

Dr Andrew Whitfield

Quality Report

Southwood Surgery
Links way
Farnborough
Hampshire
GU14 0NA
Tel: 01252 371715
Website: www.southwoodpractice.co.uk

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Andrew Whitfield (also known as Southwood medical practice) on 4 October 2016. The practice was rated requires improvement overall with an inadequate rating for providing safe services. Areas where the provider needed to make improvements included reviewing the processes for implementing infection control policies, maintaining a good overview of systems and processes to mitigate risk including prescription stationary security and processes around staff administration of vaccines. Additionally, the reviewing and monitoring systems to identify staff training and to review policies and procedures.

We conducted a further comprehensive inspection on 26 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 4 October 2016. This report covers our findings in relation to those requirements and additional improvements made since our last inspection.

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

- Improvements had been made to the monitoring of infection control processes. This included undertaking further infection control audits and reviewing systems to incorporate and monitor actions required.
- The practice had reviewed strategies for storing and checking of patient group directions (PGDs) and patient specific directions (PSDs). All PGDs were in date and signed by staff authorised to administer vaccines. PSDs were in place for the health care assistant to administer vaccines.
- The practice had purchased locks for the printers to maintain prescription stationary security and had a process for monitoring these. Security of medicine storage had also been improved with items kept within in locked rooms or in tamper evident sealed boxes.

Summary of findings

- The system for monitoring staff training had been overhauled to ensure it was kept up to date and reflected what training each staff member had completed.
- All policies within the practice had undergone a review since the last inspection. Each policy had a date for the next review identified on the policy.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to get an appointment on the same day and there was continuity of care.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

There were some areas where the provider continued to need to make improvements:

The provider should:

- Consider strategies for recording that cleaning of specialist equipment such as couches and blood pressure cuffs have been completed.
- Review health care waste disposal in line with best practice
- Continue to review arrangements to identify and support patients who are also carers.
- Review GP survey results including access to arranging appointments.

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 was previously rated as inadequate for providing safe services. The provider is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had improved their infection control processes and methods to monitor actions following infection control audits. The practice now had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However there was not a procedure to ensure that furniture and equipment was cleaned regularly when not covered by the cleaning company's cleaning schedule. For example, wiping down of the treatment couch and blood pressure cuffs after use. The practice had not disposed of a sharps box in line with their waste disposal policy.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. The practice had improved their storage of medicines and vaccines.

Good



Are services effective?

The practice was previously rated as requires improvement for providing effective services. At this inspection the practice had made improvements and the practice is now rated as good for providing effective services.

- The practice had improved their system of monitoring Medicines and Healthcare products Regulatory Agency alerts and how they cascaded this to team members.
- The practice had improved the system to monitor training and could demonstrate that all staff had received training for their role.

Good



Summary of findings

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice was previously rated as good for providing caring services. At this inspection the practice demonstrated that they continued to provide caring services and remains rated as good.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had reviewed the number of patients who were also carers. There was less than 1% of the practice population registered as a carer.

Good



Are services responsive to people's needs?

The practice was previously rated as good for providing responsive services. At this inspection we found that the practice demonstrated they continued to provide responsive services and remains rated good.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer.
- The practice had been accredited as a dementia friendly practice and had adapted signage as a result. The practice was in the process of re-covering chairs to be of a contrasting colour to the flooring.

Good



Summary of findings

- Patients we spoke with 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 well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice was previously rated as requires improvement for providing well-led services. We revisited the practice for a further inspection in October 2017 and found that the practice had made improvements. The practice is now rated as good for providing well-led services.

- The practice had reviewed and amended some of the systems and processes used within the practice. For example, the practice's infection control checklist had been amended in order to monitor and review actions. The practice now had a system to monitor and update the training log and review policies on an annual basis.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. We reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



Summary of findings

- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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 had resolved issues raised at the previous inspection. The practice is now rated as good for the care of older people.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

Good



People with long term conditions

The practice had resolved issues relating to effective and well-led domains as well as some for the safe domain. The practice is now rated as good for the care of people with long-term conditions.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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.

Good



Summary of findings

Families, children and young people

The practice had resolved issues raised at the previous inspection. The practice is rated as good for the care of families, children and young people.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice provided support for premature babies and their families following discharge from hospital.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



Working age people (including those recently retired and students)

The practice had resolved issues raised at the previous inspection. The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- 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.

Good



People whose circumstances may make them vulnerable

The practice had resolved issues raised at the previous inspection. The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 had resolved issues raised at the previous inspection. The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice had been accredited as a Dementia Friendly practice and amended signage and chair coverings to assist patients with Dementia.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 259 survey forms were distributed and 105 were returned. This represented just over 1% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Comments included that they would recommend to others; that staff were helpful and caring; they're responsive and some comment cards named staff or disciplines (such as GP/reception) and said they go out of their way to help.

We spoke with 11 patients during the inspection. All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The provider should:

- Consider strategies for recording that cleaning of specialist equipment such as couches and blood pressure cuffs have been completed.
- Review health care waste disposal in line with best practice
- Continue to review arrangements to identify and support patients who are also carers.
- Review GP survey results including access to arranging appointments.

Dr Andrew Whitfield

Detailed findings

Our inspection team

Our inspection team was led by:

This inspection was led by a CQC lead inspector. The team included a GP specialist advisor, a practice manager specialist adviser and a CQC inspector.

Background to Dr Andrew Whitfield

Dr Andrew Whitfield also known as Southwood Practice part of the NHS North East Hampshire and Farnham Clinical Commissioning Group (CCG) and is contracted to provide personal medical services (PMS).

The practice is situated in Farnborough, Hampshire within a multi-use purpose built development. All patient services are offered on the ground floor.

The practice has approximately 6800 patients on its list and is located in a predominantly urban area with mid-range social deprivation. The practice has a young age profile, with approximately 90% of people under 65 years. The practice told us they had a low percentage of patients over 75 years. 3.7 % compared to the England average of 7.8%. The area has a high proportion of working parents, international workers, students and military personnel and families. There is a high turnover of patients with up to 15% of patient's relocating due to work or house moves. The practice has a low incidence of cancer and other long term conditions compared to the England average.

The practice is owned by the lead GP (male) and employs four female salaried GPs. The nursing team consists of two female practice nurses and one health care assistant who also offer phlebotomy. One of the practice nurses is also an

independent nurse prescriber. The clinical team are supported by the practice manager, office manager, secretary, one practice secretary/receptionist and seven receptionists.

The practice had recently recruited a newly qualified salaried GP and was supporting and providing them with clinical supervision to develop general practice skills and knowledge.

The practice is open between 8.30-6.30pm Monday to Friday. Telephone lines were open from 8am. Nurse appointments were available from 8am three days per week and from 8.30am the other two days. GP appointments were available from 8.30am daily. Extended hours surgeries are offered on Tuesday, Wednesday and Thursday evenings until 8.00pm. The practice is closed Saturdays and Sundays.

The practice has opted out of providing out-of-hours services to their own patients. These are provided by the North Hampshire Urgent Care Service (NHUC) and are accessed via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Andrew Whitfield on 4 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement overall. The practice was rated as inadequate for safe, requires improvement for effective and well-led and good for caring and responsive. . The full comprehensive report following the inspection in October 2016 can be found by selecting the 'all reports' link for Dr Andrew Whitfield on our website at www.cqc.org.uk.

Detailed findings

We undertook a further comprehensive inspection of Dr Andrew Whitfield on 26 October 2017 to follow up on the areas highlighted as in breach of regulations at the previous inspection.

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 26 October 2017.

During our visit we:

- Spoke with a range of staff including, GP, nurse, HCA, practice manager and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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

At our inspection on 4 October 2016 we rated the practice as inadequate for providing safe services as we found that systems and processes for keeping patients safe were not adequate. For example:

- Staff demonstrated an understanding of safeguarding, however, not all staff had received safeguarding children or vulnerable adults training to a level appropriate for their role.
- Arrangements for managing medicines (including emergency medicines and vaccines were not sufficient.
 - Blank prescription stationery was left in the printers overnight in unlocked rooms. No records were kept for identifying prescription stationary kept in the printers.
 - Three patient group directions (PGDs) had expired. PGDs are a set of documents outlining the process for nurses to administer medicines in line with legislation.
 - Patient Specific Directions (PSDs) were not in place to allow the Health Care Assistant to administer medicines or vaccines to patients.
- Infection control protocols were not being followed, this included undertaking full infection control audits and recording actions as well as recording cleaning checks from the external cleaning company.

We completed a further announced comprehensive inspection on the 26 October 2017 and found that these arrangements had significantly improved since the previous inspection.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available 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 reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. Three significant events in 2017 were around patient administration errors such as a prescription with an incorrect patient name on. Each event clearly identified the learning points including, checking patients by name and date of birth, and to cross check clinical notes prior to administering vaccines. In this example a parent could not remember whether a child had been vaccinated or not but thought that they had not and wanted the vaccine to be administered. The event reports that in the situation the nurse felt pressured to do this and had not double checked the patient notes prior to administering the vaccine.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. The practices safeguarding policy was generic and did not contain practice specific information. Instead it detailed links to national guidance to cover all areas for safeguarding including for female genital mutilation amongst others. The practice had a separate document which contained the details of local safeguarding links and a workflow of process to follow. Policies were accessible to all staff. The policy and local linked document 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. All staff spoken to were aware of who the safeguarding lead was.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. Since the previous inspection all staff had completed safeguarding children and vulnerable adults training to a level suitable for their role. GPs were trained to child protection or child safeguarding level three.

Are services safe?

- 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)

The practice maintained appropriate standards of cleanliness and hygiene.

We observed the premises to be clean and tidy. Cleaning of the practice was conducted by an external company. At the previous inspection there were no appropriate systems in place to evidence that the practice monitored the level of cleanliness and were able to take action without delays when shortfalls were identified. We were told that spot checks were completed but not documented. At this inspection we reviewed the process for monitoring cleaning. We saw that the schedule was clearly documented.

The practice did not have a system to document that daily cleaning checks had been completed for each room for items not covered by the external cleaning company. For example: wiping down of the treatment couches, blood pressure cuffs and other specialist equipment. We were told that rooms were cleaned after use but that there was no system at present to record this. Treatment and clinical rooms looked visibly clean. The practice also had a checklist to look at the emergency equipment, vaccine fridges and general cleaning amongst other items which was signed off on a monthly basis.

In one of the consulting rooms the sharps bin had been open for more than three months, this had not been picked up by the practice when we raised this with them. We were told this would be replaced with a new bin. There was also a single pair of non-sterile examination gloves which were in place within a non-sterile resuscitation mask. The pair of gloves had an expiration date of 2007 on the packaging.

The lead nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Since the last inspection the practice had reviewed their infection control procedure and undertaken three infection control audits including a 'bare below the elbows' audit. The main infection control audit checklist had been redesigned to include a column called 'action and review date' which clearly documented what actions were

required. We reviewed the last two infection control toolkit audits which were completed in February and May 2017. We saw examples of improvements being made and items being marked from 'not achieved' to 'partially achieved' or to 'fully achieved'. For example, the audit in February 2017 highlighted an action to remove waste paper bins from under consulting room desks and to purchase larger foot operated bins. In the May 2017 audit the practice had documented they had removed the waste bins and were seeking quotations for new pedal bins. The action plans clearly documented what actions remained outstanding and whether a risk assessment had been completed if an action remained outstanding.

We were told that two items on the action plan were not achievable at present but were under review. These included having elbow operated taps in clinic rooms and re-covering of the fabric chairs in the waiting room. The practice had risk assessed these and evidenced the plans that were in place to work towards these. For example, the practice had discussed with NHS property services who own the building the need for the taps. We were told that the cost to recover chairs in the waiting room may not be feasible as the practice hoped to move to new premises and were working with external stakeholders to plan this. Risks had been minimised by placing wipe clean chairs in consulting rooms.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Since the previous inspection in October 2016 the practice had reviewed their system for storage and monitoring of blank prescription stationery. The practice had installed locks on each printer to prevent unauthorised access to blank prescription paper. The

Are services safe?

practice had a system in place whereby a member of the admin team (allocated the role of monitoring prescription stationery) would review weekly the prescription stationery in each printer and replace with more. Serial numbers were logged both for what was in the printer already and of the numbers of the new stationery being placed in the printer which went underneath the existing sheets of prescription stationery. There was clear documentation of serial numbers for each printer.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Since the previous inspection the practice had undertaken a review of the Patient Group Directions (PGDs) and replaced as required to ensure staff were working to the most up to date legislation and guidance. The practice now had separate folders for PGDs – one containing the current versions and another which contained the historic and redundant ones which were stored in an archive folder. The practice had created a protocol for the process. The practice had ensured that the health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice told us that the review had increased their awareness for checking of PGDs and identified that a physiotherapist providing joint injections at the practice had an out of date PGD (the physiotherapist worked under the PGD signed by the hospital rather than the practice). The practice told the physiotherapist that they were unable to do joint injections until they had an up to date PGD and that this had initiated a review of PGDs within the hospital and the NHS trust that the hospital was linked and a change of practice in these areas. The practice subsequently ensured that the physiotherapist used PSDs for undertaking the joint injections.

Since the previous inspection in October 2016 there had been four members of staff starting employment with the practice. We reviewed the personnel files of these employees and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in

previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 received annual basic life support training and there were emergency medicines available in the treatment room. The practice had completed a training exercise on 9 October 2017 looking at acute emergency

Are services safe?

in practice. This is where they tested emergency medicine scenarios on a dummy patient to ensure clinicians were familiar with access to the medicines in line with their revised policy.

- 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 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 in a tamper evident box.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 4 October 2016 we rated the practice as requires improvement for effective services. This was because systems to ensure staff had completed training were not effective. The training records kept by management were incomplete and therefore could not evidence that all staff had completed training relevant to their role.

We also found that although the practice followed best practice guidelines and medicines alerts the practice did not monitor that Medicines and Healthcare products Regulatory Agency (MHRA) MHRA safety alert guidelines were followed through risk assessments, audits or random sample checks of patient records to ensure that the practice were working to the most up to date best practice guidelines.

We undertook a further announced inspection on the 26 October 2017 and found that the practice had made improvements to the areas above. The practice is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

The practice had reviewed their system for cascading MHRA alerts since the previous inspection. Updates were cascaded via email by the practice manager and with a read receipt function in order to monitor whether staff had received the update. We were told updates were also discussed in team discussions to ensure everyone was working to the most up to date guidance.

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 previous inspection reviewed both the 2014-2015 and (at the time of inspection) newly published 2015-2016 information. The data available to the inspection team at the October 2017 inspection remained the same as the previously published data. Data for the 2016-2017 year was not due to be published until November 2017. However, the practice provided us with unpublished data for this time period.

The most recent published results were 97.6% of the total number of points available compared with the clinical commissioning group (CCG) average of 97.4% and national average of 97.3%.

Data from the previous inspection showed that the practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the percentage of patients with diabetes, on the register, whose last cholesterol reading was 5mmol/l or less was 87% compared to the CCG average of 83% and national average of 80%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with a diagnosis of schizophrenia, schizoaffective disorder or other psychosis that had an agreed care plan documented in their records within the past 12 months was 90% compared to the CCG average of 91% and the national average of 82%.

The practice consistently performed better than the CCG and national averages for the majority of clinical indicators. For example, the exception reporting level for patients with Chronic Obstructive Pulmonary Disorder, which is a chronic lung condition, that had undertaken an assessment of breathlessness using an approved tool was 5% compared to the CCG average of 11% and national average of 12%.

- We reviewed the unpublished 2016-2017 data which showed that for this time period the practice achieved 534 out of a possible 559 points available (95.5%).

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit:

- At the previous inspection the practice demonstrated they were engaging in quality improvement including audits. At this inspection the practice provided further examples of audits that had been completed within the past 12 months. These included medicines and prescribing audits as well as examples of completed second cycle audits. The audits demonstrated where improvements were made, implemented and monitored.
- The practice had completed a re-audit of their shoulder joint injection audit since the previous inspection. The audit demonstrated that following on from changes made in their first audit there had been an increase in patients having x-ray or ultrasound investigations prior to receiving joint injections. As well as checking whether the treatment was effective and any improvement in movement of the affected joint experienced by the patient Direct access to joint injections through the practice has increased with the provision of the GP based extended scope physiotherapy service.
- The practice completed a medicines optimisation audit for patients on high dose asthma treatment. They identified that some patients who had been started on a higher dose of medicines for a chest infection stopped rather than stepped down following exacerbation of symptoms. The practice identified a need to conduct further work and education around this.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- 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.
- 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 practice had access to a paramedic practitioner and integrated care team through the local GP federation. The paramedic practitioners and nurses would go on the home visits and also follow up on recent hospital discharges.

- 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 and nurses. All staff had received an appraisal within the last 12 months.
- Since the previous inspection the practice had reviewed the training records for all staff and reviewed the monitoring system. We reviewed the training records for all staff. We saw that all staff had received training appropriate for their role. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- We found that 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. Information was shared between services, with patients'

Are services effective?

(for example, treatment is effective)

consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted them to relevant services. 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.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 88%, which was better than the CCG average of 82% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to other practices. The practice had scored 9.3 out of 10 for vaccinations of children under 2 (national average 9.1). They achieved the 90% target in all four sub-indicators consistently achieving 92-94%. Following the inspection we were able to view the published 2016-17 data which was published in November 2017. This showed that the provider continued to achieve the 90% target in all four sub-indicators achieving between 92-95% for each indicator and an overall score of 9.35 out of 10.

There was a policy to offer telephone or written 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 if required 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. There were failsafe systems 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.

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

At our previous inspection in October 2016 the practice was rated as good for providing caring services.

We conducted a further comprehensive inspection in October 2017 and found that the practice continued to be good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 13 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 11 patients including four members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 89% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 90% 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% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published in July 2017 showed results were generally in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 86%.

Are services caring?

- 78% 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%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 90% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format if required.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 236 patients as carers (approximately 4% of the practice list) via their carers register on their electronic records system. However, in a recent review the practice manager had identified that many patients who were not carers had ticked the carers' box when registering as a patient. The practice manager told us that they were working on updating their register to be more accurate and had so far identified 56 carers (less than 1%). The practice acknowledged this is work in progress and have highlighted a new code on the patient records system to identify "no longer a carer". The practice had a carers' information board in reception providing information about registering as a carer. Written information was available via this board to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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. One patient spoken to on the day of our inspection told us about how supported they felt by the practice during their period of bereavement and that they had received a home visit from the nurse.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in October 2016 we rated the practice as good for providing responsive services.

We conducted a further comprehensive inspection in October 2017 and found the practice continued to be good in providing a service responsive to people's needs.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday, Wednesday and Thursday evening until 8pm for working 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was accredited as a Dementia Friendly practice. The practice had replaced signage in the building and was in the process of replacing chairs in the consulting and treatment rooms to be of a contrasting colour to the flooring.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. However, it was noted that there was no emergency alarm pull cord alarm for patients who may have difficulties when using the disabled toilet.

- The practice worked with midwives to support families, children and young people.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.
- The practice had utilised social media as a platform to deliver information about the practice to patients, including changes to appointment systems. The patient population of the practice was predominantly working age.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available throughout the day and covered morning, across lunchtime and into the afternoon/early evening. Extended hours appointments were offered from 6.30 to 8pm on Tuesday, Wednesday and Thursday evenings. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them. Most of the practices bookable appointments were for on the day appointments and were released each morning.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 78% of patients said their last appointment was convenient compared with the CCG average of 82% and the national average of 81%.
- 69% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 54% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

On the day of inspection patients told us that they had difficulty getting through to the practice on the telephone at 8.30am and lines were often busy. The practice manager told us that there were only two phone lines coming into the practice. Some patients expressed frustration around the phone and appointment booking system as when finally able to get through to reception they would find that the appointments for that day were fully booked. All patients spoken to on the day of the inspection told us that they had made their appointment that morning. We asked patients about the online booking system and some said they had difficulty in doing so recently compared to in the past. We discussed this with the practice who told us that this was a national problem to do with the software and out of the practices control. We were told by the practice manager that approximately 4000 patients had signed up to the online access system and that 3000 patients were actively using this system to book appointments.

The practice had a system to assess:

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

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 a system 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.

The practice had received five complaints since their previous inspection. We reviewed a sample of these and found that all were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient was unhappy with the recommendation following a consultation with the GP. The learning points identified were shared with the GPs and they were reminded of the importance to discuss with patients all options and rationale of why some treatment options were discounted or not appropriate.

Are services well-led?

Good 

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

Our findings

At our inspection in October 2016 we rated the practice as requires improvement for providing well-led services. This was because systems and processes supporting delivery of care were not always effective, for example:

- Systems to monitor security of medicine were not always effective. This included having three out of date patient group directions.
- Infection control audits were not effective enough to monitor and ensure staff were following infection control processes
- Systems for monitoring training were incomplete and did not provide assurances that all staff had completed the relevant training for their role. For example, we saw evidence that staff had access to mental capacity act training but the system had only recorded one member of staff as having completed the training.
- Policies were in place but not all had had a recent review or update to ensure details remained accurate.

We conducted a further comprehensive inspection on 26 October 2017 and found that improvements had been made. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. Administrative staff

had been given additional responsibilities such as overseeing the administrative side of sending appointment reminder letters and to patients who did not attend cervical screening tests.

- Since the last inspection the practice had undertaken a review of all policies and procedures. At this inspection we found all policies to be in date and there was a date identified for the next review. Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Following on from our last inspection the practice had developed a weekly leadership meeting whereby they reviewed all areas raised in the previous CQC inspection report and reviewed their action plan amongst other items. The practice told us that as they had achieved all items possible to date and they had reduced the frequency of the meeting back to monthly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the GP principle (lead GP) of the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. He told us he prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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

Are services well-led?

Good 

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

notifiable safety incidents. The lead GP encouraged a culture of openness and honesty. We found that the practice had systems 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.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings although it was acknowledged by administrative staff that due to recent staffing changes within their team, reception team meetings had temporarily ceased but that communication remained open in other ways.
- The leadership team posted their action log on the staff wall area for all staff to see.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the lead GP. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested an electronic visual display board for information in the waiting room which was provided and now details information about the practice and local area including promoting the winter flu vaccination. The practice told us that they had not completed a patient survey in the past 12 months.
- The NHS Friends and Family test, complaints and compliments received
- Staff through meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice is linked to a federation to improve outcomes for patients at their practice. This included being one of four practices on the pilot of offering 'e-consult' electronic GP consultation service.