at the care home told us that they were well supported by the practice.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring, effective and responsive services.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the clinical commissioning group (CCG) average of 88% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and each GP conducted structured annual reviews on their own patients to check that health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring, effective and responsive services.

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 86% compared to the clinical commissioning Group (CCG) average of 84% and the national average of 81%.
- Appointments were available outside of school hours.
- Baby changing facilities were available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was proactive in its efforts to encourage eligible patients to receive the Meningitis ACWY vaccine
- The practice offered child flu vaccination clinics.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring, effective and responsive services.

- The needs of the working age population, those recently retired and students had been identified and the practice offered pre-bookable extended hour appointments on three mornings per week between 7.30am and 8am and telephone consultations at pre-arranged times.
- The practice was proactive in offering online services, electronic prescribing services as well as health promotion and screening as appropriate for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring, effective and responsive services.

- The practice held a register of patients living with a learning disability. There were 25 patients on the register.
- The practice offered longer appointments for vulnerable patients as required
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware that concerns should be reported but not all staff were aware of the formal process for doing this, or had access to relevant policies. There was limited evidence of staff having received specific training in relation to adult safeguarding.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The provider is rated as good for providing caring, effective and responsive services.

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 85% and the national average of 84%.
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97% compared to the CCG average of 89% and the national average of 90%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% compared to the CCG average of 88% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental

Requires improvement



Summary of findings

health, including those with dementia. The practice had a system to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice provided accommodation for consultations with the Community Psychiatric Nurse where this best met the needs of individual patients.
- We saw evidence that the GPs worked closely with patients and their families to provide a holistic approach to care.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with national averages. Two hundred and thirty three survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak with someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 12 comment cards, 11 of which were extremely positive about the standard of care received. Patients described staff as caring and professional and felt that they were listened to and treated with respect. Several patients described their treatment as excellent. The one negative comment card referred to having a long wait at reception upon arrival.

We spoke with three patients during the inspection. We also received two letters from patients. All five patients stated that they were very satisfied with the care they received and thought staff were approachable, committed and caring. In addition, patients praised the medical team for the continuity of care provided.

The practice gathered feedback from patients via the Friends and Families test. During 2015 a total of 123 cards were completed and submitted. 112 of those cards stated that they were either highly likely or likely to recommend the practice to Friends and Family, four were neutral and six were unlikely to make a recommendation and one was highly unlikely to make a recommendation.

Areas for improvement

Action the service **MUST** take to improve

- Revise the system of significant event management to ensure that there is a robust record of investigations, actions and outcomes and that the practice is complying with the duty of candour.
- Ensure that all employed staff receive mandatory training
- Revise medicines management to ensure that blank prescription forms are stored securely and blank prescription forms and pads are monitored through the practice.
- Revise recruitment management to ensure that all appropriate recruitment checks are undertaken prior to employment of staff.

- Revise governance processes and ensure that all governance documents including policies, protocols and minutes of meetings are up to date and accessible to all staff.

Action the service **SHOULD** take to improve

- Ensure that all attendances at training are formally recorded.
- Ensure that the staff induction programme incorporates a record and audit trail of the training received.
- Ensure that the communication of information and change to all staff is auditable.

Rusthall Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rusthall Medical Centre

Rusthall Medical Centre is a purpose-built surgery located in Nellington Road, Rusthall, Royal Tunbridge Wells, Kent, TN4 8UW.

It is situated within a residential area and directly adjacent to a large nursing home.

There is full access for wheelchair users and car-parking facilities are available on site. The practice registers patients who live in the Rusthall and Langdon Green areas of Tunbridge Wells, Kent.

The practice has a General Medical Services contract with NHS England for delivering primary care services to the local community.

There are Four GP partners. Two are male and two are female. The practice is a training practice, currently providing training for two part-time GP registrars, both of whom are female. (Training practices have GP trainees and F2 doctors). There is also one salaried GP (female).

There are two part-time practice nurses and two part-time health care assistants (all female).

The practice is open between the hours of 8am to 6.30pm Monday the Friday. Appointment times are as follows:-

- Monday 9.10am to 11.30am and 2.30pm to 5.30pm

- Tuesday 8.30am to 11.30am and 3pm to 5pm
- Wednesday 8am to 11.30am and 2.30pm to 5pm
- Thursday 8am to 11.30am and 2.30pm to 5pm
- Friday 8.30am to 11.30am and 2pm to 5pm

Extended hours pre-bookable appointments are offered on a flexible basis for those patients who are unable to attend during the usual opening hours. They are between 7.30am and 8am on Tuesdays, Wednesdays and Thursdays

There are 6017 patients registered with the practice. 35% of patients are 65 years and over, 64% are in paid work or full time education and 1% are unemployed.

Patients requiring healthcare at times when the practice is closed are advised to contact the NHS 111 service.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GP partners, nursing staff and members of the reception and administration team. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a form available on the practice's computer system.
- Staff told us that when things went wrong with care and treatment, investigations took place, events were discussed at significant events meetings and appropriate action was taken. However, the practice operated two systems for reporting significant events and only those determined to be 'clinical' were recorded on the form and in accordance with practice policy. All other significant events were recorded as critical incidents in a notebook located in reception. This book allowed free text to be used and individuals were able to be identified. The two systems were managed independently of each other.
- The practice recorded brief details of the discussion at significant event meetings on the significant event form for each incident. These were stored on the practice computer system. Minutes were not taken.
- The audit trail to record the investigations, actions and outcomes in both systems was insufficiently robust as did not identify exactly what investigation and actions had taken place, by whom and when. There were two versions of the significant event recording form in existence, neither of which specifically facilitated the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We reviewed significant event reports and saw that lessons were discussed and learned. Relevant action was identified. For example, a patient was not fully examined on the first visit to the practice and subsequently found to have an infection due to a foreign body. Treatment was successful but could have been delivered at an earlier stage. However, the record did not identify whether or not the patient had received an apology or how the lessons learned were disseminated to relevant staff.

Another incident identified that there was a need for training and a change in protocol in relation to the giving out of blood test results. We saw evidence that the protocol had been revised but not how it had been disseminated.

Patient safety alerts were received, reviewed and disseminated to appropriate staff by the registered manager.

Overview of safety systems and processes

- The practice's systems, processes and practices did not always keep patients safe and safeguard them from abuse. There were policies to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. However, policies were held electronically in a location that not all staff had access to. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children. Clinical staff had received training in relation to the safeguarding of vulnerable adults. There was no record of non-clinical staff receiving this training. However, the practice was able to demonstrate that this training was scheduled via an e-learning package for 30th July 2016. GPs were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Those employed since 2013 received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Those employed prior to 2013 had been the subject of a formal risk assessment.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A recent infection control audit had been conducted and action taken to address any concerns identified. However, the practice did not have a nominated lead in relation to infection control.

Are services safe?

- The practice was unable to demonstrate that staff were up to date with attending infection control training. However, records showed that all staff were due to attend this training on 30 July 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines.
- Each doctor's bag contained a list of the medicines contained within and their expiry dates. The contents and list were checked and monitored on a monthly basis.
- Blank prescription pads were stored securely. However, blank prescription forms were not. The practice was unable to demonstrate they had a system to monitor the use of blank prescription pads or forms.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing.

We reviewed seven personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, however not all staff had access to the policy.

- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Many staff worked part-time and were able and willing to offer additional cover during peak annual leave periods.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There were panic alarms on the walls of all clinical and consulting rooms. These alerted staff in reception to an emergency and the location of that emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was located in reception for ease of access and also retained at home by the GP partners.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The QOF performance of the practice was generally higher than the Clinical Commissioning Group (CCG) and national averages and in several areas was worthy of note. The most recent published results were 100% of the total number of points available. Exception rates at the practice were lower than average. For example; the exception rate for Chronic Obstructive Airways Disease was 2% compared to the Clinical Commissioning Group (CCG) average of 13% and the England average of 12%, and the exception rate for Osteoporosis was 0% compared to the CCG average of 12% and the England average of 13%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 – 2015 showed:

Performance for diabetes related indicators was better than local and national averages:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the clinical commissioning group (CCG) average of 88% and the national average of 88%.

Performance for mental health related indicators was better than local and national averages.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 97% compared to the CCG average of 88% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit to review compliance with guidelines recommending the prescribing of statins to patients with type 2 Diabetes Mellitus. The standard for the audit was set at 90%. The initial search identified that 87% of patients falling within the search criteria were being treated with statins. The outcome of this search was discussed and every GP reviewed their own patients that were not in receipt of statins. A second search three months after the initial collection of data showed that that 95% of relevant patients were now in receipt of statins which was an improvement of 7%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered administrative matters, health and safety as well as confidentiality. Topics such as safeguarding, infection prevention and control as well as fire safety were not specifically included in the induction programme. However, records we reviewed did not demonstrate which of the induction training subjects had been delivered to staff during induction.
- Training records showed that staff had received training in basic life support, child safeguarding, fire safety, manual handling, information governance, diversity and conflict resolution.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us that they had access to appropriate training to cover the scope of their work; however attendance at training was not always formally recorded. Staff we spoke to stated that they had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring lifestyle advice. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the NHS community health trust. The practice had recently engaged with the trust to deliver a pilot scheme aimed at enhancing this service.

The practice's uptake for the cervical screening programme was 86%, which was better than the CCG average of 84% and the national average of 82%. There was a policy to proactively remind and encourage patients to attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 95% and five year olds from 85% to 98% compared to the CCG averages of 80% to 91% for under two year olds and 81% to 95% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had achieved the highest performance within the CCG area for health checks between the ages of 40–74. This was worthy of note.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Eleven of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The one negative comment card referred to having a long wait at reception upon arrival.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also received two letters from patients. All five patients, (including the three members of the PPG), stated that they were satisfied with the care they received and thought staff were approachable, committed and caring. In addition, patients praised the medical team for the continuity of care provided.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 87%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 93% of patients said the last GP they spoke with was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Are services caring?

- Information leaflets were available in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 38 patients as carers (1% of the practice list). The practice did not proactively record the fact that patients were carers. However, patients were always seen by their own GP whose

knowledge of that patient and their personal circumstances was invaluable in assessing the overall well-being of that patient. We heard evidence from patients that their GP knew the whole family and delivered personalised and holistic care. This included, where appropriate, referral for support from both statutory and non-statutory organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a home visit or patient consultation at a flexible time and location to meet the family's needs. Bereavement counselling was available within one week of referral.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local patient 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 engaged with the CCG in relation to medicines optimisation.

- There were longer appointments available for patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for all patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop system on the telephone and a translation service available.
- Annual reviews for long-term conditions were conducted by the patient's own GP, promoting continuity of care.
- We saw evidence that the GPs worked closely with patients and their families to provide a holistic approach to care. One example was the careful consideration given to the scheduling of appointments for patients with poor mental health, enabling improved access to care and reducing anxiety.
- The practice cared for approximately 67 patients residing in an adjacent nursing home. Weekly visits were conducted with additional visits as required. Staff from the care home attended the practice's multidisciplinary team meetings. The practice was proactive in ensuring relevant vaccinations were offered. Staff at the care home told us that they were well supported by the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from:-

- Monday 9.10am to 11.30am and 2.30pm to 5.30pm
- Tuesday 8.30am to 11.30am and 3pm to 5pm
- Wednesday 8am to 11.30am and 2.30pm to 5pm

- Thursday 8am to 11.30am and 2.30pm to 5pm
- Friday 8.30am to 11.30am and 2pm to 5pm

The practice offered pre bookable extended hours appointments for those patients who could not attend during normal opening hours, between 7.30am and 8am, three mornings per week.

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by telephone compared to the national average of 73%. This performance was noteworthy.
- 67% of patients stated that they always or almost always saw or spoke to the GP they prefer compared to the CCG average of 50% and the national average of 36%. This performance was noteworthy.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system for managing appointments which offered patients a level of accessibility to the service which was worthy of note.

The practice had a system to manage requests for home visits. Requests were received and managed by the reception team. Upon receipt of a request, the patient would be asked to describe the problem. The reception team referred to and followed guidance in relation to complaints of chest pain and also in identifying a potential stroke. All such patients would then be referred immediately to a GP. Any request which was not clearly routine would also be referred immediately to a GP. All routine requests would be scheduled for review and visit by a GP that day.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system Leaflets were available from the reception team and information was also available on-line.

We looked at three complaints received in the last 12 months and found that they were responded to in a timely

way and with openness and transparency. None of the complaints we looked at involved any specific lessons to be learned, however they were all dealt with appropriately. For example, one complaint related to the lack of facilities for cyclists at the practice. This had been responded to and forwarded to the patient participation group (PPG) to progress.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which staff were unable to readily access. It was not displayed in the waiting areas.
- The practice had a strategy and a business plan.

Governance arrangements

The practice had a governance framework which supported the delivery of good quality care. However, this was not always effectively implemented.

- Staff were aware of their own roles and role specific responsibilities.
- Policies were stored on the practices computer system. However, staff we spoke to did not know where policies were stored and did not have the relevant permission to access them.
- Communication of change or information was by way of email for clinical staff and by way of a note or loose sheet in a notebook in reception for non-clinical staff. There was a risk of information being lost and there was no audit trail for the receipt and acknowledgement of information.
- There was evidence of clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate that all risks were assessed and well managed. For example, risks associated with the lack of mandatory training such as; infection control and health and safety training for all staff; failing to store blank prescription forms safely and securely; the lack of a system to record and monitor blank prescription pads or forms through the practice and the lack of all relevant recruitment checks on staff prior to employment.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. We saw many examples of compassionate care being delivered with a very strong focus on continuity of care.

There was a system to record significant events. However, the recording of and audit trail in relation to the investigation, actions and outcomes were not sufficiently robust. Not all staff were aware of the correct process for recording significant events. The practice was unable to demonstrate that affected people were given reasonable support, truthful information and a verbal and written apology. The practice was also unable to demonstrate that the provider fully complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

- Staff told us that they felt valued by the management team.
- The practice held significant event and multidisciplinary meetings. The discussion in relation to significant events was noted on the significant event form and a record was made of the fact that multidisciplinary team meetings were held. However, minutes were not recorded at either of these meetings and clinicians made their own notes. There was therefore no opportunity for clinicians present at the meeting or other relevant interested parties, to review the audit trail, content and outcomes of these meetings.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) meetings and through complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, redecoration of the waiting room.
- Staff told us that they would feel comfortable to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement within the practice, in particular in relation to the trainee GPs, who stated that they felt very supported by the practice.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Records of investigations into significant events were not sufficiently thorough or compliant with practice policy and did not evidence a robust audit trail of investigation, actions, outcomes or compliance with the duty of candour. Not all staff had received relevant training for infection control, Health and Safety. There was no secure system in place for the recording, storing and auditing of prescription pads and printer compatible prescription forms. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes had not been established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of

Requirement notices

the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

For example, the provider was not managing the secure storage and monitoring of prescription forms and pads; managing personnel records, pre-employment checks and registration with relevant professional bodies; providing access to all practice policies, procedures and protocols for all staff in order that they may have knowledge of and comply with the requirements contained within those documents; managing robust and fully auditable records of meetings and ensuring that all staff received relevant mandatory training in a timely manner.

This was in breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Personnel records were incomplete and the practice failed to ensure their recruitment checks were robust. Staff files did not contain proof of identification and residence, references and full employment history and registration with relevant professional bodies.

This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing