

# Drs Blacklidge, Green & Jackson

## 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?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Drs Blacklidge, Green & Jackson (Great Ayton Health Centre) on 5 October 2016. Overall the rating for the practice was requires improvement (safe was rated as inadequate, effective and well led rated as requires improvement and caring and responsive as good).

We carried out a further comprehensive inspection at Drs Blacklidge, Green & Jackson (Great Ayton Health Centre) on 22 May 2017 to check whether the practice had made the required improvements. The overall rating for the practice following this inspection was good

During the inspection on the 5 October 2016, we found the following areas of concern:

- Systems, processes and practices were not always reliable or appropriate to keep people safe. There were some concerns about consistency of understanding of the practice management in respect of these areas. We found concerns relating to a

number of areas, mainly the management of significant events, safeguarding, medicines management, recruitment of staff and the practices ability to respond to an emergency.

- The practice did not have systems in place to ensure mandatory training was completed by all staff. We identified staff that had not completed training in a range of areas that included: safeguarding, fire safety awareness, basic life support and information governance.
- The arrangements for governance did not always operate effectively. The practice was not aware of some of the risks and issues we identified or was aware and had not acted on them.
- The partners demonstrated a commitment to their wider clinical roles and interests in the community which were of benefit to the practice. However, their prolonged absence from the practice caused some concern regarding the impact on the leadership arrangements when they were absent for significant periods of time.

# Summary of findings

As a result of our findings at this inspection we issued the provider with five requirement notices for the Safe care and treatment, Safeguarding service users from abuse and improper treatment, Good governance, Staffing and Fit and Proper Persons Employed.

Following the inspection on 5 October 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulation we identified.

We carried out a further comprehensive inspection at Drs Blacklidge, Green & Jackson (Great Ayton Health Centre) on 22 May 2017 to check whether the practice had made the required improvements.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
  - The practice had clearly defined and embedded systems to minimise risks to patient safety.
  - Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
  - Results from the national GP patient survey were above the national averages for the way patients were treated. They showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
  - Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
  - Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above national averages. Patients we received feedback from said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - A new overarching governance framework which supported the delivery of the strategy and good quality care had been put in place.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice management demonstrated they had acted on the findings of the previous inspection and had taken action to address the issues identified. Whilst many of these changes were in their infancy it was clear the practice was on an improvement trajectory both within the practice itself and in engaging outside of the practice with the likes of the CCG and other local practices. They demonstrated they had put governance arrangements in place to ensure that the new changes introduced were embedded into practice over time.

However there were areas of practice where the provider should make improvements:

- Review the system for recording refrigerator temperatures and ensure that medicines which are no longer required by patients are disposed of in a timely way.
- Ensure any personal clinical equipment used within the practice is identified and calibrated.
- Consider the frequency of the checking of emergency equipment and medicines at the practice to ensure that it identifies out of date medicines or faulty equipment in a timely way.
- Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.
- Ensure planned appraisal for nursing and non-clinical staff take place.
- Consider the arrangements in respect of the Accessible Information Standard. The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.
- Ensure the improvements made are monitored and embedded into practice to ensure their

**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 good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff were appropriately trained and had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals for some but not all staff. Changes in the management arrangement meant these had been delayed. We saw evidence these were planned for completion in the next few months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.

Good



# Summary of findings

- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example as part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the practice would receive a home visit by the practice nurse. Patients in care or nursing homes were also reviewed under this service.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above national averages. Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from the records we reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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 were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- A new overarching governance framework which supported the delivery of the strategy and good quality care had been put in place.

Good



# Summary of findings

- Staff had received inductions, attended staff meetings and had been offered training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for alerting them to notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice management demonstrated they had acted on the findings of the previous inspection and had taken action to address the issues identified. Whilst many of these changes were in their infancy it was clear the practice was on an improvement trajectory both within the practice itself and in engaging outside of the practice with the CCG and other local practices. They demonstrated they had put governance arrangements in place to ensure that the new changes introduced were embedded into practice over time.

# 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits, telephone consultations and urgent appointments for those with enhanced needs. For example as part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the Practice would receive a home visit by the practice nurse. Patients in care or nursing homes were also reviewed under this service.
- The practice identified at an early stage, older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, such patients had an 'avoiding unplanned admission to secondary care' plan in place and patients with long-term care needs were referred to Community Matrons. Older patients were provided with health promotion advice and support to help them to maintain their health and independence for as long as possible.

Good



### People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 82%, compared to the England average of 78%. The percentage of

Good



# Summary of findings

patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 79%, compared to the national average of 80%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. Childhood immunisation rates for the vaccinations given up to age two were above the 90% national target at 94% scoring 9.4 out of 10 compared to the national average of 9.1. Vaccinations for five year olds ranged from 87% to 92% compared to the England average of 88% to 94%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics. Any newly registered patients under the age of five were referred to the Health Visitor.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice operated a drop in sexual health clinic once a week with the practice nurse.

Good





# Summary of findings

## **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 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. For example, extended hours were offered one evening a week between 6.30pm and 7.30pm.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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.

- The practice held a register of patients living in vulnerable circumstances including carers and patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## **People experiencing poor mental health (including people with dementia)**

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

- The practice carried out advance care planning for patients living with dementia.

Good



# Summary of findings

- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Performance for mental health related indicators was similar to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 92% compared to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed mostly had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above national averages. 216 survey forms were distributed and 132 were returned. This represented 2% of the practice's patient list.

- 97% of patients described the overall experience of this GP practice as good compared with the CCG average of 94% and the national average of 85%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 89% and the national average of 73%.

- 93% 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 90% and the national average of 78%.

As part of our inspection we also asked for patient feedback prior to and on the day of our inspection. We received feedback from 43 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. All but one was extremely positive about the care and treatment patients received.

Results from the Friends and Family Test showed that of the 24 responses received in the last three months, 71% of patients said they were 'extremely likely' to recommend the practice to a friend.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the system for recording refrigerator temperatures and ensure that medicines which are no longer required by patients are disposed of in a timely way.
- Ensure any personal clinical equipment used within the practice is identified and calibrated.
- Consider the frequency of the checking of emergency equipment and medicines at the practice to ensure that it identifies out of date medicines or faulty equipment in a timely way.
- Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.
- Ensure planned appraisal for nursing and non-clinical staff take place.
- Consider the arrangements in respect of the Accessible Information Standard. The Standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read and understand and with support so they can communicate effectively with health and social care services.
- Ensure the improvements made are monitored and embedded into practice to ensure their sustainability over time.

# Drs Blacklidge, Green & Jackson

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Drs Blacklidge, Green & Jackson

Great Ayton Health Centre, Rosehill, Great Ayton, Middlesbrough, TS9 6BL is a semi-rural practice situated in Great Ayton serving this and surrounding villages. The registered list size is approximately 5,530 and patients identify themselves predominantly as white British. The practice is ranked in the ninth least deprived decile (one being the most deprived and 10 being the least deprived), which is significantly below the national average. The practice age profile differs from the England average, having a higher number of patients in the 50 to 85 age range and a lower number in the 0 to 44 age range.

The practice is run by three GP partners and one salaried GP (two male and two female). The practice is a teaching practice. The practice currently has one GP registrar. This means the GP registrar is currently on a three year GP registration course.

The practice employs two practice nurses, a health care assistant, a locum nurse practitioner who works two days a week and a phlebotomist. The practice also receives two

half day support sessions per week from a pharmacist provided by the CCG. The team is supported by a team of managers, reception and administration staff. There is a new practice manager.

The practice is open between 8am to 6pm Monday to Friday. Appointments were from 9am to 11am and 3pm to 5.30pm daily. Extended hours are offered on a Monday between 6.30pm and 7.30pm. These appointments are pre-bookable up to two weeks in advance. The Practice Nurse also offers telephone consultations at either 12.30pm to 12.50pm or 3.30pm to 3.40pm daily. The practice operates an appointment system at the Practice called 'Advanced Access'. This means the practice aims to offer patients an appointment for the same day they make contact with the practice. In addition to this are pre-bookable appointments that can be booked in advance and urgent on the day appointments.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the NHS 111 service.

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice had previously been inspected on 5 October 2016 and was

# Detailed findings

rated as requiring improvement and issued with five requirement notices in respect of Safe care and treatment, Safeguarding service users from abuse and improper treatment, Good governance, Staffing and Fit and Proper Persons employed. The latest inspection was planned to check whether the provider was 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.

## 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. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breach stated in the requirement notice we had given them.
- Spoke with or received feedback from a range of staff including three GP partners, a GP registrar, a practice nurse, a health care assistant, the practice manager and administration/reception staff.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

### What we found at our previous inspection in October 2016

The practice reported, recorded and reviewed significant events. However the practice did not have a formal system in place for this which resulted in an inconsistent approach to recording. The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However, there was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice. Systems, processes and practices were not always reliable or appropriate to keep people safe. There were some concerns about consistency of understanding of the practice management in respect of these areas. We found concerns relating to a number of areas, mainly the management of safeguarding, medicines management, recruitment of staff and the practices ability to respond to a medical emergency within the practice. .

### What we found at this inspection in May 2017

#### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. An additional recording tool was used by a GP as part of their role as a GP trainer as the practice was a training practice. Both forms supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of seven documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed incident records and annual reviews of incidents where significant events were discussed. These showed the practice carried out a thorough

analysis of significant events and when appropriate carried out a clinical audit to further explore the nature of the problem. For example, a new protocol had been written and circulated to staff in respect of the management of patients being treated for a deep vein thrombosis (DVT)

Records showed the practice set up a review date for six months after the incident to monitor that changes had been introduced and improvement had been embedded into practice. We saw evidence of some reviews taking place although it was not always clear from the records when the review was set to take place and the outcome of that review.

#### Overview of safety systems and processes

The practice had clearly defined processes and practices in place to minimise risks to patient safety. Some of these processes were newly established but the systems to support them being embedded overtime were evident.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding with a supporting deputy and administration lead. Regular safeguarding meetings were taking place as well as attendance at local safeguarding forums. Where possible the practice attended individual safeguarding or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Patient records were securely stored.

The practice maintained appropriate standards of cleanliness and hygiene.

## Are services safe?

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The practice had recently sought the input from Harrogate District Foundation Trust infection prevention and control team to undertake a review of the practices infection control arrangements. The practice had produced an action plan following this visit and we saw evidence that action was being taken to address any improvements identified as a result.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacist who worked at the practice two half days a week, to ensure prescribing was in line with best practice guidelines for safe prescribing. Medicines stored in refrigerators were mostly managed appropriately. We noted one discrepancy in the recording with fridge temperature ranges and two out of date items no longer in use for two specific patients. Immediate action was taken by the practice. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. These directions were all up to date and appropriately authorised.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed three personnel files. The practice had not recruited any new staff since our last inspection. However we saw evidence the practice was reviewing all personnel files and updating the information within them. For example new contracts and job descriptions were in the process of being issued. Induction records were being checked through with the most recently recruited staff member and DBS checks had been carried out for all members of staff.

### Monitoring risks to patients

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

- There was a health and safety policy available. We saw evidence that the new practice manager had enrolled on a health and safety course to improve their knowledge. They planned to put in place new health and safety risk assessments once they had attended this course.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- Electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. We identified two items that had not been recently calibrated; one of which we were told was a staff member's personal pulse oximeter.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The frequency of checking the operational status of the defibrillator required review to ensure more frequent checks were carried out. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. The GP bags contained some medicines that were out of date. This was rectified immediately. The checking process for GP bags took place annually.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### What we found at our previous inspection in October 2016

Clinical audits demonstrated quality improvement. However there was limited documentary evidence to show audits were revisited over time to ensure the changes were effective and embedded within the practice. The practice did not have systems in place to ensure mandatory training was completed by all staff. We identified staff that had not completed training in a range of areas that included: safeguarding, fire safety awareness, basic life support and information governance.

### What we found at this inspection in May 2017

#### Effective needs assessment

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

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

#### 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 were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 95%.

Data from NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) was mixed. It showed the practice was an outlier in one area. This related to the percentage of certain antibiotic prescribing for the period 01/07/2015 to 30/06/2016. The practice was aware of this and was working with the

practice pharmacist to reduce this figure. Data also showed prescribing of certain hypnotics prescribed in the period 01/07/2015 to 30/06/2016 was lower than the national average.

Data from 2015/2016 QOF showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 82% compared to the England average of 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 79% compared to the national average of 80%. Exception reporting for diabetes was 13% compared to the national average of 12%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 92% compared to the national average of 89%. Exception reporting for mental health was 8% compared to the national average of 11%.

There was evidence of quality improvement including clinical audit:

- A wide range of clinical audits had been commenced in the last two years. All of these were completed audits where improvements were made. Many of these audits had been carried out following a significant event. We reviewed two of these audits in detail and found improvements were made, implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changes to the identification of patients with diabetes to avoid patients being missed.

#### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had a newly established induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This had been completed retrospectively for the most recently recruited member of staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example face to face training and access to on line resources.
- The learning needs of staff were identified through meetings and reviews of practice development needs. Appraisals for GPs had been completed. All other staff appraisals were planned in the next couple of months. We were informed these had been delayed due to the recent management changes. 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 received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice had effective systems in place for summarising patient records.
- From the sample of records we reviewed we found that the practice shared relevant information with other services in a timely way. For example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance although this was not always recorded consistently within the practice.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation appointments were available with the practice nurse at the practice.
- The practice attended an annual local event to raise awareness of health issues.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG average of 83% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. Childhood immunisation rates for the vaccinations given up to age two were above the 90% national target at 94% scoring 9.4 out of 10 compared to the national average of 9.1. Vaccinations for five year olds ranged from 87% to 92% compared to the England average of 88% to 94%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening

test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### What we found at our previous inspection in October 2016

The practice was rated as good for providing caring services.

### What we found at this inspection in May 2017

#### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 94% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.

- 99% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 95% and the national average of 91%.
- 99% of patients said the nurse gave them enough time compared with the CCG average of 96% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 99% and the national average of 97%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 93% and the national average of 87%.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 significantly above national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 99% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 94% and the national average of 90%.

## Are services caring?

- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% and the national average of 85%.

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

- The practice did not have any non-English speaking patients. However we were told what action they would take if translation services were needed.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (0.7% of the practice list). The practice demonstrated they were taking action to improve their management of carers. For example the practice had recently met with a representative from the Carers Centre, had an improved and updated notice board in the practice waiting area which included information for young carers and updated links on the practice website. The new patient registration form asked patients if they were a carer. The practice did not opportunistically ask patients when they visited the practice if they were a carer.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### What we found at our previous inspection in October 2016

The practice was provided as good for providing responsive services.

### What we found at this inspection in May 2017

#### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' one day week between 6.30pm and 7.30pm. There were longer appointments available for patients with a learning disability.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was continuing to trial the use of a nurse practitioner to improve accessibility to clinical staff.
- As part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the Practice would receive a home visit by the practice nurse. Patients supported by the practice in care or nursing homes were also reviewed under this service.
- The practice operated a drop in sexual health clinic once a week with the practice nurse.
- The practice hosted other agencies at the practice which benefited patients. For example a physiotherapist utilised the well-equipped physiotherapy room at the practice.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example calls were made to patients with a learning disability and dementia the evening before their appointment.
- The practice was not aware of the NHS England Accessible Information Standard which is an arrangement to ensure that disabled patients received information in formats that they could understand and to receive appropriate support to help them to communicate. However, the practice had some information in easy read format for example, a letter inviting patients with a learning disability to come in for their annual health check.

#### Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were from 9am to 11am and 3pm to 5.30pm daily. Extended hours were offered on a Monday between 6.30pm and 7.30pm. These appointments were pre-bookable up to two weeks in advance. The Practice Nurse also offered telephone consultations at either 12.30pm to 12.50pm or 3.30pm to 3.40pm daily. The practice operated an appointment system at the Practice called 'Advanced Access'. This meant the practice aimed to offer patients an appointment for the same day they made contact with the practice. Patient satisfaction with this service was reflected in high levels of patient satisfaction. In addition to this were pre-bookable appointments that could be booked in advance and urgent on the day appointments.

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

- 85% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% and the national average of 73%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 92% and the national average of 85%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 99% of patients said their last appointment was convenient compared with the CCG average of 97% and the national average of 92%.
- 94% of patients described their experience of making an appointment as good compared with the CCG average of 89% and the national average of 73%.
- 82% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 70% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. We were informed that this process was under review under the new practice management arrangement.

- A new complaints policy had been put in place and was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice demonstrated that they had undertaken a recent annual review of complaints. This record showed action had been taken in an appropriate way. The records supporting each individual complaint were basic and did not always clearly evidence what action had been taken. The practice was aware of this and was planning to address this as part of the programme of improvements that were being introduced.

# Are services well-led?

Good 

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

## Our findings

### What we found at our previous inspection in October 2016

The arrangements for governance did not always operate effectively. A comprehensive understanding of the performance of the practice was not maintained by all members of the management team. The practice was not aware of some of the risks and issues we identified or was aware and had not acted on them.

Practice specific policies were not always up to date, not dated or dated and overdue a review. The practice did not always follow its own policies. Audits were not routinely revisited over time to

ensure the changes introduced were effective and embedded within the practice. There was limited evidence to demonstrate non-clinical audits were undertaken. There was evidence of clinical learning and improvement within the practice and some evidence for learning in some but not all non-clinical areas. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The partners demonstrated a commitment to their wider clinical roles and interests in the community which were of benefit to the practice. However, their prolonged absence from the practice caused some concern regarding the impact on the leadership arrangements when they were absent for significant periods of time.

### What we found at this inspection in May 2017

#### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and a newly established development plan which reflected the vision and values of the practice.

#### Governance arrangements

The practice demonstrated they had taken action to address the findings of the previous inspection. A new overarching governance framework which supported the delivery of the strategy and good quality care had been put

in place. This framework was in its infancy with many of the policies and procedures and arrangements being new. However, we saw a wide range of evidence that these arrangements had been put into practice. The arrangements outlined the structures and procedures which aimed to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example lead roles had been allocated to staff within the practice and all staff were aware of these. A wide range of practice specific policies had been implemented and were available to all staff in a new accessible area. These were planned for updating and review in the future. A comprehensive understanding of the performance of the practice was maintained. A programme of practice meetings was in place both with staff and external professionals. The GP partners and the practice manager met weekly. They also met monthly with representatives from each team within the practice. The practice was also reviewing other meeting formats. Minutes of meetings were not always routinely maintained or circulated to staff who did not attend. We saw evidence in the practice development plan that they were reviewing communication within the practice. The practice used target days also as an opportunity to meet together as a practice.
- Clinical and internal audit was used to monitor quality and to make improvements. The practice did not have a programme of audit in place.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

#### Leadership and culture

Changes to the management/partnership arrangements had been made since our last inspection. On the day of this inspection the partners and the new practice manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was evidence they had prioritised the changes needed to prioritise safe, high quality and



# Are services well-led?

Good 

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

compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Staff told us there was improved communication with the new practice manager,

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). From the sample of documents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff said they felt respected, valued and supported. Staff said they were involved in some discussions about how to run and develop the practice.

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

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

- the NHS Friends and Family test, complaints and compliments received
- staff generally 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. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice did not have a PPG. The group had disbanded in early 2015 due to lack of patient participation. There was evidence the practice had begun to promote the group again both within the practice reception area and on their website. The practice had a meeting planned for September 2017. The practice continued to be supported by a local group who helped with fundraising and provided input into how the practice spent funds and donations for the benefit of patients. For example the group was active in fundraising for the practice refurbishment.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice management demonstrated they had acted on the findings of the previous inspection and had taken action to address the issues identified. Whilst many of these changes were in their infancy it was clear the practice was on an improvement trajectory both within the practice and with its engagement of other stakeholders such as the CCG and other local practices. They demonstrated they had put governance arrangements in place to ensure that the new changes introduced were embedded into practice over time.

The practice continued to demonstrate their commitment to serving their population group and providing services which met their needs. The practice partners demonstrated a commitment to the involvement in the local community in respect of the appraisal of local GPs, appraiser training, postgraduate education and the ability to offer secondary care services in a GP environment. The practice was a training practice and benefitted from this in terms of currently having one GP registrar.