

Reepham and Aylsham Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Reepham and Aylsham Medical Practice on 19 September 2016. The practice was rated as good for providing effective and caring services, requires improvement for providing responsive and well led services and inadequate for providing safe services. Overall the practice was rated as requires improvement. The full comprehensive reports on the 19 September 2016 inspection can be found by selecting the 'all reports' link for the Reepham and Aylsham Medical Practice on our website at www.cqc.org.uk.

We carried out an announced comprehensive inspection at the Reepham and Aylsham Medical Practice on 6 July 2017. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed but there were improvements required in relation to management of emergency medicines and the recording of near miss incidents in the dispensaries. Blank prescriptions were kept secure at all times and locked away when the dispensary was closed. Prescription pads were signed out to a responsible prescriber but not tracked through the practice. This was addressed immediately when we raised this with the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff told us they were able to undertake development opportunities.
- The provider was aware of, and complied with, the requirements of the duty of candour.

The area where the provider must make improvement are:

- Ensure systems and processes provide safe management of medicines.

The areas where the provider should make improvement are:

- The current audit programme should be reviewed to take into account current evidence based guidance.
- Effectively track prescription pads through the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events. However, near miss incidents in the dispensary were not adequately recorded.
- Lessons were shared on a regular basis to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date except for Aspirin, which was a week passed its expiry date. Records indicated checks had been undertaken in June 2017, this check had not highlighted the need for this medicine to be replaced.
- When we reviewed whether GPs were notified of uncollected medicines we found a differing approach at both sites.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national results. The most recent published results showed that the practice had achieved 100% of the total number of points available. The practice reported 11% exception reporting, which was in line with the CCG average and 2% above national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). When we reviewed the exception reporting for 'the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient

Good



Summary of findings

review recorded as occurring within 6 months of the date of diagnosis' it was 54% which was 26 percentage points above CCG average and 29.3 above the England average. The practice acknowledged this needed to be reviewed.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, although there was room to improve the scope of audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2017 showed patients rated the practice generally in line with the average for most aspects of care.
- Patients we spoke to said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had undertaken an audit of their carers list in May 2017 and contacted all existing carers to ensure all details were still correct. In total, the practice had identified 151 (approximately 1.6%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group.
- Patients said 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.
- The practice was proactive in trying to reduce the number of non-attended appointments. They did this by sending sms

Good



Summary of findings

reminder messages to patients for their appointments and phoned patients that did not attend to assess the reasons why this occurred. Patients that were deemed vulnerable were highlighted on the practice's computer system and were contacted on the morning of the day of their appointment.

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with 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 various teams in the practice each had their own lead individual and there were GP leads for each team as an additional port of call for staff support. Staff members operated a buddy system to provide support to each other.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of, and complied with, the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had undertaken a patient survey in October 2016. The survey focussed mainly on appointment booking and prescription questions. The practice had implemented an action plan as a result of the survey to address some of the feedback.
- There was a focus on continuous learning and improvement at all levels. The practice had responded positively to the findings of our last inspection and made considerable improvements.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure, were above local and national averages.
- The practice had held an educational event for the local Rotary Club, advising and informing the attendees of various health matters such as men's health.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice employed a respiratory and diabetic nurse specialist to improve services available for patients with respiratory illness and/or diabetes, reducing the need to travel to hospital.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Performance for diabetes related indicators was higher compared to the CCG and national average. The practice achieved 100%, this was 7% above the CCG average and 10% above the national average.
- Longer appointments and home visits were available when needed.
- 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



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above the local averages for most standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 78%, which was in line with the local average of 78% and above the England average of 73%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided twice monthly sexual health clinics, one at Reepham and one at Aylsham.
- A member of the nursing team had worked with a local school to develop detailed lesson plans for delivering education on sexual health and other medical matters. This member of staff was also actively involved in delivering the lessons and visited local schools to discuss sexual health matters with pupils.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Extended hours appointments were available from 7am to 8am and between 7pm and 8pm on Mondays, these included appointments with clinicians and phlebotomy services.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 79 registered patients with a learning disability, all of which had received a timely annual review.
- 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. There was an integrated care coordinator active in area with whom the practice worked closely when managing these patients.
- Patients who were carers were proactively identified and signposted to local carers' groups. The practice had 151 patients registered as carers.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had 57 registered patients with dementia, of which 54 had received an annual review in the last 12 months.
- The practice had 73 registered patients experiencing poor mental health, all of which had received a timely annual review.
- The practice regularly worked with a integrated care coordinator and multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice had an effective system in place to support and safeguard patients that did not attend for their appointments.

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. 224 survey forms were distributed and 125 were returned. This represented a 56% completion rate.

- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 71%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 84%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.
- 72% 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 83% and the national average of 77%.

We received 14 Care Quality Commission comment cards, which were all positive about the service experienced. The comments stated that the patients felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. Several cards stated that patients felt listened to and considered the practice clean and friendly. One card, despite being positive, stated that it could be difficult to obtain an appointment of choice.

We spoke with three members of the patient participation group (PPG) and three other patients. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that access to appointments was good in their experience and that the staff were friendly, professional, kind and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure systems and processes provide safe management of medicines.

Action the service **SHOULD** take to improve

- The current audit programme should be reviewed to take into account current evidence based guidance.
- Effectively track prescription pads through the practice.

Reepham and Aylsham Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Reepham and Aylsham Medical Practice

Reepham and Aylsham Medical Practice is a well-established GP practice that has operated in the area for many years. It serves approximately 9,000 registered patients and has a general medical services contract with NHS North Norfolk CCG.

The service is located at two sites in villages North West of Norwich, Norfolk, one in Reepham and the other in Aylsham. The two practices are approximately seven miles apart and offer very similar services including a dispensing service. We visited both sites as part of this inspection visit.

According to information taken from Public Health England, the patient population for this service has a higher than average number of patients aged over 55 years, a lower than average number of patients aged 20-44 years, and less than 4 years compared to the practice average across England.

The practice team consisted of four GPs (three male, one female), two nurse practitioners, a minor injuries nurse,

three practice nurses, two healthcare assistants and a phlebotomist. A team of dispensing, reception and administrative staff support them along with a practice manager and assistant practice manager.

The opening times for the main surgery are Monday to Fridays from 8.30am to 6pm. Extended hours appointments are available from 7am to 8am and 6.30 to 7.30pm on Mondays. An out of hour's service is provided locally by Integrated Care 24 through the NHS 111 service.

The practice is a training practice involved with the training of GP registrars (doctors studying to become GPs) and offers student nurse placements.

Why we carried out this inspection

We undertook a comprehensive inspection of the Reepham and Aylsham Medical Practice on 19 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The full comprehensive report on the 19 September 2016 inspection can be found by selecting the 'all reports' link for Reepham and Aylsham Medical Practice on our website at www.cqc.org.uk.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 July 2017. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for, and talked with carers and family members.
- Reviewed an anonymised 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.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 19 September 2016, we rated the practice as inadequate for providing safe services. The following improvements were needed:

- Identify and investigate safety incidents and complaints thoroughly so that the learning is actioned, shared with staff and reviewed. Review the staff's knowledge and understanding of the duty of candour and their responsibilities to patients.
- Implement an effective system for dealing with patient safety alerts, including MHRA alerts and updates.
- Ensure that the systems in place are effective in safeguarding vulnerable adults and children.
- Ensure recruitment arrangements are clear and that disclosure and barring service checks for staff are completed appropriately before staff commence employment.
- Ensure that staff who act as chaperones are adequately trained for the role and patients are made aware of their right to request this support.
- Ensure that health and safety risk assessments and audits are established and any associated actions are completed so that adequate control measures are implemented in a timely way.
- Ensure that procedures for managing medical emergencies are in place, shared with staff and that equipment is accessible and ready for use.
- Embed a system for monitoring infection control procedures on a regular basis, including evidence that appropriate cleaning has taken place.
- Review and update the business continuity plan.

These arrangements had improved when we undertook a follow up inspection on 6 July 2017; however some improvements were still needed. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

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

- We reviewed safety records, incident reports, patient safety alerts and minutes of weekly meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed

of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Regular reviews were undertaken on significant events and complaints.

- Staff told us they would inform their line manager of any incidents either verbally or electronically. We saw that managers investigated incidents immediately if required and shared these at the weekly practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Guidelines were on display in the consultation rooms. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies or healthcare professionals (for example, health visitors and school nurses). Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- A notice advised patients that chaperones were available if required. All staff who acted as chaperones

Are services safe?

were trained for the role and had received a Disclosure and Barring Service check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received up to date training. An infection control audit was undertaken in June 2017 for both surgeries and we saw evidence that action was taken to address any improvements identified as a result. The practice made use of an external cleaning company and cleaning schedules were in place.
- We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Medicines Management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of service maintained. Members of staff who were involved in the dispensing process had achieved the appropriate NVQ level 2 diploma. There was a GP lead for the dispensary and staff confirmed that regular meetings took place to discuss general issues or any areas of concern.
- As part of the Dispensing Services Quality Scheme, the practice must ensure that face to face reviews with 10% of patients be carried out to assess compliance and understanding of the medicines being prescribed. During the inspection it was confirmed that Dispensing Review of the Use of Medicines (DRUMs) were currently being carried out by the GPs.
- The practice provided information for patients on medication and printed out manufacturers' leaflets when necessary.
- The dispensaries did not have air conditioning but both sites had a fan and temperature gauge which was checked and recorded twice daily. There were temperature gauges on each refrigerator with a second

temperature probe. A daily record sheet was completed with the actual temperatures recorded. The refrigerators were used for medicines which had to be stored at low temperatures and for the storage of some patient medications. Both refrigerators were checked and stocks were in date with enough space around the medicines for air to circulate.

- We saw a positive culture in the practice for reporting and learning from medicine related significant events. Dispensing errors were logged, reviewed to monitor trends and appropriate actions were taken to prevent similar errors occurring. However, when near misses occurred (an event not causing harm, but has the potential to cause injury or ill health), the practice did not always maintain records containing sufficient details to allow for effective review or learning from these events.
- Medicine changes were always reviewed by a GP to ensure safety, for example following discharge from hospital or outpatient department. All prescriptions were reviewed by a GP prior to being given to a patient or medication released. The process of issuing repeat prescriptions was evidenced and found to be safe. The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were reviewed regularly and accurately reflected current practice.
- When we reviewed whether GPs were notified of uncollected medicines we found a differing approach at both sites. The practice explained that due to increased managerial presence in the dispensary at Reepham as opposed to Aylsham, there was increased referral of uncollected medicines to the GPs at Aylsham. This was not the case at Reepham. Although neither process was ineffective, the practice did not have a uniform approach across both sites.
- Dispensary staff, responsible for generating and issuing repeat prescriptions, were aware that certain medicines required special checks before issuing the medicine to the patient and we saw that these checks were carried out for example, checking the latest blood test date for patients on high risk medicines.
- The dispensary staff were able to evidence their Standard Operating Procedures (SOPS) which were kept on the practice computer system and accessible by all staff. We evidenced that these procedures had been read by staff and updated when necessary.

Are services safe?

- Blank prescriptions were kept secure at all times and locked away when the dispensary was closed. Prescription pads were signed out to a responsible prescriber but not tracked through the practice. This was addressed immediately when we raised this with the practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and for raising concerns around controlled drugs with the controlled drugs accountable officer in their area. A controlled drug check list was also used to ensure all procedures had been completed prior to the medicine being given to the patient. Monthly checks were carried out to include stock rotation, stock levels and out of date stock.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a thorough health and safety policy in place and premises related risk assessments were undertaken in June 2017 by an external provider. The practice had up to date fire risk assessments and carried out regular fire alarm tests. There were clear directions of what to do in the event of a fire. There were emergency icons on the computer to raise an alarm.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, such as control of

substances hazardous to health and infection control and legionella, undertaken annually for both locations (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice's staff worked at both locations and could cover for each other in time of need.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there was a wide array of emergency medicines available. Emergency medicines were accessible and all staff knew of their location. All the emergency medicines we checked were in date except for Aspirin, which was a week passed its expiry date. Records indicated checks had been undertaken in June 2017, this check had not highlighted the need for this medicine to be replaced. This was despite checks being carried out and recorded. Emergency medicines and equipment were stored securely, a defibrillator was available on the premises and oxygen with adult and children's masks. On the day of the inspection, the practice had to deal with an emergency; we saw this was well managed without excessive interruption to the daily routines.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a communication cascade.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results (2015/2016) showed that the practice had achieved 100% of the total number of points available. This was 3% above the local average and 5% above the England average.

Performance for all indicators were better or the same in comparison to the CCG and national averages with the practice achieving 99% or 100% across each indicator. For example,

- Performance for peripheral arterial disease related indicators was higher compared to the CCG and national average. With the practice achieving 99%, this was 1% above the CCG average and 3% above the national average.
- Performance for secondary prevention of coronary heart disease related indicators was higher compared to the CCG and national average. With the practice achieving 100%, this was 4% above the CCG average and 5% above the national average.
- Performance for stroke and transient ischaemic attack related indicators was higher compared to the CCG and national average. With the practice achieving 100%, this was 2% above the CCG average and 3% above the national average.

The practice reported 11% exception reporting, which was in line with the CCG average and 2% above national average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). When we reviewed 2015/16 data we saw that four indicators (related to dementia, osteoporosis, diabetes and cancer monitoring) had considerable above average exception reporting but these had been rectified according to data from 2016/17 QOF, which was unverified at the time of inspection. One of these indicators remained an outlier on exception reporting:

- Exception reporting for 'the percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis' was 54.3% which was 26.2 percentage points above CCG average and 29.3 above the England average. This had not improved according to unverified 2016/17 data. The practice immediately investigated this and undertook an audit of patients with a new cancer diagnosis between October 2016 and March 2017 which indicated that all relevant patients had been seen and were followed up for a review. The coding for this was not recorded correctly and the practice informed us they would ensure that the clinicians have awareness of correct coding. The practice added the review to the practice's coding formulary, as well as highlighting to staff dealing with clinical letters and coding when a review is completed. The practice informed us the coding policy would be updated to reflect the changes and training for staff would take place moving forward.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of a variety of audits that the practice had undertaken. Although the majority of audits were single cycle with the second cycle not yet undertaken we did see evidence of multiple and completed audits where the improvements found were implemented and monitored. We found the audit programme to be of limiting scope as audits were not always focussed on the most recent guidance available.

For example, we saw evidence of an audit on patients taking both simvastatin (cholesterol lowering medicine)

Are services effective?

(for example, treatment is effective)

and calcium channel blockers undertaken in May 2017, with the aim to check dosage and potential interaction for all patients taking simvastatin and calcium channel blockers; and for any patients found to have incorrect medicine levels to be adjusted to meet the correct levels.

The first cycle of the audit concluded that of the 154 patients prescribed both simvastatin and a calcium channel blocker, 60 patients were found to have a simvastatin prescription dosage of over 20mg. These patients then had their dosage reduced to 20mg and a letter was sent explaining the rationale.

A second cycle audit was undertaken one month later and concluded that all 149 patients with (at the time) current repeat prescriptions of simvastatin and calcium channel blockers had a simvastatin dosage of under 20mg. This was an improvement of 60 patients from the first cycle.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It included role specific training on various elements of the different roles including safeguarding, health and safety and confidentiality. There were recently recruited members of staff at the practice who told us they had ample opportunity to shadow various roles in the practice and underwent effective induction.
- 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. Staff we spoke with confirmed this took place and told us they had ample development opportunities. We were told that if staff undertook training in their own time the practice reimbursed them.
- Staff had access to mandatory learning, and made use of, e-learning training modules, in-house and external training. When we reviewed the training records we saw that mandatory training was up to date.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were signposted to the relevant service.

The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2015-2016 data was 78%, which was in line with the local average of 78% and above the England average of 73%. Patients that had not attended for a screening appointment were followed up with letters and telephone calls.

Are services effective? (for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for breast and bowel cancer screening. The breast cancer screening rate for the past 36 months was 79% of the target population, which in line with the CCG average of 80% and above the national average of 73%. Furthermore, the bowel cancer screening rate for the past 30 months was 67% of the target population, which was above the CCG average of 64% and the national average of 58%.

Childhood immunisation rates for the vaccinations given to under twos (62 eligible patients) during 2015-16 ranged from 97% to 100% (excluding meningitis C immunisation) and for five year olds (89 eligible patients) from 96% to 100% (excluding meningitis C and PVC immunisation).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made. The practice had undertaken 205 health assessments during 2016/17.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We received 14 Care Quality Commission comment cards, which were all positive about the service experienced. The comments stated that the patients felt the practice offered an excellent service and that staff were kind, caring and treated them with dignity and respect. Several cards stated that patients felt listened to and considered the practice clean and friendly. One card, despite being positive, stated that it could be difficult to obtain an appointment of choice.

We spoke with three members of the patient participation group (PPG) and three other patients. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that access to appointments was good in their experience and that the staff were friendly, professional, kind and caring.

Results from the National GP Patient Survey published in July 2017 were generally in line with CCG and national averages for patient satisfaction scores. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% 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%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All patients we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to, 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. Some patients did state that they occasionally encountered difficulties in obtaining appointments, specifically with a clinician of their choice.

Results from the National GP Patient Survey published in July 2017 showed patients generally responded positively to questions about the involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% 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 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had undertaken an audit of their carers list in May 2017 and consequently removed 51 patients from their carers' register due to these not being a carer anymore. They added 31 new carers after successful identification. The practice also contacted all existing

carers to ensure all details were still correct. In total, the practice had identified 151 (approximately 1.6%) patients as carers. Written information was available to carers to inform them of the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 19 September 2016, we rated the practice as requiring improvement for providing responsive services. The following improvements were needed:

- Review the complaints process so that any learning outcomes are put into action and shared appropriately.
- Carry out two cycle audits to improve patient outcomes including improvement already identified in recording patient consent.

These arrangements had improved when we undertook a follow up inspection on 6 July 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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 looked after older patients living in local care homes and supported living housing; home visits were undertaken more than once a week where required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- There were disabled facilities and translation services available. The check in screen could be used in variety of languages.
- Online appointment booking, prescription ordering and access to medical records was available.
- A member of the nursing team had worked with a local school to develop detailed lesson plans for delivering education on sexual health and other medical matters. This member of staff was also actively involved in delivering the lessons and visited local schools to discuss sexual health matters with pupils.
- The practice had held an educational event for the local Rotary Club, advising and informing the attendees of various health matters such as men's health.

Access to the service

The practices and dispensaries were open from Monday to Friday 8.30am to 1pm and from 2pm to 6pm. Extended hours appointments were available from 7am to 8am and between 7pm and 8pm on Mondays, these included appointments with clinicians and phlebotomy services.

Appointments could be booked four weeks in advance for GPs and six months for nurses.

The practice was proactive in trying to reduce the number of non-attended appointments. They did this by sending sms reminder messages to patients for their appointments and phoned patients that did not attend to assess the reasons why this occurred. Patients that were deemed vulnerable were highlighted on the practice's computer system and were contacted on the morning of the day of their appointment. This aided the processes in ensuring safeguarding of patients at risk was effective.

Results from the National GP Patient Survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment generally in line with, local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and the national average of 71%.
- 60% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 71% and the national average of 64%.
- 71% of patients describe their experience of making an appointment as good compared to the CCG average of 80% and the national average of 73%.
- 65% of patients usually get to see or speak to their preferred GP compared to the CCG average of 55% and the national average of 56%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There were designated responsible persons who handled all complaints in the practice. The practice discussed and reviewed the complaints on a weekly basis. The practice

Are services responsive to people's needs? (for example, to feedback?)

had received 11 complaints between January 2017 and the date of our inspection, these were a combination of both verbal and written complaints, and records were available on both varieties.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. There was a system in place for staff to learn from complaints through discussion at monthly clinical governance meetings or via direct feedback. Analysis of complaints was undertaken to assess for trends.

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 previous inspection on 19 September 2016, we rated the practice as requiring improvement for providing well led services. The following improvements were needed:

- Ensure there is adequate leadership and staffing in the dispensary. Systems and processes in the dispensary must be reviewed to ensure that staff manage medicines in a safe way.
- Identify and investigate safety incidents and complaints thoroughly so that the learning is actioned, shared with staff and reviewed. Review the staff's knowledge and understanding of the duty of candour and their responsibilities to patients. Review the complaints process so that any learning outcomes are put into action and shared appropriately.
- Implement an effective system for dealing with patient safety alerts, including MHRA alerts and updates.
- Ensure that the systems in place are effective in safeguarding vulnerable adults and children.
- Ensure there is adequate leadership and staffing in the dispensary. Systems and processes in the dispensary must be reviewed to ensure that staff manage medicines in a safe way.
- Ensure recruitment and chaperoning arrangements are clear and that disclosure and barring service checks for staff are completed appropriately.
- Ensure that health and safety risk assessments and audits are established and any associated actions are completed.
- Carry out two cycle audits to improve patient outcomes including improvement already identified in recording patient consent.

These arrangements had improved when we undertook a follow up inspection on 6 July 2017. 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's mission statement included that they aimed 'to provide excellent clinical care and patient services in a responsive, patient friendly environment'.

The practice delivered this through the application of eight values, which included a focus on equality, being patient centred, learning and developing, and working as a team amongst others.

- The practice had a robust strategy and supporting business plans which reflected the vision and values which 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 in place and ensured that:

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. The various teams in the practice each had their own lead individual and there were GP leads for each team as an additional port of call for staff support. Staff members operated a buddy system to provide support to each other. These measures had been implemented since the last inspection and proved beneficial, evident in improved outcomes on the staff survey.
- There was a dispensary manager to oversee the dispensary within the practice with staff working across both sites. When we spoke with staff about processes in the dispensary, it became evident that these were not identical at both locations. For example, notifying GPs of uncollected medicines took a different approach at both sites.
- The GPs and nurses were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development.
- Practice specific policies were implemented and were available to all staff.
- There were sufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice proactively reviewed its processes in response to survey and performance data with the aim to improve.

Leadership and culture

Are services well-led?

Good 

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

The partners and management in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and the management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

The provider was aware of, and had systems in place to ensure, compliance with the requirements of the Duty of Candour. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

We spoke with three members of the patient participation group (PPG) and three other patients. They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that access to appointments was good in their experience and that the staff were friendly, professional, kind and caring. The practice had undertaken a patient survey in October 2016. The survey focussed mainly on appointment booking and prescription questions. The practice had implemented an action plan as a result of the survey to address some of the feedback. For example, 75% of

patients that responded to the survey felt that the speed in getting to see the GP/nurse practitioner/nurse was fair to excellent. In response the practice was in the process of recruiting an additional nurse practitioner.

In addition, 16% of patients that responded indicated that they used online facilities available for the practice. In response the practice continued to promote online patient access and online services in general. Guidance information was included on the website, posters and surgery information booklets.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. Since our last inspection in September 2016 we noticed considerable improvements had been made. There were newly recruited staff members within the practice and there had been a change of management.

Where required external agencies had been involved in addressing some of the needs, providing expert insight and advice to develop practice procedures and processes.

The practice was proactive in engaging with the local community to educate them on various health matters. For example, a member of the nursing team had worked with a local school to develop detailed lesson plans for delivering education on sexual health and other medical matters. This member of staff was also actively involved in delivering the lessons to pupils.

The practice had also held an educational event for the local Rotary Club, advising and informing the attendees of various health matters such as men's health.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider must ensure systems and process provide safe management of medicines. Including the management of emergency medicines.
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	