

Dr BJ Batty & Partners, Woodlands Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



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 Dr BJ Batty & Partners, Woodlands Medical Centre on 8 September 2015. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Learning from incidents was recorded, monitored, appropriately reviewed and addressed.
- Complaints, both verbal and written, were responded to openly and thoroughly investigated.
- Not all risks to patients were assessed and well managed, including infection control and medicines management.
- Staff told us they received training and support to ensure they were safe and able to fulfil their roles. There was not adequate monitoring of training to ensure core knowledge was updated for staff.
- Recruitment of staff ensured they were safe and fit to work with patients.
- The practice was clean, but some maintenance issues were noted which potentially affected infection control.
- Patient care was planned and delivered in line with national guidance and best practice.
- There was monitoring of patient care and a programme of clinical audit. The number of audits was small considering the size of the practice's population and number of GPs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients said they found it difficult to make an appointment with a named GP. The practice was aware of these concerns and was in the process of trying to improve the appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were modern and enabled access to those with limited mobility.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Patient views were sought and acted on in all key decisions undertaken by the practice, including those of the large reference group and patient group which met regularly.

There were areas of practice where the provider must make improvements:

- Implement a comprehensive policy and audit tool for infection control (this should include a sharps injury protocol) and ensure that any risks identified with cleaning and infection control are acted on.
- Improve medicines protocols and policies to ensure national guidance is followed.
- Emergency medicines must be stored in an area known to all staff and the list used to monitor the medicines must accurately reflect those kept on-site. Storage of vaccines must ensure their effectiveness and safe use.
- Continue to review and amend the appointment system to ensure patients are able to access appointments.

Additionally the provider should:

- Identify if further clinical audit would enhance patient outcomes
- Review the training logs used to monitor staff training to ensure all courses identified as necessary by the practice are undertaken by staff.
- Risk assess the emergency medicines available to GPs at the both Woodlands Medical Practice and Blewbury Practice sites. Namely the availability of adrenaline.

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. Infection control and medicines management processes were not adequate to protect patients. The premises were clean, hygienic and well maintained, although we noted areas where maintenance could be improved to reduce infection control risks. The storage of emergency medicines did not ensure that all staff could access them easily. They were not listed appropriately for monitoring purposes or fully risk assessed to ensure all potentially required medicines were available. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Some information about safety was recorded, monitored, appropriately reviewed and addressed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were similar to average for the locality. There was a programme of clinical audit, although this was limited. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff told us they had received training appropriate to their roles. However, monitoring tools for training identified many staff had not undertaken courses they were listed as requiring. There was evidence of appraisals and personal development plans for all staff. Staff worked with external multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice similarly to others for several aspects of GPs' 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to

Requires improvement



Summary of findings

services where these were identified. Patients' feedback suggested booking appointments was difficult and did not compare favourably to other practices in this locality and nationally. This was particularly in relation to phone access. Named GP appointments were available and patient feedback suggested access to these was also difficult. The practice was reviewing and trying to improve the appointment system. There were urgent appointments available the same day. .

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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. However, some monitoring of processes such as infection control and medicines management were not adequate. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality, although the programme for clinical audit was limited. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and centrally involved in decision making with partners. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was planning for the provision of its services in the future; responding to its increasing patient population by securing an expansion to its premises.

Good



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. There were issues regarding the management of medicine and infection control, and there were significant problems for patients in trying to book appointments. These concerns led to a rating of requires improvement in the safe and responsive domains. These concerns relate to all patients using the service. Nationally reported data showed that outcomes for patients were close to average for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and participated in schemes to promote diagnosis of conditions often associated with aging such as dementia. Responsive home visits and urgent appointments were also available. Flu vaccination rates were very high for at risk groups including over 65s.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. There were issues regarding the management of medicine and infection control and there were significant problems for patients in trying to book appointments. These concerns led to a rating of requires improvement in the safe and responsive domains. These concerns relate to all patients using the service. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. The practice responded to data where improvements in chronic disease management were identified. The practice produced different data for the completion of medicine reviews which suggested monitoring of this data was not robust. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Flu vaccination rates were very high for at risk groups including many patients with long term conditions.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. There were issues regarding the management of medicine and infection control and there were significant problems for patients in trying to book appointments.

Requires improvement



Summary of findings

These concerns led to a rating of requires improvement in the safe and responsive domains. These concerns relate to all patients using the service. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were above the national average for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

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). There were issues regarding the management of medicine and infection control and there were significant problems for patients in trying to book appointments. These concerns led to a rating of requires improvement in the safe and responsive domains. These concerns relate to all patients using the service. Accessing appointments was a specific problem for this population group as getting through to the practice by phone was reported as difficult by patients. Online booking had been offered and 50% of patients had registered for the service. There were extended hours evening sessions every week and alternate Saturday mornings. Staff provided patients with health promotion and advice such as smoking cessation.

Requires improvement



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. There were issues regarding the management of medicine and infection control and there were significant problems for patients in trying to book appointments. These concerns led to a rating of requires improvement in the safe and responsive domains. These concerns relate to all patients using the service. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It offered annual health checks for people with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It worked with a local substance misuse service and effectively shared information to protect patients. Staff knew how to recognise signs of abuse in

Requires improvement



Summary of findings

vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There were issues regarding the management of medicine and infection control and there were significant problems for patients in trying to book appointments. These concerns led to a rating of requires improvement in the safe and responsive domains. These concerns relate to all patients using the service. Data suggested health checks for patients suffering from poor mental health took place. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out a scheme to improve the diagnosis rates of dementia among those considered at risk and this had led to additional diagnoses. The practice produced different data summaries for medicine reviews before and during the inspection which suggested that monitoring of this data was not robust.

The practice had told patients experiencing poor mental health about how to access counselling services onsite.

Requires improvement



Summary of findings

What people who use the service say

The most recent national GP patient survey which gathered feedback from January to March 2015 showed the practice was performing in line with local and national averages. There were 113 responses and a response rate of 40%.

- 91% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 89% and higher than the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 80% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%
- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- But only 55% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 64% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received. However patients frequently feedback that booking an appointment at the practice was difficult. Patients we spoke with provided consistently positive feedback about staff.

Areas for improvement

Action the service **MUST** take to improve

- Implement a comprehensive policy and audit tool for infection control (this should include a sharps injury protocol) and ensure that any risks identified with cleaning and infection control are acted on.
- Improve medicines protocols and policies to ensure national guidance is followed.
- Emergency medicines must be stored in an area known to all staff and the list used to monitor the medicines must accurately reflect those kept on-site. Storage of vaccines must ensure their effectiveness and safe use.

- Continue to review and amend the appointment system to ensure patients are able to access appointments.

Action the service **SHOULD** take to improve

- Identify if further clinical audit would enhance patient outcomes
- Review the training logs used to monitor staff training to ensure all courses identified as necessary by the practice are undertaken by staff.
- Risk assess the emergency medicines available to GPs at the both Woodlands Medical Practice and Blewbury Practice sites. Namely the availability of adrenaline.

Dr BJ Batty & Partners, Woodlands Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC inspection manager, a practice nurse specialist adviser and an Expert by Experience.

Background to Dr BJ Batty & Partners, Woodlands Medical Centre

The practice premises was purpose built in 2000. The practice had approximately 10,000 registered patients. It had a higher than the average for the clinical commissioning group (CCG) population of patients over 65 at 20% compared to 16% locally and 17% nationally. There was a lower than average prevalence of patients under 40 registered at the practice, including children. The practice was located in an area with low deprivation according to national data, but GPs noted patients who could be considered economically deprived attended the practice. Patients from rural areas are registered at the surgery.

There was disabled access and the ability to see patients with limited mobility on the ground floor. Nurses' treatment rooms were located on the ground floor.

Nine GPs work at the practice with two male and seven female GPs. The nursing team consists of four practice nurses, a nurse prescriber and three health care assistants. A midwife, community nurses and health visitors also work onsite.

The practice has a General Medical Services contract (GMS). These contracts are negotiated between the General Medical Council and the provider. This is a training practice and there was a trainee GP (known as a registrar) working at the practice at the time of the inspection.

The practice is open between 8am and 1pm and 2pm and 6:30pm, Monday to Friday. Appointments are available during these times. Extended hours surgeries were offered on one different day each week, with appointments between 6:30 and 8pm and on alternate Saturday mornings with appointments between 9am and 11:30am. There were arrangements in place for patients to access emergency care from an Out of Hours provider.

Dr BJ Batty & Partners, Woodlands Medical Centre is registered to provide services from the following locations:

Woodlands Road Didcot Oxfordshire OX11 0BB

Blewbury Branch Surgery Didcot OX11 9QQ

We visited Woodlands Medical Practice only as part of this inspection.

The practice has a registered manager in post.

Detailed findings

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, Regulated Activities Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other stakeholders to share what they knew, such as the local clinical commissioning group. We carried out an announced visit on 8 September 2015. During our visit we spoke with a range of staff including GPs, nurses, receptionists and the practice manager and spoke with patients who used the service. We observed how people were being cared for and looked at documentation related to the services provided and the management of the practice. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. In addition the practice recorded and reviewed events considered as learning events, aside from significant events. Staff were able to report incidents and learning outcomes from significant and learning events were shared with appropriate staff. All complaints received by the practice were entered onto the system and where necessary treated as a significant event. All these reporting mechanisms for incidents led to monthly discussion between GPs and any other relevant staff. Staff told us the outcomes and any learning was communicated with them following these meetings. A review of significant events was held to review the learning and ensure any changes to practice had been embedded. The practice had identified six medicine prescribing errors in the last year as significant events. When we discussed this with GPs they told us they were aware of this pattern and as part of a programme of updating patient records, improved processes for medicine reviews was aimed at decreasing prescribing errors.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety. We saw evidence that medicine alerts were shared with clinical staff and acted on.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe. However there were also concerns regarding some identification and monitoring of risks. We found:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible. The practice did not keep records of GP

training to indicate that they had received the required level of knowledge required for their positions. Following the inspection the records were collated and shown to us.

- Notices were displayed, advising patients chaperones were available, if required. Only nursing staff acted as chaperones and were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety policy risk assessments. The practice had undertaken a fire risk assessment in March 2015 and we saw actions required from the assessment had been completed. This included evacuation equipment for disabled patients to ensure they had a means of reaching ground floor exits. Regular fire drills were carried out. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. Testing for a bacteria called legionella, which can live in water storage facilities, took place to ensure the water supply was safe.
- We found the premises were clean and tidy. However, some areas of clinical treatment rooms were in need of maintenance, specifically where a wall had been slightly damaged. There was a section of worktop which was not an impervious surface in a treatment room and this was potentially unhygienic. The issues we identified were a concern because they prevented the areas from being cleaned effectively. Some staff reported being unhappy with the standards of cleaning provided by the contractor and in response the practice improved monitoring of cleanliness by working with cleaning contractor to improve standards. We saw cleaning schedules were used. However, they did not include regular cleaning of areas where clinical apparatus was stored, such as equipment trolleys. A practice nurse was the infection control clinical lead. However, no audits had been undertaken in recent years to ensure infection control processes were followed and the lack of maintenance and inappropriate work surfaces had not been identified. A sharps or needle stick injury protocol was available for staff. This did not include appropriate

Are services safe?

action for staff to follow in the event of such an injury. For example there was no pathway to follow, such as referral to a local occupational health department or A&E. The practice kept logs of staff Hepatitis B vaccinations and we saw staff immunisation statuses had been checked and were up to date.

- There were arrangements for managing non-emergency medicines and vaccinations. We saw that medicines were within their expiry dates and stored safely. There were no stock lists with expiry dates to assist staff in ensuring all medicines were managed properly but one was in the process of being developed. The policy for management of medicines did not provide staff with all the necessary protocols they may require. For example, the vaccines storage protocol did not include action to undertake should the fridge used to store them fail. We saw from records that a fridge was recorded as having high temperatures and one recording was over the recommended limit. There was no protocol for what immediate action should be taken. For example, de-commissioning the fridge. A new fridge was ordered by the practice but the existing one with problems was still left in use despite other fridges being available to use. Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Nurses administered vaccinations and injections under patient group directives as required by law.
- A recruitment policy was in place and we checked two files for staff who had joined the practice in the last year, which showed that appropriate recruitment checks had been undertaken prior to employment. For example,

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Identification had been checked either through personal forms of identification or through Smart cards which are used by clinical staff to access clinical computer systems.

Arrangements to deal with emergencies and major incidents

The practice had a business continuity plan in place for major incidents such as power failure or loss of the premises. This was accessible to senior staff including the practice manager externally should the practice and its computer system be inaccessible.

All staff told us they received annual basic life support training. There were emergency medicines available and an automated external defibrillator (AED) and oxygen. However, the medicines were not clearly signed for staff to be able to access quickly in an emergency. All the medicines we checked were in date and fit for use. However, the contents list for emergency medicines did not match those available. The list was a suggested medicine list from the local Clinical Commissioning Group (CCG). Staff could potentially be misled into what emergency medicines were available causing a risk when they may be required. Adrenaline was stored but not in the dosage solution required for all potential medical emergencies. The practice had a branch site called Blewbury surgery where a GP attended twice a week. The practice had assessed the risk in the event of medical emergencies at this site. There was an AED available locally and any emergency medicines deemed necessary were brought to the site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

The practice had systems to delegate daily tasks to appropriate clinicians, such as computer storage for documents related to discharge summaries and out of hours correspondence. This enabled GPs to access these easily. There was also a system for allocating test results. This had been changed following a significant event where urgent test results had not been reviewed quickly. Following the events the duty GP for the day reviewed all test results in case any were urgent and allocated them accordingly. We looked at the daily tasks lists and saw these were action appropriately.

The practice GPs spoke of the work they had put into improving patient codes on the system to ensure proper planning and safety in the delivery of care. For example, patients using local substance misuse clinics had flags on the records system to reduce the risk of inappropriate prescribing.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014 88% of the total number of points available were achieved, compared to 96% locally and 94% nationally. In 2014 exception reporting was lower across several clinical areas (patients can be exempted from the QOF due to individual circumstances or difficulty in their compliance with best practice treatments). For example, the exception reporting for diabetes was 5.9% compared to the national average of 8.9% and the local average of 9.9%. For mental health indicators of care the exception reporting was 4.3%

compared to 11.7% locally and 11.4% nationally. This indicated the practice was reluctant to exclude patients from their monitoring system of care and treatment provided. This showed an open and inclusive approach in patient care. The low levels of exception reporting may have contributed to the low overall QOF score in 2014.

- Performance for diabetes related indicators was similar to national and local averages but in 2014 there was a significantly low number of diabetics who had a record one specific test required during periodic reviews. The practice had responded to this with an audit in October 2014 to review the care diabetic patients received. From this audit the practice identified 34 patients where reviews were needed. An action plan was implemented to improve the specific checks undertaken and the audit was due to be repeated to ensure the changes led to better uptake of these checks.
- The proportion of hypertensive patients who received a blood pressure was in line with the national average of 83% in 2014. 86% of patients with a reported mental illness had their blood pressure checked in 2014 with the national and local average at 83%.
- To improve dementia diagnoses, the practice had undertaken a programme of dementia screening on 58 patients of which 10 were diagnosed with the condition. This enabled those diagnoses to receive support and treatment. There was a nurse dedicated to the care of patients with dementia to ensure the right expertise and resources were available.

Prior to the inspection the practice sent us a list showing six clinical audits that were in progress and five completed audits. Clinical audits were carried out to demonstrate quality improvement. For example, an audit was undertaken on the use of one medicine for patients with type two diabetes. This was due to research which indicated this medicine may be a risk. The first cycle in September 2014 identified eight patients on the medicine and the second in November 2014 found no patients on the medicine. This showed the audits were used to identify where patient care needed reviewing and where changes had been made to their care as a result in the second audit. We also saw an audit on impaired renal function which was prompted by a learning event attended by a GP. This

Are services effective?

(for example, treatment is effective)

identified patients who needed their medicines reviewed. A brief re-audit was noted in the original audit documentation but no full re-audit was noted to identify that any ongoing improvement was achieved. .

Audits were discussed among clinical staff to ensure any learning was shared and reflected in practice. We noted some areas of clinical care where audits could have identified potential areas where patient care may need to be reviewed. For example, data provided to us on prior to the inspection suggested only 63% of patients were up to date with medicine reviews. During the inspection a partner re-ran this search on the patient record system and found over 90% were completed. GP partners explained that a new computer record system had been introduced in 2013 and this had meant coding the entire patient population according to any conditions they had or medicines they received.. Partners told us they were in the process of synchronising patients' medicine review dates so that these could be checked in one visit, where possible, when seen by a GP. We saw evidence this was being undertaken for diabetic patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included support during external training sessions, appraisals and through internal training clinical supervision. All staff had an appraisal within the last 12 months.
- There were three training logs which noted different training. One was for an online training package which supported staff with additional training to their usual programme. However, it was unclear which log was the most up to date. The logs indicated one nurse had not undertaken basic life support training since 2013. Nearly all staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. However, the main log used for training suggested some nursing staff had not received child safeguarding training since 2009 or

2010. The online training spreadsheet suggested only two nurses out of five had undertaken online safeguarding training. The uptake of training on this log for reception and support staff was low. For example only three out of eight reception staff were noted as completing equality and diversity training and only two had done information governance training. Opportunities for training were provided but the monitoring of staff training did not ensure that this was completed in line with the expectation of the practice.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. The practice had identified 193 patients who were deemed at risk of admissions and care plans had been created to reduce the risk of these patients needing admission to hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 (MCA). Staff had access to an MCA protocol. Training on the MCA had been provided to staff. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

Clinical staff all understood the Gillick Competency principles of obtaining consent from patients under 16 years old.

We saw recorded consent for procedures where this was required.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients receiving end of life care, carers, homeless patients and smoking cessation. Patients were signposted to relevant external services where necessary service such as a local smoking cessation service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86% which was above the national target of 80% and national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In total 30 patients had

undertaken bowel cancer screening and 75% of patients eligible (1086 of 1449) had been screened for breast cancer. Chlamydia screening was offered to 34% of eligible patients at the practice (1144 patients in the age range) and the uptake was 31% of those offered the test (89 patients). This placed the practice at fourth best in the CCG for chlamydia screening.

Childhood immunisation rates for the vaccinations given were higher than the CCG and national averages. In 2014 vaccination rates for children were approximately 98% for children under 12 months old, approximately 97% for children under 24 months and approximately 94% for children under 5 years old. Flu vaccination rates for at risk groups including over 65s was 81% in 2015, which is significantly above the 2014 national average of 63%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the eight patient CQC comment cards we received were positive about the service experienced. All 12 patients we spoke with said they felt the practice offered a caring and helpful service and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was close to or above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% said the last GP they saw was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 89% and higher than the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 95% said nurses were good at listening to them compared to the CCG average of 93% and national average of 91%.

- 80% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 95% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also listed some additional non-medical services, including Counselling.

The practice's computer system alerted GPs if a patient was also a carer. Information on support was available on the practice website for carers. Staff told us there was no external bereavement support network or organisation for

Are services caring?

the practice to refer patients to. Flags were used on the computer records system to alert receptionists and clinical staff if someone had recently had recently experienced bereavement. A counselling service was provided on-site.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice had a higher than the average for the clinical commissioning group (CCG) population of patients over 65 at 20% compared to 16% locally and 17% nationally. There was a lower than average prevalence of patients under 40 registered at the practice including children. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- There was disabled access and a lift for patients to use. The premises were modern with wide corridors and doorways.
- A hearing aid loop was available.
- Thirty minute appointments were offered to patients with dementia where necessary.
- Due to the long distance to nearest hospitals, the practice had a policy of using local clinicians to refer patients to wherever possible, reducing inconvenience and hospital referrals. For example, dermatology appointments were available with an in-house GP. Patients were also referred to a local community hospital where possible to treat minor problems which did not require acute hospital admissions.
- Homeless patients were able to register at the practice.

Access to the service

The practice was open for appointments between 8am and 1pm and 2pm and 6:30pm Monday to Friday. Extended hours surgeries were offered one late evening per week with appointments between 18:30 and 20:00 and routine appointments were offered on alternate Saturday mornings 09:00 and 11:30am. In addition to pre-bookable appointments, same day appointments and urgent appointments were available. Same day appointments were spread among the GPs working on any day and then a list of duty GP appointments was available. We looked at the appointments on the day following our visit and saw

108 appointments were allocated including pre-bookable and same day appointments. In addition to this there were approximately 40 duty GP appointments available. This gave a total of 148 appointments for the day.

Results from the national GP patient survey undertaken from January to March 2015 showed that patient's satisfaction with how they could access care and treatment was poor worse than local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- But only 55% found it easy to contact the surgery by phone compared to the CCG average of 83% and national average of 73%.
- 64% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 47% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

The practice recognised and had responded to the poor feedback from patients. It had audited its appointment system in March 2015 in response to patient complaints and survey feedback. In November 2014 it had introduced a new system of advanced booking allowing 24 and 48 hours advanced booking. Measures had been taken to maximise the access to phone lines, by preventing outgoing calls until after 10.30am. The March audit suggested some improvement had been experienced by patients in terms of having to call the practice more than once for an appointment but previous feedback regarding the instances where patients had needed to call back was minimal. Just under 10% of patients ringing for an appointment were required to ring back in March. The practice increased the availability of nurses appointments to improve access. However, common feedback from the 12 patients we spoke with on the day was that patients ringing at 08.30am were left queuing without any explanation via recorded message. Staff confirmed that the telephone system did not have any means of letting callers know where they are in the telephone queue. There were common concerns with the appointment system. There

Are services responsive to people's needs?

(for example, to feedback?)

were two adverse comments regarding the appointment booking system from comment cards. We saw patients queuing when the practice opened at 8am to book an appointment in person.

Online appointments were available for patients and slots were allocated to this means of booking. The practice had registered 50% of its patients for online booking.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients make a complaint or comment on the service they received. We looked at nine complaints received in the last year and found that complaints were investigated and responded to. The practice recorded and tried to resolve both verbal and written complaints. We saw evidence where verbal complaints had led to an immediate response from the practice manager and in many cases a resolution had been reached. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw complaints were discussed frequently at partners meetings and relevant staff were informed of outcomes.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The business strategy for the practice stated the practice was to build and sustain a caring, innovative, learning, developing, collaborative, and forward thinking organisation. The practice had a robust strategy and plan for the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- Audits were undertaken to monitor quality and to make improvements but the number of clinical audits was small considering the size of the practice in terms of population and staffing. Regular meetings took place for staff groups including whole staff, nurse, partner, clinical governance and reception and administration staff meetings.
- Monitoring of specific areas such as medicines and infection control was not sufficient to ensure risks were managed appropriately.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. There was a priority for providing safe, high quality and compassionate care among all staff. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty and this was reflected in the reporting of incidents and the response to patient complaints.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice

and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, by the partners and the practice manager. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. Feedback was received through comments and the friends and family test. This feedback had prompted an audit into the appointment system and led to changes to improve it. Feedback had also been gathered through the patient participation group (PPG) and through complaints received. There was an active PPG and we met with three of its members. They were complimentary about the openness with which the practice participated with the group. There was a reference group of around 1,400 members alongside the PPG which enabled the practice to engage and test new ideas about the running of the practice. The PPG had written and produced, in partnership with the practice, a quarterly newsletter for patients which they estimated went to 2,500 patients. This included printing 250 hard copies, all funded by the partnership. Regular open meetings were held where talks related to health and specific conditions took place. These meetings also facilitated forums about the services provided at the practice and these were attended by GP partners.

The practice had also gathered feedback from staff through staff meetings and appraisals. We saw that appraisals were completed in the last year for staff.

Innovation

The practice population was steadily increasing with 9% growth in the last year. In response to this the practice planned and secured funding to expand its premises in its current location. This would provide five new consultation rooms and modifications to the premises. The vision and delivery of this included the PPG and reference group to ensure the patient perspective was considered and central to the project.

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 Health and social care act 2008 Regulated Activity Regulations 2014 Regulation: 12 Safe care and treatment The provider was not fully assessing the risks to the health and safety of service users in relation to providing care or treatment (specifically ensuring medicines were always prescribed safely) ensuring all persons providing care and treatment had the competence and skills to do so, managing medicines safely, assessing the medicines potentially required in a medical emergency and detecting, preventing and controlling the potential spread of infections including healthcare associated infections. Regulation 12(a)(c)(g)(h)
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 Health and social care act 2008 Regulated Activity Regulations 2014 Regulation: 17 Good Governance The provider had assessed and monitored but not taken all action necessary to improve the quality of experience of services users in relation to the appointment system. Regulation 17(1)(2)(a)