Callington Health Centre

Quality Report

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Cornwall
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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?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection report published

April 2015 – Good)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced comprehensive inspection at Callington Health Centre on 8 December 2017. This was part of our scheduled inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and to meet the needs of the patient population registered at the practice.
- The practice reviewed the team skill mix in response to increasing needs of an older population in the area. Two emergency care practitioners (ECPs) had joined the team and provided a rapid response for vulnerable older people and patients with long term conditions by making home visits within their scope of practice. The ECPs supported the duty GP seeing patients who needed same day appointments. This had released GP time so that they were able to focus on patients with complex and urgent needs.

Summary of findings

- Childhood immunisation uptake rates for the vaccines given were above standard. For children up to 2 years of age the practice rates were 93-96% which was above the national target percentage of 90%.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

We saw two areas of outstanding practice:

- The practice successfully secured additional funding to extend the confidential advice and healthcare service (Tic Tac) for young people at a local college. Young people were not required to be registered with the practice and able to access sexual health screening, contraception advice, smoking cessation and support for mental health issues five days a week. Staff were consistent in supporting young people live healthier lives through a targeted and proactive approach. For example, the practice was focused on working with young people to reduce the number of unplanned pregnancies. Statistics showed between 2014 – 2017, 643 consultations had been provided and the number of unplanned pregnancies for under 18s had fallen to zero.
- Specialist equipment was purchased through fundraising by the Friends of the Practice, which provided near patient testing. For example, the practice had a portable bladder ultrasound used for early diagnosis of conditions that could lead to urinary retention. This meant patients were spared having to wait for an appointment and travel to the secondary care service.

The areas where the provider **must** make improvements are:

- Ensure effective systems and processes are established to ensure good governance in accordance with the fundamental standards of care, particularly in regard of; The processes used for monitoring staff training and development were not effective. The complaints process did not provide sufficient assurance of oversight or input from GP partners into complaints. There were some gaps in patient engagement.

The areas where the provider **should** make improvements are:

- Review the recruitment process to assess the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level.
- Review the process for responding to patient feedback, including verbal and written complaints.
- Review the whistleblowing policy to include the name and contact details of the local Freedom to Speak Up Guardian to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, or if necessary outside the organisation. Raise staff awareness about the Freedom to Speak Up Guardian role and responsibilities.
- Review staff understanding of the process for registering new patients, including the checking of identity, to provide assurance that the Data Protection Act 1998 is met.

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

Summary of findings

The six population groups and what we found

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

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

Callington Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, CQC pharmacist inspector and a practice manager specialist adviser.

Background to Callington Health Centre

Callington Health Centre provides primary medical services to people living in the practice was located in a rural area of Cornwall and was a dispensing practice. A dispensing practice is where

GPs are able to prescribe and dispense medicines directly to patients who live in a rural setting which is a set distance from a pharmacy.

The practice is one of two health centres under the management of Tamar Valley Health. Both practices provide primary medical services to approximately 16084 patients of which 10,040 attend the health centre at Callington.

There are two registered locations:

Callington Health Centre

Haye Road

Callington

Cornwall

PL17 7AW

Gunnislake Health Centre

The Orchard

Gunnislake

Cornwall

PL18 9JZ

On 8 December 2017, we inspected Callington Health Centre only.

The practice population is in the sixth deprivation decile for deprivation. In a score of one to ten the lower the decile the more deprived an area is. The practice has much higher percentage of patients over 65 years (Practice 27.5%, Cornwall 23.8% and England 17.2%) and this is growing faster than the average England growth rate. Average life expectancy for the area is similar to national figures with males living to an average age of 79 years and females to 83 years.

There is a team of six GP partners, five GP associates and two pharmacist partners. There were seven female and three male GPs. The team are supported by a nurse prescriber, five practice nurses and five health care assistants who work across both practices. The practice employ two pharmacists who were both able to prescribe and review medicines. There are also additional administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

The practice is open between Monday and Friday from 8.30am until 6pm. Extended hours are provided one night each week (alternating Mon/Tues/Wed/Thurs), 18:00 – 20:00, usually at both health centres. Every Saturday (except Bank Holiday weekends), 08:30 – 11:00 at either Callington Health Centre or Gunnislake Health Centre. Extended hours appointments are pre-bookable and

preferably for patients that find it difficult to come to the surgery during normal working hours and cannot be made on the day. Outside of these hours a service is provided by another health care provider by patients dialling the national 111 service.

Routine appointments are available daily and are bookable up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

The practice runs the Tic Tac (advice and support) service at Callington College where young people are able to access sexual health screening, contraception advice, smoking cessation and support for mental health issues five days a week. Young people do not need to be registered with the practice and are seen in a confidential setting and able to have appointments with a GP, nurse, school nurse or counsellor.

Good

Are services safe?

Our findings

We rated the practice good, and all of the population groups, as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse. However, improvement was needed for some aspects of the systems supporting the recruitment process.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had not carried out an assess the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level. (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). Following the inspection the practice created a DBS policy and informed us that risk assessments would be completed for all non DBS roles would be undertaken over the next month
- All staff had access to up-to-date safeguarding and safety training appropriate to their role. All staff we spoke with knew how to identify and report concerns. Nursing staff who acted as chaperones were trained for the role and had received a DBS check.
- Infection prevention and control (IPC) procedures were in place.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing general healthcare waste,

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. For example, locum GPs were given an induction pack and had a one to one induction with a member of the management team before starting a session.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.The GPs, nurses and emergency care practitioners were able to access the national sepsis assessment tool and used this to assess patients with suspected infections.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

Good

Are services safe?

- The practice employed two pharmacists who were both able to prescribe and review medicines.Patients were offered face to face appointments and were able to ask any questions, including any concerns about the medicines they were being treated with.
- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. Staff had made improvements following the last inspection to make sure that the use of pre-stamped prescription pads were recorded.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the practice kept patients safe. The practice had made improvements following the last inspection to ensure recording of medicines storage temperature ranges was carried out and medicines were stored at the appropriate temperature.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity at practice meetings, including significant events. Staff verified they were all invited to attend these meetings. This provided a forum for the whole team to understand risks and gave a clear, accurate and current picture that led to safety improvements.
- Records demonstrated the practice sought prompt advice from specialists when issues arose to ensure patient safety was maintained.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, in 2016 two reported significant events identified a theme of inadequate checks being made when patients were given the same vaccination twice.Appropriate advice was sought and patients were not harmed.However, the practice had tightened up checks made by nursing staff prior to vaccines being given.All of the nursing staff and records seen demonstrated there were no further incidents of this nature.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Data for 2016/17 showed the average daily quantity of Hypnotics (medicines used to aid sleep) was lower at 0.89 than the CCG (0.99) and national averages (0.9).
- Data for 2015/16 showed the number of antibiotic items prescribed per was comparable at 1.06 when compared with the clinical commissioning group average of 0.98 and national average of 0.98. The practice was effective in implementing the national strategy targets in reducing antimicrobial prescribing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used equipment to improve treatment and to support patients' independence. For example, near patient testing for
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 could request a health check if they had not received one in the last 12 months. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above standard with the national target percentage of 90%. The percentage of childhood vaccinations for children up to 2 years of age were 93-96%.
- Young people were able to access sexual health screening, contraception advice, smoking cessation and support for mental health issues five days a week from a GP, Practice Nurses, School Nurse and counsellor at the local college.
- Staff were consistent in supporting young people live healthier lives through a targeted and proactive approach. For example, the practice was focused on working with young people to reduce the number of unplanned pregnancies. Statistics showed between 2014 – 2017, the number of unplanned pregnancies had fallen to zero.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 82%, which was comparable to the 81% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Good

Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks including checks for patients aged 40-74 and carers. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with alcohol addiction were supported and able to access alcohol detoxification support from GPs specialising in this area of clinical support.

People experiencing poor mental health (including people with dementia):

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was comparable to local and national averages (practice 96%; CCG 95%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results showed the practice had achieved 100% of the total number of points available, which was above the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 9.7% and lower than the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. For example, the practice used patient registration data intuitively. The number of older patients registered at the practice had increased by 25% in the last five years. Older patients being more likely to have one or more long term conditions, for which they need on-going monitoring and treatment for. The practice had developed 'one stop' appointments for patients with long term conditions, which were longer and enabled them to have all of their needs reviewed in one appointment.
- Callington Health Centre is an approved research practice. The practice was actively involved in quality improvement activity at local and national levels. For example, the practice had been involved in a study into lifestyle health and wellbeing, which was run by the University of York. Patients with severe mental ill health were recruited to complete a survey looking at their health behaviour and risk factors. The aim was to inform health and social care services how best to support patients in improving their health and reducing risk factors associated with long term and life limiting conditions.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and

Good

Are services effective?

(for example, treatment is effective)

mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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. Multi-disciplinary case review meetings were held where patients on palliative care register needs were discussed and support arranged.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Good

Are services caring?

Our findings

We rated the practice as good, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- All of the five patients we spoke with and 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patient's comments highlighted that staff were kind, caring and provided good continuity and support. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 235 surveys were sent out and 137 were returned. This represented about 0.8% of the practice population. The practice was comparable and above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients who responded 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%.
- 93% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 100% of patients who responded said they had confidence and trust in the last GP they saw; CCG 97%; national average 95%.
- 93% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG 90%; national average 85%.
- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 94%; national average - 91%.
- 96% of patients who responded said the nurse gave them enough time; CCG - 92%; national average - 91%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG 94%; national average 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- The practice had updated the patient record system so that every time a patient attended or had contact with staff their communication needs were updated. Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were used.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers by inviting new patients registering to do so and asking at every appointment. An holistic approach was taken by the practice, with GPs having personal lists so they got to know their patients, carers and extended family and social network needs well. The practice computer system

Good

Are services caring?

alerted GPs if a patient was also a carer. The practice had identified 150 patients as carers (about 1% of the practice list). The practice had identified this as being low and investigations were underway. We saw proactive steps were taken to encourage patients to identify themselves as carers, including: asking patients during consultations. The new patient registration form specifically asked if they were cared for or a carer for someone. A new patient record system had been implemented and codes identifying carers were being checked at the time of the inspection.

- Multidisciplinary meetings with health and social care and third sector agencies were held to identify and prioritise patients and carers needing support.We saw several examples of vulnerable patients and their carers receiving well co-ordinated, timely and effective help.
- Staff were mindful that young people could be carers for parents. An example seen demonstrated timely identification and close working with other health and social care professionals, the school and third sector agencies to support the young person in this position.
- Staff told us that if families had experienced bereavement, their named GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 89% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG 87%; national average 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG 89%; national average 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice was aware of the Data Protection Act 1998. However, w spoke with three senior management staff all of whom told us that actual copies of patient ID documents were held on the system. The practice should review this matter to provide assurance that the requirements of the Data Protection Act 1998 is met.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as good, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.Data provided by the practice showed that 3,855 patients representing 23.9% of the total number of patients registered were using online services.
- A high proportion of patients were elderly living in an isolated rural area with poor transport links.The practice had held flu clinics in village halls for patients avoiding them having to travel to the main practice site.
- The practice improved services where possible in response to unmet needs. The practice took a multidisciplinary team approach to providing patients with same day access to appointments. In 2017 two emergency care practitioners were appointed supporting GPs with home visits to vulnerable patients.
- The practice was developing an acute hub approach, whereby patients needing urgent appointments were signposted to either a GP, nurse practitioner, pharmacist or emergency care practitioner who would best meet their needs.Examples of outcomes seen for patients included, same day review of medicines and advice from a pharmacist, assessment and treatment of minor illness and injuries by an emergency care practitioner.
- The facilities and premises were appropriate for the services delivered. For example, the practice had a higher population of older people so had appropriate equipment such as raised chairs in the waiting area, wheelchairs and automatic doors to facilitate movement in the building.
- Specialist equipment was purchased through fundraising by the Friends of the Practice, which provided near patient testing. For example, the practice had a portable bladder ultrasound to aid early diagnosis of conditions that could lead to urinary retention. This meant patients did not have to travel to the local secondary care service for this diagnostic procedure and could be treated more quickly.
- A medicines delivery service was provided to patients in their own homes who were unable to travel to the practice for collection.
- The practice made reasonable adjustments when patients found it hard to access services. Patient records highlighted any reasonable adjustments the patient needed.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients were able to access NHS and private travel vaccinations, such as yellow fever. Nursing staff specialised in this area and were able to provide current advice on travel vaccines for patients.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and did joint home visits and urgent appointments for those with enhanced needs.
- Patients in two care homes were visited regularly to discuss best interests and treatment escalation plans with patients, family and staff aiming to maintain their dignity.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs. The practice had extended hours opening times providing evening and weekend appointments for patients needing to be reviewed.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- 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. For example, records we looked at confirmed that any failed appointments for child immunisations were followed up and demonstrated the uptake was higher than the CCG (Clinical Commissioning Group) and national averages.
- The practice provided a consultation service based at the local community college. The practice had successfully obtained a further three years funding and expanded the service working over and beyond the contract expected. The TIC TAC service provided access to 'drop in' confidential advice and healthcare service to students every week day during term time. The practice provided a full time coordinator, daily GP and/or practice nurse and counsellor and had access to a school nurse. The service mainly provided health education, sexual health advice, contraception, smoking cessation advice and emotional support.
- Staff were mindful of young people being affected by parents long term conditions, including mental and physical illness and disability.Support for young carers was identified and offered in a timely way to limit the impact on their education and lives.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments and appointments at quieter times of the day were offered to patients who found busier times difficult.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 235 surveys were sent out and 137 were returned. This represented about 0.8% of the practice population.

- 74% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 83% of patients who responded said they could get through easily to the practice by phone; CCG 76%; national average 71%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG 82%; national average 71%.
- 90% of patients who responded said their last appointment was convenient; CCG - 88%; national average - 84%.
- 80% of patients who responded described their experience of making an appointment as good; CCG - 80%; national average - 73%.
- 42% of patients who responded said they don't normally have to wait too long to be seen; CCG - 62%; national average - 58%.Since patients completed this survey, the practice had made changes to the appointment system.This had increased access and patients were being navigated to the most appropriate health professional for assessment and treatment. Patient feedback in 14 comment cards and discussions with five patients were positive about the improvements seen.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.Patients were sent the complaint policy with outcome letters.This provided additional information, for example, the contact details for the Parliamentary and Health Service Ombudsman.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.For example, a complaint which we reviewed on the day raised a number of concerns around the complaints process, which we highlighted immediately to the practice. Immediately following the inspection, the practice carried out an audit of all nine complaints received in 2017 and action plan. This concluded all complaints had been responded to within one day and the average time taken to conclude an investigation with a written response to a patient was nine and half days. The audit did not report on the quality or appropriateness of content, which if included, could provide further evidence of learning for the practice.

Are services well-led?

Requires improvement

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it. Despite considerable advertising to recruit new GPs the practice had experienced very little interest to advertisements when partners had retired. This is recognised as a challenge for all practices in the context of national GP shortages.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had recognised and planned to meet increasing patient demands for services by developing a multidisciplinary team approach to care. The managing pharmacist partner explained that this had streamlined the service and enabled GPs to see patients who were most at risk due to sudden and long term ill health.
- Leaders at all levels were visible and approachable. Staff told us there was an 'open door policy' and verified their leaders worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. The partnership included a pharmacist partner who had taken over the lead role for managing the practice. The practice was in the process of preparing evidence for submission to the Care Quality Commission (CQC) as part of the application to register the partner in this role. The managing partner, who is a qualified pharmacist, was supported by a team of non clinical managers responsible for human resources, finance and patient services.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance consistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, in written responses to patients we saw apologies had been given and patient invited in to meet key staff to discuss any matters of concern. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Requires improvement

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

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had access to equality and diversity training via an online training service. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were some clear responsibilities, roles and systems of accountability to support good governance and management. For example:

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- There were named leads responsible for monitoring governance of some key areas of practice.For example, there was a named GP partner to whom staff reported any significant events (SEAs).Two years of records for 2016/17 demonstrated SEAs were audited. These were collated into a presentation and discussed at quarterly multi-disciplinary team meetings where thoughts and ideas were shared, and any further learning was disseminated.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

However, other governance systems used had not been effective in identifying risks arising. Processes and systems to support good governance and management had not been effectively monitored or reviewed. For example:

- The processes used for monitoring staff training and development were not effective. The training matrix provided at the inspection showed gaps remained in safeguarding adult and child update training for nursing staff and GPs, including those with lead roles. For example, six GPs had not received an update about safeguarding children for more than three years. The matrix also showed that eight GPs had not received update training in safeguarding adults since 2014. The practice policy stated there was a mandatory requirement for all staff to receive a training update every three years. Discussions with the GPs demonstrated they had a good understanding of safeguarding processes and of local safeguarding contacts.
- The complaints process did not provide sufficient assurance of oversight or input from GP partners into clinical complaints.For example, we reviewed a serious complaint and found the outcome letter sent to the patient's advocate stated the matter would be discussed as part of the significant event analysis (SEA) process where learning would be identified and acted upon.However, SEA information sent by the practice for the period of the complaint did not include a record of any formal discussion of the issues raised or learning identified from this complaint.
- There were some gaps in patient engagement, for example adverse comments on the NHS Choices website had not been reviewed or responded to.
- The recruitment process did not include assessment of the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level.
- The whistleblowing policy did not include the name and contact details of the local Freedom to Speak Up Guardian to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, or if necessary outside the organisation. Staff we spoke with during the inspection were unaware of the Freedom to Speak Up Guardian role and responsibilities.
- The process for registering new patients included obtaining and holding copies of identity documents on the patient record, which does not meet the Data Protection Act 1998.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Are services well-led?

Requires improvement

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

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was not always combined with the views of patients. For example, at the time of the inspection we found the practice had one and half stars on the NHS Choices website. Eight reviews had been made since the last inspection. The most recent of these was positive. However, the majority highlighted patients had experienced poor attitudes and difficulty coping with changes being made to the services. These had not received a written response from the practice, which we raised during the inspection.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had an active patient participation group (PPG), which had recently undergone a recruitment exercise following reducing membership.Long term PPG members were keen to support new members to sustain the working relationship developed with the practice in driving improvements forward for patients.Examples seen included: the setting up of a patient newsletter. Engagement with local groups to raise awareness about healthy living campaigns.Raising awareness about reducing wasted on unwanted prescriptions. PPG members observing staff responding to calls from patients following negative reported experiences from patients.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice was involved in a physiotherapist pilot, which was providing near patient access to physiotherapy for musculoskeletal conditions and injuries.
- There was a focus on continuous learning and improvement at all levels within the practice.

Are services well-led?

Requires improvement

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

- Staff knew about improvement methods and had the skills to use them. For example, newly appointed emergency care practitioners had a named mentor and met with this person to review and reflect about clinical issues once a week.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** Systems, processes and records were not implemented or maintained to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. For example: • The processes used for monitoring staff training and development were not effective in ensuring all staff had completed mandatory training. • The complaints process did not provide sufficient assurance of oversight or input from GP partners into complaints. • Adverse patient comments on NHS Choices website had not been responded to, so did not provide assurance patients were always listened to. • The recruitment process did not include assessment of the different responsibilities and activities of all staff to determine if they were eligible for a DBS check and to what level. • The whistleblowing policy did not include the name and contact details of the local Freedom to Speak Up Guardian to act as an independent and impartial source of advice to staff, with access to anyone in the organisation, or if necessary outside the organisation. Staff we spoke with during the inspection were unaware of the Freedom to Speak Up Guardian role and responsibilities. • There were gaps in staff understanding of the process for registering new patients, including the checking of identity to provide assurance that the Data Protection Act 1998 is met

This section is primarily information for the provider

Requirement notices

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