

# Dr D A Williams & Partners

## 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?

Requires improvement



# 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	10
Areas for improvement	10
Outstanding practice	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr D A Williams & Partners	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	26

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr A D Williams & Partners also known as Blandford Medical Centre on 25 August 2016. Overall the practice is rated as requires improvement.

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

- There was limited use of systems to record and report safety concerns, incidents and near misses. Some staff spoken with were not clear how to raise concerns.
- Systems, processes and practices were not always reliable or appropriate to keep patients safe. Monitoring whether safety systems were implemented was not given sufficient priority and some staff lacked knowledge about the process.
- The arrangements for governance and performance management did not always operate effectively. There had been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance.
- The practice had signed authorities in relation to Patient Specific Directions and Patient Group Directions but not all had been signed by an authorising person.
- Patients said they were treated with compassion, dignity and respect. We saw that staff treated patients appropriately although confidentiality could not always be assured in the reception area.
- The practice had identified a low number of patients who were carers.
- Prescription stationery was kept securely at all times and only accessible to authorised staff; however the issuing of prescription forms was not being recorded.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines were trained appropriately.

# Summary of findings

- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However, some non-clinical staff had not received safeguarding training.
- Staffing levels and skill mix were planned in advance and reviewed to ensure patients received safe care.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Appointment availability was an issue identified by staff and patients although survey data was in line with local and national averages. The practice was working to improve the current system.

The areas where the provider must make improvement are:

- Ensure all Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) are correctly authorised for clinical staff to administer vaccines and immunisations in line with national requirements.
- Carry out infection control audits in line with published guidance. Ensure that the infection control lead has received adequate training for the role.
- Ensure that the system for managing patient safety and medicine alerts is effective and that appropriate action is taken and recorded.
- Improve the governance at the practice to ensure that risks to patients and staff are identified and mitigated. Ensure that systems are effective in relation to assessing and monitoring the performance of the practice by having oversight of high exception reporting and an action plan to improve performance.

- Improve the system in place in relation to significant events to cascade the learning from such events and to ensure that the changes made are embedded in the practice.

The areas where the provider should make improvement are:

- Take steps to identify more carers and provide them with support that meets their needs.
- Ensure the business continuity plan is up to date and reviewed regularly.
- Ensure the issuing of prescription stationery is recorded.
- Ensure that all non-clinical staff receive an appropriate level of safeguarding training for children and vulnerable adults.
- Ensure that staff are implementing practice policies, that they are up to date and the subject of a review process.
- Take steps to reduce the risk of private conversations being overheard at the reception area in order that patient confidentiality can be maintained.
- Continue to monitor the effectiveness of the new phone system in relation to patient satisfaction.

We found one area of outstanding practice;

- The practice had collected mortality data over a period of ten years and used this to ensure that their systems were effective. The practice used this data to identify trends in relation to its patient population groups to ensure there were no emerging themes with regards to the mortality of practice patients. This information had been shared with its commissioning group.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- The practice had limited systems in place to record and report safety concerns, incidents and near misses. Lessons learnt were not shared locally or nationally. Staffing levels and skill mix were planned in advance and reviewed to ensure patients received safe care.
- There were arrangements in place to safeguard vulnerable adults and children that reflected local guidance and national legislation.
- Staff had the skills to recognise and respond appropriately to signs of deteriorating health and medical emergencies.
- Prescription stationery was kept securely at all times and only accessible to authorised staff; however the issuing of prescription forms was not being recorded.
- There were limited processes in place to ensure patient safety and medicines alerts were actioned in a timely way.
- Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) were stored electronically but some were not signed by the clinical staff at the practice.
- There was an infection control check list but no evidence the practice undertook infection control audits.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines were trained appropriately.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Some audits had been carried out and there was some evidence that they were driving improvements to patient outcomes but there was no clear programme of continuous clinical audit or quality improvement process in place.
- Data from the Quality and Outcomes Framework showed patient exception reporting for patients with long term conditions was high compared to the locality and nationally and there was no evidence of the practice addressing this issue.

# Summary of findings

- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Clinical staff had the skills, knowledge and experience to deliver effective care and treatment. However non-clinical staff had not received safeguarding training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey was in line with local and national averages for providing patients with enough consultation time and listening to them.
- Patients said they were treated with compassion, dignity and respect but confidentiality was not always maintained in the reception area.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients appropriately although confidentiality could not always be assured due to the open spaced reception area. Telephone conversations could be overheard and steps had not been taken to reduce the risk of confidential conversations being overheard.
- The practice held a register for patients identified as carers, although the current number of patients identified was very low.

## Are services responsive to people's needs?

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

**Requires improvement**



- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Urgent appointments were usually available on the day they were requested.
- Patients told us that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an

# Summary of findings

appointment. The practice had responded to low patient satisfaction data about accessing the practice by phone. A new telephone system had been introduced to respond to this feedback and the effectiveness was being monitored.

- Survey data reflected that satisfaction with GP consultations in relation to involvement in their care and treatment was in line with local and national averages.
- Feedback from patients spoken with reported that access to a named GP and continuity of care was not always available although survey data showed the practice was in line with local and national averages.

## Are services well-led?

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

- The vision and values of the practice were shared with staff at the practice but there was no evidence of a written business plan or strategy. The practice had acted on patient feedback in relation to the results from the national GP patient survey in relation to access to the practice by telephone.
- The system of governance in place at the practice needed strengthening in relation to the identification and mitigation of risks to patients.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- Practice specific policies were available to all staff and reviewed.
- The systems for enabling the provider to assess and monitor the quality of care by having oversight of performance were not effective in all areas. For example the practice had high exception reporting rates in relation to some clinical indicators for patients with long term conditions and this had not been identified and was not being addressed by the practice.

## Requires improvement



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement overall. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was not aware, so had not reviewed their home visit prioritisation process as highlighted in a recent patient safety alert.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were better than or similar to local and national averages. For example; the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness was 93% compared with 88% local and 90% nationally. However their exception reporting was 20% compared to 15% local and 11% national.
- Longer appointments were available for older patients. Urgent and non-urgent home visits for frail and house bound patients were available.
- The practice patient list included residents living in 11 care homes locally.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement overall. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Chronic disease reviews were offered in the surgery. Diabetes protocols were followed with support from the diabetes lead doctor and COPD/Asthma annual reviews and follow up appointments were actioned with a trained asthma nurse.
- Performance for diabetes related indicators was above the CCG and national average at 96% compared to the local average of 88% and national average of 92%. However the practice exception reporting for diabetes was notably high ranging from 11% to 24% compared to the local and national range of between 7% and 18%.
- A recall system was in place to ensure continuity of care for the disease management of all long term conditions. For example, medicine reviews.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement overall. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) were stored electronically but not all had been authorised and signed by the clinical staff at the practice.
- The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average of 83% and the national average of 82%
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.

**Requires improvement**



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

The practice is rated as requires improvement overall. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- The practice nurse provided travel immunisations and travel advice.
- Health promotion advice was available and patients were signposted to external organisations for support.

**Requires improvement**



## People whose circumstances may make them vulnerable

The practice is rated as requires improvement overall. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified a low number of patients who were carers.
- The practice offered longer appointments for patients with a learning disability.

**Requires improvement**





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware 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 overall. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the local and the national average.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia for whom they carried out advance care planning.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary, particularly where patients had been identified as experiencing poor mental health.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged.
- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Information was available for patients in the waiting area.

**Requires improvement**



# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in respect of most areas. 264 survey forms were distributed and 116 were returned. This represented a 44% response rate.

For example;

- 83% of patients said the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 86% and a national average of 87%.
- 90% of patients said the last appointment they got was convenient compared to a CCG average of 93% and a national average 92%.
- 44% of patients said they could get through easily to the surgery by phone compared to a CCG average of 63% and a national average of 73%.

- 83% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 84% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 patient Care Quality Commission comment cards, 26 of these were complementary about the practice. However, five raised concerns about the availability of appointments and early morning telephone access and one identified a delay in the timely treatment of a child.

We spoke with six patients (two of which were PPG members) during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Ensure all Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) are correctly authorised for clinical staff to administer vaccines and immunisations in line with national requirements.
- Carry out infection control audits in line with published guidance. Ensure that the infection control lead has received adequate training for the role.
- Ensure that the system for managing patient safety and medicine alerts is effective and that appropriate action is taken and recorded.
- Improve the governance at the practice to ensure that risks to patients and staff are identified and mitigated. Ensure that systems are effective in relation to assessing and monitoring the performance of the practice by having oversight of high exception reporting and an action plan to improve performance.

- Improve the system in place in relation to significant events to cascade the learning from such events and to ensure that the changes made are embedded in the practice.

### Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Take steps to identify more carers and provide them with support that meets their needs.
- Ensure the business continuity plan is up to date and reviewed regularly.
- Ensure the issuing of prescription stationery is recorded.
- Ensure that all non-clinical staff receive an appropriate level of safeguarding training for children and vulnerable adults.
- Ensure that staff are implementing practice policies, that they are up to date and the subject of a review process.

# Summary of findings

- Take steps to reduce the risk of private conversations being overheard at the reception area in order that patient confidentiality can be maintained.
- Continue to monitor the effectiveness of the new phone system in relation to patient satisfaction.

## Outstanding practice

We found one area of outstanding practice;

- The practice had collected mortality data over a period of ten years and used this to ensure that their systems were effective. The practice used this data to identify trends in relation to its patient population

groups to ensure there were no emerging themes with regards to the mortality of practice patients. This information had been shared with its commissioning group.

# Dr D A Williams & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector with a second inspector. The team also included a GP specialist advisor and a practice manager specialist advisor.

## Background to Dr D A Williams & Partners

Blandford Medical Centre is part of Mid Essex Clinical Commissioning Group and is a large surgery in the town of Braintree Essex. Blandford Medical Centre provides general medical services to approximately 17,760 registered patients.

The main surgery is located within purpose built premises and has a dispensary. According to data from the Office for National Statistics, Mid Essex has a high level of affluence and minimal economic deprivation. However, Braintree town is in the seventh most deprived of the population for Essex. People in the more deprived areas generally have poorer health and lower life expectancy than the Essex average.

The practice population is in line with the national average. The percentage of the practice population with a long-standing health condition is 62% compared to the CCG and national average of 54%. A higher percentage identifies an increase demand on appointments. Unemployment in this practice area is 5% compared to the CCG of 3%, this compares to the national average of 5%.

The practice population also has a proportion of patients in local care homes. The practice covers eleven care homes with a total of 124 registered patients.

The practice comprises of nine GPs (six male and three female). The all-female nursing team consists of four practice nurses and two Health Care Assistances. A practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice. The dispensary lead is a dispensary manager who is supported by five staff.

The practice has core opening hours between 8am and 6.30pm, Monday to Friday with appointments available from 8.20am to 5.50pm daily. The practice does not offer extended hours access.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 August 2016. During our visit we:

- Viewed information provided by the practice, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, practice manager, administrators and doctors) and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice did not have an effective system in place to ensure that incidents were recorded, investigated and reviewed in a comprehensive way. It was not apparent that all staff were aware of their responsibilities to raise concerns, or knew how to report incidents or near misses.

- We saw evidence of bi-annual meetings where safety issues were discussed. The practice was not able to provide evidence to demonstrate that actions taken to improve patient safety had been embedded into practice procedures.
- Staff spoken with could not evidence how learning from safety concerns was circulated through the team. There were no systems in place for dissemination of lessons learnt and some staff were not invited to meetings where safety concerns were discussed.
- We looked at four significant event analyses in detail. We found that the recording and analysis of all four did not demonstrate a clear account of what had happened, was not in-depth and records of the actions taken were brief. For example, in regard to a communication to a patient about a drug dosage change, the patient inadvertently doubled the wrong medicine and returned with other symptoms. The significant event form identified that only verbal information was given. The action was brief. No reference was made to whether the patient had received an apology.
- There were no systems in place to report results to the National Reporting and Learning System (NRLS) where identified learning and actions could be shared with other healthcare professional organisations.

The practice had a system to distribute Medicines and Healthcare Regulatory Agency alerts (MHRA) but it was not effective. This alert system provides a range of information on medicines and healthcare products to promote safe practice. The MHRA alert was received in a generic mailbox monitored by administration staff; they then sent it to the GPs and nurses to action. There was no audit trail as part of the system to verify that information had been shared and actioned and we found that not all GPs had acted on those sent to them. The practice manager told us the latest alert was in August however the clinical staff were unable to recall it.

Other safety alert systems were not monitored; for example the Central Alerting System (CAS) and NHS England alerts. The practice was unaware of the alert that required action by May 2016 about prioritising home visits for the elderly.

The practice had collected mortality data over a period of ten years and used this to ensure that their systems were effective. The practice used this data to identify trends in relation to its patient population groups to ensure there were no emerging themes with regards to the mortality of practice patients. This information had been shared with its commissioning group.

### Overview of safety systems and processes

Systems, processes and practices were in place to keep people safe and safeguarded from abuse;

- The practice had arrangements in place to identify and safeguard adults and children from abuse that reflected legislation and local requirements. Staff understood their responsibilities and adhered to safeguarding policies and procedure. There was a lead GP that had undertaken training to level three.
- 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 check (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 but had not received additional training for this role. There was an infection control protocol in place and staff had received training. There was an infection control check list but no evidence the practice undertook the infection prevention society (IPS) audits. We saw that an extractor fan in the clinical room was covered in dust.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for ensuring that, for high risk medicines, GPs carried out a review before authorising the next repeat prescription. The practice carried out

## Are services safe?

regular medicines audits, with the support of the medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Prescription stationery was securely stored and there were systems in place to monitor the use. They were kept securely at all times and only accessible to authorised staff but the issue was not being recorded. This was addressed immediately by the practice and we have been assured that prescriptions are now monitored through the practice and we were shown a policy to support this.
- Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However these were stored on the intranet and a signed printed copy was not available in all cases to indicate that they had been authorised by an appropriate person or signed by the practice staff. Some PSDs were out of date and some had not been put in place as required by legislation.
- 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. We saw that medicines incidents or 'near misses' were recorded for learning. Dispensary staff were involved in reviewing them regularly and we saw that they had made changes to improve the quality of the dispensing process.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We saw records to show that staff had received training on recent changes to controlled drugs legislation. The controlled drugs were stored securely and the appropriate records were kept.
- Patients on high risk medicines were reviewed in a timely way. When the medicine review date was reached the dispensary contacted the patient to inform them they were due a review and they ensured a blood test was carried out. This was to check that the medicines remained safe to prescribe. If patients did not attend for a blood test there was a system in place to follow this up with the patient.
- All older patients on regular medicine had an annual review of their health. This was prompted by their medicine review date and followed up as a safety net by

the dispensary team. The dispensary team alerted the GPs to patients who were over-due a review. Other patients were reviewed opportunistically if they attended the practice for any other reason.

- We reviewed four personnel files and found that all had undertaken 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.

### Monitoring risks to patients

The practice managed other risks effectively.

- The practice had processes in place to monitor and manage risks to patient and staff safety. The health and safety and fire risk assessments were in line with legislation. 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff in the different teams were able to cover each other's roles and there were designated leads for clinical areas such as lung conditions, diabetes and cancer as well as for general duties, such as training, safeguarding and practice education.

### Arrangements to deal with emergencies and major incidents

The practice had adequate 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.

## Are services safe?

- All staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage was available, however some contact details were found to be inaccurate.



# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

We found from our discussions with the GPs and nurses they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.

### 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 (from 2014/15) were 98% of the total number of points available. This was higher than the local and national averages (92% and 95%). However we noted the exception reporting of 14% was above the local and national averages of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients declined their reviews or certain medicines cannot be prescribed because of side effects.

Performance for diabetes related indicators was above the local and national average. For example;

- The percentage of patients with diabetes whose cholesterol was well controlled was 77% compared to the local and national averages (75% and 80%).
- The percentage of patients with diabetes whose blood glucose reading was controlled was 83% compared to the local and national averages (72% and 78%).

- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 76% compared to the local and national averages (74% and 78%).
- 92% of patients with diabetes received a flu vaccination, compared to local and national averages (93% and 94%).

The practice exception reporting for diabetes was notably high ranging from 11% to 24% compared to the local and national range of between 7% and 18%. We discussed this with the GPs and they were unaware of the high exception reporting. They told us that diabetic patients seen at the local hospital often did not attend their GP review as they were reviewed by the hospital. However the practice did not have a system in place to capture these patients opportunistically.

The practice performance for the effective treatment of patients with hypertension (high blood pressure), heart related conditions were in line with local and national averages for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 84% compared to the local average of 83% and national average of 83%.
- The percentage of patients who were treated with appropriate medicines for a particular heart rhythm was 98% compared to the local of 97% and national average of 98%.

The practice exception reporting for these indicators was in line with local and national percentages.

Performance for patients with long-term lung conditions were similar or above local and national percentages. For example;

- The percentage of patients with asthma who had a review within the previous 12 months was 76% compared to the local average of 71% and national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness was 93% compared with the local average of 88% and national average of 90%. However the exception reporting for this area was 20% compared to a local average of 15% and national average of 11%.

# Are services effective?

## (for example, treatment is effective)

The GPs told us they had a lot of patients that were reviewed by a proactive community COPD team that reviewed patients.

The practice was able to demonstrate that some clinical audits had taken place, and that improvements had been embedded. However the practice was not able to demonstrate that a quality improvement and audit process was in place to drive improvement at the practice across key areas of performance.

### Effective staffing

Each patients care and treatment needs and preferences were assessed by staff with the required level of skill and knowledge to ensure effective staffing.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However we found that some non-clinical staff had not received safeguarding training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, members of staff from the administration and reception teams had completed training courses in medical record keeping and customer service. Clinical staff had received training in areas such as diabetes, wound care, asthma and managing chronic kidney disease.
- Practice nurses performed defined duties and were able to demonstrate that they were trained to fulfil these roles. Practice nurses had advanced specialist training in asthma, diabetes coronary heart disease and chronic obstructive pulmonary disease. They also reviewed patients with long-term conditions, administered vaccinations and took samples for the cervical screening programme. They had undergone extended training and update to ensure nationally recognised evidence based guidance was being incorporated in their care delivery.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate 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.

### 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. Information such as NHS patient information leaflets was also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.

Patients had procedures, including minor surgery, explained to them and their consent was recorded in the notes. 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.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. Patients were signposted to relevant service. These included patients in the last 12 months of their lives and those requiring advice on their diet, smoking and alcohol cessation.

The practice nurse operated a system that ensured test results had been received for every cervical screening sample sent. The practice's uptake for the cervical screening programme was 83%, compared to the local and national average (81% and 82%), the exception reporting rate was 9%, and this was 5% above the local and 3% above the national average. There was a policy to send telephone reminders and letters to patients who did not attend for cervical screening.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National data from March 2015 identified that

breast cancer screening rates for 50 to 70 year olds was 76% and this was the same as the local average and the national average at 72%. Bowel cancer screening rates for 60 to 69 year olds was 46% compared to the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to local/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 91% to 98%.

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 received 32 patient Care Quality Commission comment cards; all comments about providing caring services were very complementary. 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.
- We saw that staff treated patients appropriately although confidentiality could not always be assured due to the open spaced reception area. Telephone conversations could be overheard and steps had not been taken to reduce the risk of confidential conversations being overheard.

We spoke with two members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We spoke with six patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable and caring.

Results from the national GP patient survey published in July 2016 were in line with the local and national average for patient satisfaction. For example:

- 90% of patients said the GP was good at listening to them compared to the local average of 88% and the national average of 89%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the local and national average of 95%.
- 83% of patients said the GP gave them enough time compared to the local average of 86% and the national average of 87%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 84% and the national average of 85%.
- 96% of patients said the nurse was good at listening to them compared to the local average of 92% and the national average of 91%.

- 92% of patients said the nurse gave them enough time compared to the local average of 93% and the national average of 92%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 92% national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared to the local average of 98% and the national average of 97%.

The practice scored slightly lower than the local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 83% of patients said they found the receptionists at the practice helpful compared to the local average of 86% and the national average of 87%.
- 78% described their overall experience of the practice as good compared to the local average 83%, national average 85%.

### Care planning and involvement in decisions about care and treatment

Four of the patients spoken with told us that they did not always feel listened to and involved in making decisions about the care and treatment they received. Results from the national GP patient survey published in July 2016 did not reflect this.

- 90% said the GP was good at listening to them compared to the local average of 88% and the national average of 89%.
- 81% said the last GP they saw was good at explaining tests and treatments compared to the local and national average of 85%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the local average 80%, national average 82%.
- 96% said the last nurse they saw or spoke to was good at listening to them compared to the local average 92%, national average 91%.
- 92% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local average 91%, national average 90%.
- 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local average 85%, national average 85%.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

Patients who were carers were identified at registration so appropriate support and advice could be offered. The practice had identified 62 carers and this was 0.35% of their patient population. Information was available in the reception area advising them of external organisations they could contact. There was no process to identify when a registered patient became a carer, therefore they would not receive any extra support.

The practice provided effective care and support for end of life patients. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.

There was a bereavement notice board in the staff only area. This was to ensure all staff were made aware of patients who had passed away. Details of external organisations that could provide support were on display in the reception area. Family members were contacted following bereavement when appropriate and offered support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Patient's healthcare requirements were used to inform how the services were planned and delivered.

- Home visits were available for older patients and patients that had been identified as requiring them.
- The practice patient list included residents living in 11 care homes locally.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and longer appointments were available if required.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a recall system to ensure continuity of care for the disease management of all long term conditions. For example, medicine reviews.
- Same day appointments were available. Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- Patients were able to receive travel vaccinations.
- The practice nurses provided support for patients with diabetes who were initiating insulin therapy. This ensured the patient was supported in a local and familiar environment.
- On-line services included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records were available.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary.
- The practice gained written consent for relatives to share in medical information and treatment planning for patients diagnosed with dementia.
- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Information was available for patients in the waiting area.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and closed at weekends. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was mixed when compared to the local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the local of 72% and national average of 76%.
- 44% patients said they could get through easily to the surgery by phone compared to a local average of 63% and a national average of 73%. This was an improvement on the data from the January 2016 from 13%.
- 60% patients said they always or almost always see or speak to the GP they prefer compared to the local and national average 59%.
- 90% of patients said the last appointment they got was convenient compared to a CCG average of 93% and a national average 92%.
- 71% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to the local average of 63% and the national average of 65%.

The appointment system was undergoing a review to assess appointment demand. As a result the practice was in the process of restructuring the appointment system. The practice had also installed a new telephone system in June 2016 to act on poor patient satisfaction data. The effectiveness of this initiative could not be assessed at this time as it needed time to achieve an outcome.

Patients told us that appointments could be difficult to access. At the time of the inspection the next routine appointment was seven working days later. Three patients spoken with and five comment cards reported that waiting times for appointments could be very long.

Patients who had complex health needs or who were receiving end of life care had an electronic message on their notes which ensured that staff prioritised their calls to the practice and requests for appointments.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place for handling complaints and concerns. A complaints policy and procedure had been shared with staff.

- 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.

- Patients we spoke with were generally unaware of the process to follow if they wished to make a complaint, although they told us that they would feel confident to report any concerns should they arise.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and these were shared at an annual complaints review and shared with all staff.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice aimed to deliver high quality care and promote good outcomes for patients.

- All staff shared this objective and prioritised patient care.
- There was no strategy or business plan in place to support the vision or values of the practice or to plan for the future.

### Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

Governance arrangements, the strategy, plans and information used to monitor performance required strengthening. For example,

- There was a leadership and staffing structure. Named members of staff led in specific areas of responsibility. For example, safeguarding, infection control and complaints.
- Practice specific policies were available to all staff, however some were not being implemented and some were outdated and did not align with the current practice.
- The practice did not demonstrate awareness of clinical performance in order to use the data to drive improvement on the performance of the practice for example in relation to the high exception reporting in respect of some long term conditions. As this had not been identified there was no plan to try and improve this.
- Clinical audits had been conducted and used to inform improvements in care.
- There were no processes in place to ensure patient safety and medicines alerts were actioned in a timely way, discussed and changes agreed and embedded.
- Patient Specific Directions had not been authorised in writing by an appropriate member of the management team.
- The practice had not identified and actioned some risks to patients. These included training in safeguarding for non-clinical staff, prescription stationery issue not being

tracked through the practice, infection control audits not taking place and the learning from significant events not being cascaded to staff or improvements embedded into practice procedures.

### Leadership and culture

The partners in the practice prioritised compassionate care were visible in the practice and staff told us they were approachable. Staff felt supported and enjoyed working in the practice. Staff were aware of their own roles and responsibilities but there was a lack of awareness of the roles and responsibilities of their colleagues.

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). 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 affected patients received reasonable support and a verbal or written apology

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

The practice valued feedback from patients, the public and staff. They worked with the patient participation group to improve services.

- The practice had acted on the data from the national GP patient survey in relation to telephone access to the surgery by installing a new telephone system in June 2016.
- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. The PPG had provided suggestions on how to reduce the number of appointments missed by patients. The practice had adopted a suggestion by sending text reminders to patients and providing options to cancel appointments by text if they were no longer required.



# Are services well-led?

Requires improvement



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

- The practice had gathered some feedback from staff through annual appraisals and staff meetings. However there was a lack of documentation to evidence this. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

## 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none"><li>• The practice was not undertaking infection control audits in line with guidance and the infection control lead had not received additional training.</li><li>• The system in place for acting on patient safety and medicine alerts was not effective.</li><li>• Patient Specific Directions/Directives had not been correctly authorised in line with guidance.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Good Governance</p> <p><b>How the regulation was not being met:</b></p> <p>The practice did not have an effective governance system in place at the practice in relation to the identification and mitigation of risks. There was a lack of systems in place to monitor and assess the services provided at the practice.</p>

This section is primarily information for the provider

## Requirement notices

### Specifically;

- The learning from significant events was not routinely being discussed with staff and learning from them had not been embedded into practice procedures.
- The practice did not have a system of quality improvement in place to assess and monitor the services provided or to act on high exception reporting. This included clinical audit.

**This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**