

Thornbury 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		Requires improvement	
Are services safe?	Good		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people’s needs?	Requires improvement		
Are services well-led?	Requires improvement		

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Thornbury Medical Practice on 28 September 2017. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report complaints and significant events. However, the outcomes of these reviews and any lessons learned were not regularly discussed at staff meetings or shared with staff.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. The practice had identified that not all the senior staff at the practice had received safeguarding training to the required level.
- Data showed patient outcomes were comparable to local and national averages.
- The latest National GP Patient Survey results for the practice showed lower than average numbers of

patients said they were treated with care and concern by their GP. The survey data also showed that patients found making and accessing appointments difficult. However, the majority of patient comment cards and patients with whom we spoke on the day did not confirm this opinion, and said that access to appointments had recently improved.

- The practice had a number of policies and procedures to govern activity, but some were not dated or were overdue a review.
- Risks to staff and patients were assessed and well managed, with the exception of those relating to the administration of medicines by Patient Group Directions (PGDs). We saw PGDs had been adopted by the practice to allow nurses to administer medicines in line with legislation but we found that these had not been signed by the authorising body. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Summary of findings

- The practice did not maintain oversight of the immunisation status of the staff team and did not follow their own policy with regards to the Hepatitis B immunity status of staff.
- There was a clear leadership structure and staff felt told us that they felt very supported by management. The practice had a patient participation group and health champions which met regularly.
- The pharmacist had undertaken an audit of patients who required a medication review. A high number of these were found to be overdue and a system had been implemented to address this issue.

The areas where the provider must make improvements are:

- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of their patient population in the future and improve outcomes.
- Continue to review access to the service and assure themselves that they are able to provide an appropriate number of appointments to meet patients' needs.
- Continue to review the medication needs of all patients and be able to assure themselves that all patients' medications are reviewed as required.
- Implement a schedule for the cleaning of clinical equipment to assure themselves that this meets best practice for infection prevention and control.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they require.
- Continue to take steps to improve their cancer screening uptake rates within their population including breast and bowel screening.

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.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, lessons learned were not communicated widely enough to support improvement and understanding. Clinical and non-clinical staff told us that significant events and complaints were discussed in meetings; however, meeting minutes did not always reflect this.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. We saw that two members of senior staff had been identified as requiring further training at level three and we were assured that this training was booked.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- We saw that systems and processes were not always implemented well enough to keep people safe. We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation but we found that these had not been signed by the authorising body. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) After our inspection we were sent evidence that this had been completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed that overall patient outcomes were comparable to the national and clinical commissioning group averages.
- Staff were aware of current evidence based guidance.
- The pharmacist had undertaken an audit of patients who required a medication review. A high number of these were found to be overdue. A system had been implemented to address this issue, however not all reviews of patient medicines were noted to be up to date at the time of our visit.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills and knowledge to deliver effective care and treatment. The practice had a recently implemented training matrix in place and we saw that staff were booked on additional training sessions, for example telephone skills training.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs including midwives, palliative care nurses and health visitors.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, only 66% of patients said the GP was good at treating them with care and concern compared to the national average of 86%.
- However, the majority of patients we spoke with on the day of inspection and patient comment cards reflected that there had been positive changes within the practice and patients were treated with dignity, respect and kindness.
- Information for patients about the services available was accessible. A carers charity, the health champions and the Patient Participation Group (PPG) regularly spent time in the reception area to make patients aware of the services which were offered.
- 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 requires improvement for providing responsive services.

Requires improvement



- The practice understood its population profile and had used this understanding to meet the needs of its population. Several staff were multi-lingual and were able to speak languages relevant to the patient population.
- The practice shared with us plans to recruit an additional permanent practice nurse and to use sessional staff to improve cervical screening uptakes and childhood immunisations.
- 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.

Summary of findings

- The practice had recently implemented a walk in clinic for an hour every fortnight and a pharmacy led triage clinic to help meet the needs of patients. However, on the day of inspection we were not assured that access to appointments was sufficient to meet patient needs.
- Changes to the telephone lines were made in response to concerns and feedback from the PPG. On the day of inspection patients told us it was easier to contact the practice than previously and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain, and evidence from eight examples we reviewed showed the practice responded quickly to issues raised. However, we did not see evidence that learning from complaints was regularly shared with staff or that this information was available in other languages. We did not see that when the practice responded to complaints, they made patients aware of the Parliamentary and Health Services (PHSO) Ombudsman.
- The latest National GP Patient Survey results for the practice showed that overall patient satisfaction with the practice was poor. Patients found making and accessing appointments difficult. The practice had developed an action plan in response to this, but the impact of any changes that had been made had not been assessed.

Are services well-led?

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

- The practice had a clear vision 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 told us they felt very supported by management.
- The practice had undergone a number of significant changes to the team which had impacted on the effectiveness of the practice and their ability to meet patient needs. On the day of inspection we were told of a number of positive changes which the practice had implemented or were working towards. We were told that the practice was working closely with the Clinical Commissioning Group (CCG) to improve patient care.
- The practice had policies and procedures to govern activity and held regular governance meetings. However, we saw that some policies were overdue a review and not all meeting minutes accurately reflected what staff told us was discussed.

Requires improvement



Summary of findings

- Staff had received inductions, and attended staff meetings and training opportunities. There was evidence of appraisals and personal development plans for some staff and we were shown evidence that all staff appraisals would be completed within a month of our visit.
- The practice did not maintain oversight of the immunisation status of the staff team and did not follow their own policy with regards to the Hepatitis B immunity status of staff.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group and welcomed carers organisations and health champions into the practice.

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 provider was rated as requires improvement for responsive and well led care. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up 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 and out of hours services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. On the day of inspection a stall in the reception area was offering leaflets and advice for conditions such as bowel screening.
- The practice did not consistently carry out structured annual medicine reviews for older patients. The practice were working with the CCG to offer reviews of medicines to housebound patients in their own home.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for responsive and well led care. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with diabetes were comparable to, or lower than, CCG and national averages. For example, 78% of patients with diabetes, on the register had a total cholesterol measurement of 5mmol/l or less compared to the CCG average of 79% and the national average of 80%.
- The practice offered a level two diabetes clinic twice per month, where a screening co-ordinator was also in attendance.

Requires improvement



Summary of findings

- The practice had recently introduced new recall systems for patients with long term conditions to ensure that they were reviewed in a timely manner which met their needs.
- The pharmacist had undertaken an audit of patients who required a medication review. A high number of these were found to be overdue and a system had been implemented to address this issue.

Families, children and young people

The provider was rated as requires improvement for responsive and well led care. The issues identified as requiring improvement overall affected all patients including this population group.

- 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. Regular meetings were held with health visitors, and patient records updated as appropriate.
- Immunisation rates were comparable or lower than the national standard for all childhood immunisations.
- A limited number of 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.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications. Pregnant women were proactively offered a flu vaccination when they were referred to the midwife.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for responsive and well led care. The issues identified as requiring improvement overall affected all patients including this population group.

- There were no early or extended opening hours for patients who worked or students. The practice offered a telephone triage service and appointments until 5.20pm in the evening.

Requires improvement



Summary of findings

- 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. Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was offered and leaflets were available which were suitable for this population group.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for responsive and well led care. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. There were arrangements in place to allow people with no fixed address to register and be seen at the practice.
- 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 of up to 40 minutes, for patients with a learning disability or those who were vulnerable.
- The practice had carried out annual health checks for patients with a learning disability and offered support and flu vaccinations to patients who were carers.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for responsive and well led care. The issues identified as requiring improvement overall affected all patients including this population group.

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

Requires improvement



Summary of findings

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The number of patients with schizophrenia, bipolar effective disorder and other psychoses who had a comprehensive care plan agreed within the preceding 12 months was 100% compared to the CCG average of 91% and the national average of 89%.
- The practice worked with the local multi-disciplinary mental health team in the case management of patients experiencing poor mental health, and in the follow up of patients who had attended accident and emergency when they had been mentally unwell.
- Patients at risk of dementia were identified and offered an assessment using a recognised assessment tool. A blood test and an ECG were undertaken prior to patients being referred to secondary care. (An electrocardiogram (ECG) is a simple test that can be used to check your heart's rhythm and electrical activity).

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 below local and national averages. Data showed that 367 survey forms were distributed to patients and 103 were returned, a response rate of 28% compared to the England average of 38%. This represented less than 1.5 % of the practice's patient list. Overall satisfaction with the practice had declined since the previous year's survey.

- 47% of patients described the overall experience of this GP practice as good compared with the CCG average of 74% and the national average of 85%.
- 30% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- 29% 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 63% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards of which 14 were wholly positive about the standard of care received. The service

was described as 'very good' or 'excellent' and the staff were described as 'caring' and 'very helpful'. One card stated that they were very happy with the service but access was an issue and a second patient noted that accessing the same GP as previously, was difficult.

We spoke with five patients during the inspection. Four patients were very satisfied with the care they received and thought staff were approachable, committed and caring. One patient said that it was difficult to get an appointment but they did feel that staff were good at listening.

A particular theme running through comments from patients was that they felt the service had improved recently and that the reception team were polite and helpful.

The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family. The results from the survey showed that of the 56 patients that had responded in July and August 2017, 78% of those patients would be likely or extremely likely to recommend the surgery to their friends and family. This was an improvement from the GP patient survey.

Areas for improvement

Action the service **MUST** take to improve

- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service **SHOULD** take to improve

- Continue to review the results of patient satisfaction surveys and ensure that it can meet the needs of their patient population in the future and improve outcomes.
- Continue to review access to the service and assure themselves that they are able to provide an appropriate number of appointments to meet patients' needs.

- Continue to review the medication needs of all patients and be able to assure themselves that all patients' medications are reviewed as required.
- Implement a schedule for the cleaning of clinical equipment to assure themselves that this meets best practice for infection prevention and control.
- Continue to improve the identification of carers to enable this group of patients to access the care and support they require.
- Continue to take steps to improve their cancer screening uptake rates within their population, including breast and bowel screening.

Thornbury 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 and two further CQC inspectors.

Background to Thornbury Medical Practice

Thornbury Medical Practice, also known as Thornbury Medical Centre, is situated on Rushton Avenue, Bradford, BD3 7HZ. There are good transport links and a pharmacy is situated in the supermarket next door.

The practice provides fully accessible facilities and all services are at ground floor level or accessible via a lift. The practice has ample car parking.

Thornbury Medical Practice is situated within the Bradford City Clinical Commissioning Group (CCG) and provides general medical services to 7,151 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. During 2017 Thornbury Medical Practice became part of Bradford City CCG. Comparison data throughout the report relates to this CCG.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area and fewer patients aged over 40 than the national average. The National General Practice Profile states that 51% of the practice population is from an Asian background with a further 6% of the population originating from black, mixed or other non-white ethnic groups.

There are two male GP partners at the practice. Prior to our inspection we were informed that one GP partner was no longer working at the practice. There is a part time female GP and a long term sessional male GP. The practice also employs regular locum GPs. There is currently one full time practice nurse, an advanced clinical pharmacist, and a full time health care assistant (HCA), all of whom are female. The practice also has access to two additional pharmacists who work remotely.

The clinical team is supported by a practice business manager, an assistant practice manager, an office manager and a team of administrative staff.

Information published by Public Health England rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 75 years compared to the national average of 79 years. Female life expectancy is 81 years compared to the national average of 83 years.

Thornbury Medical Practice is open between 8am and 6pm Monday to Friday with appointments available between 9am and 5.20pm. Between 6pm and 6.30pm clinical cover is provided by an out of hours provider. Extended hours appointments are not offered at this practice.

Out of hours care is accessed by calling the NHS 111service.

Why we carried out this inspection

Following concerns which were raised with the Care Quality Commission, we carried out an announced 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

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England, Healthwatch and Bradford City Clinical Commissioning Group (CCG) to share what they knew. We reviewed policies, procedures and other relevant information the practice provided both before and during the inspection. We also reviewed the latest available data from the Quality and Outcomes Framework (QOF), national GP patient survey data, and the NHS friends and family test (FFT). We carried out an announced visit on 28 September 2017. During our visit we:

- Spoke with a range of staff including two GPs, the advanced clinical pharmacist, the practice business manager, the assistant manager, the practice nurse, the healthcare assistant and several members of the reception team.
- Spoke with five patients who used the service and the practice health champions.
- Observed how patients were being cared for in the reception area.
- Met with two members of the Patient Participation Group.

- Reviewed 16 comment cards where patients 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

Safe track record and learning

There was a basic system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a paper recording form available. Clinical and non-clinical staff told us that significant events and complaints were discussed in meetings, however, meeting minutes did not always reflect this and lessons learned were not communicated widely enough to support improvement.
- From the sample of documented examples we saw that 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. However, we did see that one significant event we were aware of was not included in a recent significant event audit which had been undertaken.
- We saw evidence that action was taken to improve safety in the practice. For example, the practice had recently formulated and implemented a protocol for the review of diabetes and the follow up of blood results.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a nominated lead member of staff for safeguarding. We saw evidence of safeguarding meeting minutes where vulnerable children and adults were discussed.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The majority of the staff team were trained to the appropriate level. However, we saw that two members of senior staff

including a GP had been identified as requiring further training at level three. We were assured by the team that this training was booked to be completed by the end of November.

- 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). Staff who chaperoned patients told us that they would use a code on the patients' clinical notes to indicate that they had undertaken this role.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were general cleaning schedules and monitoring systems in place. However, we did not see evidence of a cleaning schedule for clinical equipment. The practice told us that one would be implemented immediately.
- 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. Annual IPC audits were undertaken and we saw evidence that action was 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. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- We saw that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer

Are services safe?

medicines in line with legislation but we found that these had not been signed by the authorising body. After our inspection were sent evidence that this had been completed.

- Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately. (A Patient Specific Direction (PSD) is a written instruction, signed by a prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a basic health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises. The practice told us they were making arrangements for the fire risk assessment to be updated.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training and there were emergency medicines available in the treatment room. We saw evidence that where staff training required updating, a plan was in place for this.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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

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 94% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. Unverified data for 2016/2017 showed that the practice had achieved 93% of the available QOF points.

Overall exception reporting for the clinical domains was 11% which was the same as the CCG average and comparable to the national average of 10%. 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed that the practice was generally comparable to other practices :

- Performance for diabetes related indicators was similar to the CCG and national averages. The percentage of patients on the register, whose last measured total cholesterol was 5 mmol/l or less was 78%, this was comparable to the CCG average of 79% and the national average of 80%.
- Performance for mental health related indicators was also similar to the CCG and national averages. The

percentage of patients with schizophrenia, bi-polar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% which was comparable to the CCG average of 94% and better than the national average of 89%.

- The pharmacist had undertaken an audit of patients who required a medication review. A high number of these were found to be overdue and a system had been implemented to address this issue. However on the day of inspection, not all reviews of patient medicines were noted to be up to date.

There was evidence of quality improvement including clinical audit:

- We reviewed two clinical audits which had been undertaken in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent audit of patients taking DMARDS (disease-modifying antirheumatic drugs) found that a recall system was not in place to ensure patients were called for monitoring at the appropriate interval. Changes were made as a result of the audit. DMARDS are a range of medicines used to treat pain, swelling and stiffness associated with rheumatoid arthritis. These medicines can have side effects affecting the liver and blood and patients taking them require regular blood tests.
- Information about patients' outcomes was used to make improvements. The practice had carried out a review of patients using bronchodilators to ensure that these were not being overprescribed. (A bronchodilator is used by almost all people with asthma as a way to open the airway passages). An additional review of a number of patients was undertaken and education on use and symptoms etc. provided.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- 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. Following support from commissioners, the practice nurse and the female GP were holding quarterly cervical screening reviews of patients to ensure that results were audited, patients had been recalled appropriately and results had been followed up.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, these systems were not yet embedded into the team. We observed some gaps in safeguarding training. A small number of staff were required to update some training and not all staff had been offered the opportunity of an appraisal. We saw that plans were in place to address these issues.
- 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. We were told that staff were encouraged to attend additional training to enhance their skills, and saw that some staff were booked on training such as 'telephone skills 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.
- From the sample of documents 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Dietetic advice was available from the nurse and GPs and smoking cessation advice was available from a local support group.

In 2015/2016 the practice's uptake for the cervical screening programme was 69%, which was lower than the CCG average of 76% and the national average of 81%. However unverified data from 2016/ 2017 showed that the practice had attained a 78% uptake. We were told that the practice also had plans in place to use a sessional nurse during October 2017 to improve the uptake further and assist with childhood immunisations.

Are services effective?

(for example, treatment is effective)

On the day of our inspection the practice health champions were promoting bowel screening and other health education programmes within the reception area. 2015/2016 data showed that in the last 30 months 37% of eligible patients had undergone bowel screening which was comparable to the CCG average of 35% but lower than the national average of 57%. The practice were aware of this and continued to encourage patients to attend screening programmes.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were 91% to

95% which was comparable to the national expected coverage for vaccinations standard of 90%. However, the uptake of vaccines given to five year olds was lower and ranged from 63% to 86%.

There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. The practice had recently begun to write to women using pink paper to highlight the issue.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were kind, courteous and 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.

On the day of our inspection, 14 of the 16 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients, health champions and two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. The PPG said they were kept informed of changes by the practice and that appointment access had noticeably improved following the introduction of the new telephone system.

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

- 74% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 82% and the national average of 89%.
- 67% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 86%.

- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 75% and the national average of 86%.
- 80% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 91% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 64% of patients said they found the receptionists at the practice helpful compared with the CCG average of 77% and the national average of 87%.

Comments from patients on the day of inspection were more complimentary and did not align with the views of the GP patient survey.

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. We saw that there was a teenage confidentiality policy in place.

Overall, 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. However, results were lower than local and national averages. For example:

Are services caring?

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 79% and the national average of 86%.
- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 84% and the national average of 90%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice had reviewed the results of the patient survey and a meeting had been held, with an action plan put in place to improve patient satisfaction.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also aware of multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.

- The NHS e-Referral service (previously known as choose and book) was used with patients as appropriate. If patients struggled to use this system the practice would assist them to book their appointment.

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 41 patients as carers (which is less than 1% of the practice list). The practice hosted regular monthly sessions for a carer's resource group and was working with them to identify carers and support them.

A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.

Staff told us that if families had experienced bereavement, their usual GP contacted them. In recognition of many of the patients cultural needs the GP would respond quickly in order to provide the necessary death certification to enable prompt burial in line with families' wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and were beginning to use this understanding to meet the needs of its population:

- The practice did not participate in the extended hours scheme.
- There were longer appointments available for patients with a learning disability and patients with mental health needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. These patients were discussed at regular meetings.
- Same day appointments were available for children, vulnerable and elderly patients and those patients with medical problems that required same day consultation.
- The practice shared with us plans to recruit an additional permanent practice nurse, and to use sessional staff to improve cervical screening uptakes and childhood immunisations.
- Patients were able to receive travel vaccines available on the NHS.
- Interpretation services were available and several staff were multi-lingual and were able to speak languages relevant to the patient population.
- The practice was spacious and facilities were accessible for all patients. There was a lift installed to allow patients with mobility difficulties to access the first floor of the premises.
- The practice had recently implemented a walk in clinic for an hour every fortnight and a pharmacy led triage clinic. The satisfaction of patients attending these clinics had not yet been assessed.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice had considered the NHS England Accessible Information Standard and had added alerts to the patient record to highlight the appropriate support patients might need to help them to communicate.

Access to the service

The practice reception was open between 8am and 6pm Monday to Friday with appointments available between 9am and 5.20pm. Between 6pm and 6.30pm clinical cover was provided by an out of hours provider. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice was encouraging patients to use the online services which were available and included access to appointments and prescription requests.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower, and in some areas significantly lower than local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- Only 25% of patients said they could get through easily to the practice by phone compared to the CCG average of 55% and the national average of 71%.
- 64% 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 62% and the national average of 84%.
- 55% of patients said their last appointment was convenient compared with the CCG average of 70% and the national average of 81%.
- Only 30% of patients described their experience of making an appointment as good compared with the CCG average of 60% and the national average of 73%.
- Only 31% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

The practice had responded to the survey by producing an action plan. Actions included offering a walk in clinic for patients, recruiting into a further nursing post and offering an increased number of on line appointments. However, the practice had not assessed the impact of these changes.

Are services responsive to people's needs?

(for example, to feedback?)

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

On the day of inspection we were not assured that access to appointments was sufficient to meet patient needs. We discussed this with the practice who were able to evidence an access audit which showed that the number of available appointments was increasing. Between July and September 2016, 2,716 appointments had been available. In the corresponding period of 2017 3,265 appointments were available- an increase of 549 appointments. The practice also had plans to increase their availability of appointments through the recruitment of a part time practice nurse, further GP support and the recruitment of another HCA which was supported by commissioners.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and that leaflets were available.

We looked at eight complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints but we did not see that these were reviewed at regular intervals or shared with the staff team. We did not see that when the practice responded to complaints, they made patients aware of the Parliamentary and Health Services (PHSO) Ombudsman.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a strategy and supporting business plans which reflected their vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework to support the delivery of the strategy and good quality care. We did not see that that these arrangements were always effective and were not assured that the provider maintained an oversight of safe systems and processes at the practice.

- 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 such as QOF and safeguarding.
- The practice had a number of policies and procedures to govern activity, but some policies were not dated. We were not assured that policies and procedures were reviewed to reflect best practice.
- The practice did not maintain oversight of the immunisation status of the staff team and did not follow their own policy with regards to the Hepatitis B immunity status of staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- We did not see that a system was in place to ensure that Patient Group Directions (PGDs) were signed by the authorising body or that the practice retained oversight of this.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the practice demonstrated they were working towards safe, high quality and compassionate care. Staff told us the lead partner and practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of eight documented examples 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. However, the outcomes of these reviews and any lessons learned were not regularly discussed at staff meetings or shared with staff.
- The practice kept records of written correspondence but did not document verbal interactions.

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

- The practice held and produced basic minutes of a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. However, we found that these minutes did not reflect in detail the points which were discussed. This meant staff who did not attend the meetings could not remain up to date with all relevant practice issues.
- GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted a work orientated, team away day had been held in the summer.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement 

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

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly and the meeting was also attended by staff from the practice and the health champions. The PPG had submitted proposals for improvements to the practice management team which had included suggestions around the improvements to the telephone systems.

- The practice had a suggestion box in the reception area and were encouraging patients to complete the NHS Friends and Family test.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice evidenced a number of positive changes which had been implemented with a view to improve patient care. These included the new patient re-call system and plans to recruit into clinical posts. The practice team was forward thinking and there was a commitment to improve at all levels within the practice. The practice was working with the CCG to improve outcomes for patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17: Good Governance.</p> <p>How the regulation was not being met:</p> <p>The registered person had systems and processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider did not maintain oversight of the signing of Patient Group Directions (PGDs) used within the practice. An effective system must be implemented.• The provider did not maintain an oversight of the immunisation status of the staff team and ensure that this reflected best practice.• The provider could not assure themselves that all staff had received the appropriate level of child and adult safeguarding training.• The provider had not reviewed and updated all policies and procedures and could not assure themselves that they remained relevant to the practice.• The provider could not evidence that significant events and complaints were reviewed at regular intervals and that actions and learning were shared with the staff team.• A review of the documentation of meetings should be undertaken to ensure that all staff are aware of the discussions which have taken place and to enable the ongoing review of issues, concerns and events.

This section is primarily information for the provider

Requirement notices

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