

The Yoxall Practice

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	Good 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Good 

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to The Yoxall Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yoxall Health Centre on 5 September 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However there was not always evidence that learning had been shared and some recent events had not been recorded.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Some risks to patients and staff had been assessed but no fire evacuation drill had been undertaken in the preceding 12 months and the oxygen cylinders had exceeded their expiry date.
- Recruitment checks had been completed on all staff but no health assessment carried out to identify any underlying conditions.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients generally spoke of a high level of service but the feedback on the nurse was significantly below local and national averages.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- Patients said they found it easy to make an appointment. Urgent appointments were available on the day.

Summary of findings

The areas where the practice must make improvements are:

- Implement an effective system to manage the safe care of patients on high risk medicines.
- Implement an effective checking system to ensure that emergency procedures are tested and emergency equipment is maintained and fit for use.

The areas where the practice should make improvements are:

- Ensure actions stated in the infection prevention control audits are completed or planned.
- Ensure significant events are recorded, reviewed and learning shared with appropriate staff.
- Introduce a system to monitor the use of prescription pads and forms.

- Risk assess the process of taking repeat medication requests by telephone.
- Ensure that all clinical staff complete a refresher course in basic life support training in accordance with the practice policy.
- Implement a system to ensure nationally recognised clinical guidelines are followed.
- Explore how the practice can be more proactive in identifying patients who also act as carers.
- Record verbal complaints to enable trends to be identified. Include the wider practice team when reviewing complaints.

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.

- There was a system in place for reporting and recording significant events. However we were told of two events in the preceding 12 months that had not been recorded and reviewed to allow the system to improve safety in the practice. The learning from significant events was not seen to have been shared with the full practice team.
- When things went wrong patients received reasonable support, relevant information, and a written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The premises were seen to be clean. There was an appointed lead for infection prevention control (IPC) but they were not aware of the most recent IPC audit.
- We saw that some patients on high risk medicines were issued prescriptions without appropriate checks having been carried out. Discussions were seen to have taken place with the clinical commissioning group about transferring the responsibilities of primary care providers for shared care agreements to secondary care providers.
- The provider had appropriate recruitment checks on staff employed with the exception of health screening.
- Some risks to patients and staff had been assessed but a fire evacuation drill had not been carried out in the preceding 12 months and patient repeat medication requests were received by telephone.
- There was equipment and procedures to deal with emergency situations. However the storage of emergency equipment and medicines was in two separate locations which potentially could result in a delay in the administration of emergency care. The oxygen cylinders had exceeded their expiry dates.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the national average. Exception rates were above the national averages in some areas and the policy of excepting patients at the end of the QOF year was seen to have not always been followed.
- Staff assessed needs and delivered care in line with current evidence based guidance although there was no system in place to monitor and check that guidelines were being followed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The GPs had completed clinical audits and used findings as an opportunity to drive improvement. However learning was not always shared between clinicians.
- Staff had regular meetings with other healthcare 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.

- Data from the national GP patient survey showed patients rated the practice similar to local and national averages for questions relating to the care received. However the responses for the nurse were below national and local averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information posters and leaflets about some services available was easy to understand and accessible. However there was no carer's pack available in the waiting area.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified frail and vulnerable patients. These patients were referred or signposted to support services where required.
- The practice held a carers' register and had systems in place, which highlighted to staff patients who also acted as carers. However the number of carers identified was low and there was no recall system to invite carers in for annual health checks and flu vaccinations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of the local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was 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 not seen to have been shared with staff. Complainants were advised in the practice's response of who to contact if not satisfied. Verbal complaints were documented on patient notes but there was no systematic approach to use this information to identify any themes or trends.
- The provider was engaged with a recently established patient participation group (PPG) .

Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 although these did not extend to the whole team.
- The governance arrangements were mixed. The clinical governance supported the delivery of good quality care. However there was no overarching governance to monitor and minimise risk to patients and staff.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents. However, there was no formal governance arrangements to share with all staff.
- The practice proactively sought feedback from staff and patients, which it acted on.

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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, a designated GP carried out visits to a local nursing home every two weeks, and to a local care home every four weeks.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Elderly patients with complex needs or at greater risk of an admission to hospital had written care plans that were regularly reviewed.
- The practice held six weekly meetings with their local community healthcare team.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- GPs and 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 patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care. The practice provided eligible patients with anticipatory medicines as indicated by their long-term condition or end of life needs.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- 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 relatively high for all standard childhood immunisations when compared to local and national averages.
- The practice held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance. The practice had a system in place to highlight patients of concern, as well as those who were considered at risk and these were discussed at clinical multi-disciplinary team meetings.
- The practice provided a contraception and sexual health service that included chlamydia screening.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was the same as the local CCG average and above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided telephone consultations with a GP, a nurse or a healthcare assistant.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. Appointments could be booked and repeat prescription requests made online.
- The practice provided an extended hours service on a Monday evening.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A telephone language translation service was available for patients with limited English.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice's frail and vulnerable patient register included carers.
- The practice provided care to three residential homes that housed vulnerable children and adults. Same day appointments were provided if needed and the provider liaised with the staff at the homes to ensure consultations were carried out where the patients felt secure and comfortable.
- The practice offered longer appointments for patients with a learning disability and with complex needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- All patients on the practice's palliative care register were reviewed at a six weekly multidisciplinary meeting.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- Patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 77%, which was lower than the local CCG average of 86% and national average, 84%.
- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients. The practice carried out advance care planning with their carers for patients with dementia.
- The indicators of performance for patients experiencing poor mental health were higher than the national averages. For example, 100% of eligible patients with severe poor mental

Good



Summary of findings

health had a recent comprehensive care plan in place compared with the national average of 88%. The exception rate was 44%, which was above the CCG average of 12% and national average of 13%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice performance was generally higher than local and national averages. Two hundred and thirty-four survey forms were distributed and 127 were returned giving a response rate of 54%.

- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 80% and national average of 78%.
- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

The survey highlighted that patient satisfaction with the nurse was significantly below both local and national averages. For example:

- 65% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 89% and national average of 85%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 27 comment cards, all of which were positive about the standard of care received. Patients' comments included that staff were excellent, caring, approachable, friendly, respectful and professional.

The practice had participated in the friends and family test. A summary of the results showed that in the 12 month period from September 2015 to August 2016, there had been 39 responses, 32 said they were extremely likely and seven had said they were likely to recommend the practice to family and friends.

Areas for improvement

Action the service **MUST** take to improve

- Implement an effective system to manage the safe care of patients on high risk medicines.
- Implement an effective checking system to ensure that emergency procedures are tested and emergency equipment is maintained and fit for use.

Action the service **SHOULD** take to improve

- Ensure actions stated in the infection prevention control audits are completed or planned.
- Ensure significant events are recorded, reviewed and learning shared with appropriate staff.
- Introduce a system to monitor the use of prescription pads and forms.

- Risk assess the process of taking repeat medication requests by telephone.
- Ensure that all clinical staff complete a refresher course in basic life support training in accordance with the practice policy.
- Implement a system to ensure nationally recognised clinical guidelines are followed.
- Explore how the practice can be more proactive in identifying patients who also act as carers.
- Record verbal complaints to enable trends to be identified. Include the wider practice team when reviewing complaints.

The Yoxall Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

Background to The Yoxall Practice

Yoxall Health Centre is part of the NHS East Staffordshire Clinical Commissioning Group. The total practice patient population is 4,948. The age profile of patients shows a higher than average percentage of elderly patients, 28% are aged 65 and over compared to the national average of 17%. Yoxall Health Centre is a rural practice located close to Burton on Trent in Staffordshire. The premises is a purpose built building owned by the partners and a retired ex-partner.

The staff team comprises of three GP partners (two male, one female). The GPs work a combined total of 22 clinical sessions per week. The provider has a dispensary within the premises and employs a practice pharmacist.

The practice is open each weekday from 8am to 6pm. Extended hours are offered on a Monday evening between 6.30pm and 9pm. The practice has opted out of providing cover to patients outside of normal working hours. Staffordshire Doctors Urgent Care provides these out-of-hours services.

In addition to the partners there are 15 permanent staff in total, working a mixture of full and part times hours. Staff at the practice include:

- A practice manager, a deputy practice manager and a finance officer.
- An advanced nurse practitioner, a healthcare assistant and four dispensers.
- A medical secretary and four reception/administration support staff.

The practice provides long-term condition management including asthma and diabetes. It also offers child immunisations, minor surgery and travel vaccinations. The practice offers NHS health checks and smoking cessation advice and support. The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide a number of Directed Enhanced Services (DES) that include offering extended hours access, minor surgery and the childhood vaccinations and immunisation scheme.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 5 September 2016. During our visit, we spoke with a range of staff, which included the registered manager, practice manager, deputy practice manager, nursing staff, administrative/ receptionist staff and GPs. We spoke with two patients and reviewed 27 comment cards where patients shared their views and experiences of the service.

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a template form for recording events available to all staff on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. However there was no record kept of actions taken.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. However we were told of two incidents when urgent referrals had not been completed in the previous 12 months. Although the events were known and the error made by the hospital, the practice did not record and review how safety could be improved due to the error being made in secondary care.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided

reports for other agencies when unable to attend. All staff had received training on safeguarding children and vulnerable adults relevant to their role, and individuals we spoke with demonstrated an understanding of their responsibilities. GPs were trained to child protection or child safeguarding level three. The nurse was trained to level three and the healthcare assistant to level two.

- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but we saw no evidence that action was taken to address any improvements identified as a result. When asked, the infection prevention control lead was not aware of the audit. The audit highlighted that room curtains and blinds were not included on the cleaning schedule and staff were not aware when they were last washed. The audit did not monitor against nationally recognised guidelines in some areas. For example waste bins were not all covered, foot-operated units.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not fully effective (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However we found that monitoring had not always been carried out in line with the practice guidelines. For example, out of 88 patients on warfarin, 10 had no international normalised ratio (INR, a measurement to determine the clotting tendency of blood) reading within the previous 12 weeks, six relied on the hospital to inform the practice of any default and one patient monitored their own INR. Of 12 patients on methotrexate, five patients had not had their blood

Are services safe?

monitored in the previous three months and two patients had no record of a recent blood test. The practice was in discussion with the CCG about the shared care agreements being a problem in primary care and assured us that they would take over the monitoring of the patient who was checking their own INR at home.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure medicines issued were in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there was no system in place to monitor their use. The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines but had not started and was aware of the requirement for patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice accepted repeat medication requests by telephone (contrary to national guidelines) but had not completed a risk assessment.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the

appropriate checks through the Disclosure and Barring Service. However there was no health screening done on staff to identify any underlying conditions that may affect their capacity to work.

Monitoring risks to patients

Some risks to patients and staff had been identified and assessed but the health and safety governance was mixed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments but had not carried out regular fire drills. There had been no fire evacuation in the preceding 12 months.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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 was no lone workers policy but the provider had a system to track members of staff performing home visits or working alone within the premises.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For example there were rotas produced for reception and dispensary.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training but the nurse and healthcare assistant had not completed a refresher course in the previous 18 months.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available but not easily accessible to staff. They were kept in secure areas of the practice but not together and not all staff knew of their location. All the medicines we checked were in date and stored securely. However the oxygen cylinders had exceeded their expiry dates in 2011 and 2013.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 in place to 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 discussed the guidelines as a standard agenda item for clinical meetings. However there was no monitoring to evidence 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 most recent published results showed the provider achieved 100% of the total number of points available. The provider had higher than average exception rates in 2014/15 for patients with asthma, depression and mental health. We viewed recent data for 2015/16 and saw that exception rates remained high. The provider told us that a new patient call/recall system had been implemented and patients would not be exception reported until the end of the QOF year. However there was evidence that some patients were being exception reported. The provider planned to review these exceptions.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes who had a record of a foot check and risk classification in the preceding 12 months was 100% compared to the national average of 88%. Exception rates were 20% compared to the national average of 8%.

- Performance for mental health related indicators was better than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented on their record in the preceding 12 months compared to the national average of 99%. Exception rates were 44% compared to the national average of 13%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, one of these was a completed audit. However learning outcomes from audits were not always shared.
- Information about patients' outcomes was used to make improvements. For example, a recent audit had started to check that treatment for patients diagnosed with hypertension was in accordance with NICE guidelines.
- The practice pharmacist completed dispensary audits, recent examples included an adrenaline injection report and audit on Nicorandil (a medicine used to treat angina).

Effective staffing

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 such topics as display screen equipment fire safety, equality and diversity and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support. Staff had access to and made use of e-learning training modules and in-house training. However there was no training provided for information governance and infection prevention and control. A training matrix had been collated that included all staff members. We saw evidence that individual training requirements had been planned.

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 ongoing 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was higher than the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% which was comparable to the CCG range of 84% and 97% and five year olds from 92% to 100% which was comparable to the CCG average of 90% and 97%.

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.

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.

All of the 27 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.

We spoke with two 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.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% 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%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%).

However the survey showed patients' responses were below the local and national averages for the way they were treated by the nurse and receptionists. For example:

- 72% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%).

The provider was aware of the survey results and had spoken with the nurse about the feedback at the last appraisal. It was noted that a number of complaints in relation to the nurse had been received. Although the provider had acted on them, there was a trend that suggested no change or improvement had been made. We spoke with the senior receptionist who had not received a recent appraisal and was not aware of the feedback. The management team told us that training planned for reception staff aimed at improving the patient satisfaction scores.

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 and a copy was left in the patient's home.

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

- 93% 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 CCG average of 84% and the national average of 82%.

Are services caring?

However the patients' responses were below average when asked about the nurse. For example:

- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

The practice was aware and had plans in place to improve the satisfaction scores through staff training.

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.
- Information leaflets were available in an easy read format.

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 14 patients as carers (0.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. However, there was no carers' pack available in the waiting area. The practice offered carers an annual health check but there was no recall system to invite them in.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, patients were offered a minor injury service at the practice to reduce the need to attend A&E.

- The practice offered an evening surgery on a Monday until 9pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The provider carried out bi-weekly rounds to a local nursing home and four weekly rounds to a local residential home.

Access to the service

The practice was open between 08:00 and 18:00 Monday to Friday. Appointments were from 08:00 to 12:30 every morning and 13:30 to 17:50 daily. Extended hours appointments were offered between 18.30pm and 20.50pm every Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people that needed same day access.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.

- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%).

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 in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Patients were advised that home visits were only available to housebound patients and those too ill to attend the practice. Patients were asked to contact the surgery by 9.30am to request a home visit. The duty doctor would then assess and prioritise each request individually. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective 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 understand the complaints system. For example there was a complaints leaflet and information on the practice website told patients how to make a complaint.

We looked at 12 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and patients were advised of their options if not satisfied with the response. However there was a trend of patients complaints in regards to the attitude of some staff. Although the management told us that they had addressed this, when asked, staff were not always aware of the complaints. Verbal complaints were recorded on the patient notes but there was no system to review these records to identify any themes or trends.

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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a written mission statement which was displayed in the waiting areas. However not all staff we spoke with were aware of the practice vision.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice was aware of local housing developments and made the appropriate organisations (council and parish council) aware of potential capacity problems at the practice.

Governance arrangements

The practice governance was mixed. The framework supported the delivery of the strategy and good quality care in some areas:

- 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 was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

However there were areas where the governance did not support the delivery of safe care and treatment

- There were arrangements for identifying, recording and managing risks but significant events were not always communicated to allow processes to be reviewed and learning to be shared.
- Patients receiving high risk medications were not well managed to ensure ongoing monitoring checks were carried out.
- The health and safety procedures did not include a recent fire drill and emergency equipment was found to be out of date.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence. However the recording of these did not identify any themes or trends and were not systematically reviewed.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted protected learning half days were held ten times per annum.
- Staff said they felt respected, valued and supported, but some staff we spoke with felt that communication could be improved to include the wider practice team, for example, more involvement in discussions about significant events and complaints.

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) and through surveys and complaints received. The PPG held an initial meeting in June 2016 and were in the development process of an annual action plan. For

Are services well-led?

Good 

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

example, the PPG intended to establish a network of communication through newsletters and local publications. There was a dedicated PPG noticeboard situated in the waiting area.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. For example the practice had changed the appointment system and feedback highlighted that this had resulted in an improvement in waiting times.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The practice must implement an effective system to manage the safe care of patients on high risk medicines.
Maternity and midwifery services	The practice must implement an effective checking system to ensure that emergency procedures are tested and emergency equipment is maintained and fit for use.
Surgical procedures	
Treatment of disease, disorder or injury	