

Oakham Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakham Medical Practice on 17 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice engaged in a scheme funded by the CCG which included four other local practices whereby an integrated care co-ordinator employed by Rutland

County Council worked in the practice two days per week. This co-ordinator worked specifically with patients both in-house and in the community who suffered with long term conditions or were frail and at risk of falls and had been identified as at risk of unplanned admission to hospital.

- Community diabetes nurse specialists worked in partnership with the practice and joined weekly nurse led diabetes clinics to review the management of diabetic patients and discuss pathways and agree joint management plans for patients.
- The practice provided a daily outreach clinic at a local school within its medical centre which was GP led. Pupils were guaranteed same day appointments with a GP during lunchtime clinics.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Risks to patients were assessed and well managed with the exception of those in relation to electrical and fire safety.

Summary of findings

- The practice had a system in place to ensure the safe storage of blank prescriptions and however, the system for monitoring their use required review.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with electrical and fire safety.
- Review system in place to ensure the safe storage of blank prescriptions and monitoring of their use.

The areas where the provider should make improvement are:

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including access to appointments and ease of getting through to the practice by telephone.
- Review risk assessments in place for non-clinical members of staff who do not have a DBS check in place to ensure rationale for not requiring a DBS check in place is documented.
- Review processes in place in relation to clinical audits to ensure full cycle audits are carried out to improve patient outcomes.
- Review system of appraisals to ensure all members of staff receive an appraisal at least annually.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place 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 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 and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception of those in relation to electrical and fire safety.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- There was an effective system in place for clinical supervision of the nursing team for example, each health care assistant was allocated a practice nurse as a mentor for support and guidance, there was an overall nursing manager in post to ensure clinical supervision of the nursing team on a daily basis.
- The practice had a system in place for the security of blank prescription forms and pads however the system for monitoring their use required review.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Community diabetes nurse specialists worked in partnership with the practice and joined weekly nurse led diabetic clinics to review the management of diabetic patients, discuss pathways and agree joint management plans for patients.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits were carried out however, the practice had not carried out full cycle clinical audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff however, not all members of staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had a traffic light system in place which was followed to continually review and plan the needs of those patients who were receiving palliative care or were at end of life to ensure their health needs were being met. This system was used during multi-disciplinary meetings which various professionals were present such as district nurses and Macmillan nurses.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- If families had suffered bereavement, their usual GP contacted the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services.
- The practice had a carers register in place and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided a daily outreach clinic at a local school within its medical centre which was GP led.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice provided access to a Ujala translation service facility to assist patients whose first language was not English to communicate better.
- The practice offered on-line services for patients which included ordering repeat prescriptions and booking routine appointments.
- The practice had also installed a dedicated bypass telephone number for use by care homes, hospital departments and emergency services for patients who were identified as at risk of unplanned admission to hospital to ensure the practice could be contacted in an emergency.

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. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- All housebound patients had a care plan in place which was reviewed on a regular basis.
- The practice engaged in a scheme funded by the CCG which included four other local practices whereby an integrated care co-ordinator employed by Rutland County Council worked in the practice two days per week. This co-ordinator worked specifically with patients both in-house and in the community who suffered with long term conditions or were frail and at risk of falls and had been identified as at risk of unplanned admission to hospital.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100% which was the maximum amount of points available compared to the CCG average of 93% and the national average of 90%. (Exception reporting rate was 10% which was lower than the CCG average of 11% and the national average of 12%).
- A practice nurse who specialised in the management of diabetes held in-house group classes to provide support and advice to patients with injectable diabetic medication.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and 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 multi-disciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages for example, childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 95%.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided on-line services for patients such as to book routine appointments and ordering repeat prescriptions.
- The practice provided extended hours appointments on a Saturday.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held regular safeguarding meetings and reviewed vulnerable adults and children.

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).

- Performance for mental health related indicators was 100% which was higher than the CCG average of 97% and the national average of 94%. (Exception reporting rate was 25% which was lower than the CCG average of 30% and higher than the national average of 11%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed mixed views from patients compared to local and national averages. 217 survey forms were distributed and 138 were returned. This represented less than 1% of the practice's patient list.

- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 67% 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 79% and the national average of 79%.
- 40% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received ten comment cards which were mostly positive about the standard of care received. Two comments which were less positive were in relation to waiting times at the reception desk and access to appointments. Patients told us that staff were approachable, caring and that they were treated with dignity and respect. Patients also told us they felt involved in decisions about their care.

We did not speak with patients during the inspection. However, we spoke with one member of the patient participation group who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice collected friends and family test feedback however the overall results were not available on NHS Choices website to tell us the percentage of patients who had responded said they would recommend this practice to their friends and family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there are appropriate systems in place to properly assess and mitigate against risks including risks associated with electrical and fire safety.
- Review system in place to ensure the safe storage of blank prescriptions and monitoring of their use.

Action the service **SHOULD** take to improve

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction, including access to appointments and ease of getting through to the practice by telephone.

- Review risk assessments in place for non-clinical members of staff who do not have a DBS check in place to ensure rationale for not requiring a DBS check in place is documented.
- Review processes in place in relation to clinical audits to ensure full cycle audits are carried out to improve patient outcomes.
- Review system of appraisals to ensure all members of staff receive an appraisal at least annually.

Oakham 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 advisor and practice nurse specialist advisor and a practice manager specialist advisor.

Background to Oakham Medical Practice

Oakham Medical Practice is part of a group of three GP practices which includes a GP practice and a branch surgery in Market Overton and Somerby. Oakham Medical Practice provides primary medical services to approximately 16,059 patients who reside in Oakham and surrounding areas. The practice is located in a large purpose built health centre with staff and patient car parking available and wheelchair access. The practice is located next to a community hospital.

It is located within the area covered by NHS East Leicestershire and Rutland Clinical Commissioning Group (CCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed eight GP partners, four associate GPs, one business director, one practice manager, one nurse manager, eight practice nurses, four health care assistants, one phlebotomist, two reception team leaders, ten receptionists, six medical administrators, three secretaries, one accounts officer and

two domestic staff. The practice had successfully recruited an additional practice manager and a salaried GP who were both due to commence employment in February 2017.

The practice is open from 8am until 6.30pm Monday to Friday. The practice provides extended hours appointments on a Saturday.

The practice has General Medical Services (GMS) contract which is a contract between the GP partners and the CCG under delegated responsibilities from NHS England.

The practice has a higher number of patients aged 65 years and over. 51% of patients have a long standing health condition compared to the national average of 53%.

The practice provides on-line services for patients such as to book routine appointments, ordering repeat prescriptions and access to on line summary care record.

When the practice is closed patients are able to use the NHS 111 out of hour's service.

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 inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 January 2017.

During our visit we:

- Spoke with a range of staff such as a three GPs, business partner, practice manager, nurse manager, practice nurse, reception team leader, health care assistant, pharmacist, integrated care co-ordinator and members of the reception and administration team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed ten comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- During our inspection we reviewed five SEAs. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that a thorough analysis was carried out of all SEAs reported and lessons were shared and action was taken to improve safety in the practice. SEAs were discussed in regular multi-disciplinary team meetings.
- Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts were co-ordinated and disseminated to the practice team and these alerts were discussed in clinical meetings and a record of discussion and any actions agreed recorded in meeting minutes. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts and actions taken as a result during our inspection which showed that an effective system was in place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice Nurses were trained to level 2. We saw evidence that regular safeguarding meetings were held in the practice, the last meeting had been held in November 2016 and a review of all vulnerable children had been carried out. We also saw that guidance was in place for staff to ensure staff were aware of the reporting procedure to follow in relation to suspected female genital mutilation (FGM) and child exploitation.

- 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). Although members of the reception team were trained in chaperone, not all members of the reception team had a DBS check in place. We were assured by the practice that only HCAs would act as a chaperone. Immediately following our inspection we were provided with a revised chaperone policy and received written confirmation that only HCAs and those members of staff who had a DBS check in place would act as a chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection

Are services safe?

control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We observed daily cleaning schedules were in place.

- Suitable processes were in place for the storage, handling and collection of clinical waste.
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place 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 CCG 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 in place to monitor their use. However, during our inspection we observed a discrepancy in the security of blank prescription records. Nine blank prescription forms had been removed from a blank prescription pad for a GP and these prescriptions had not been recorded as issued in records. The practice were unable to explain this discrepancy as the GP was absent at the time of our inspection. The practice were informed this system required review.
- Five of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We observed one PGD for anaesthetic for ophthalmology which was out of date however, this was actioned during our inspection. Health Care Assistants were trained to administer vaccines and medicines against a

patient specific prescription or direction from a prescriber. There was an effective system in place for clinical supervision of the nursing team for example, each health care assistant was allocated a practice nurse as a mentor for support and guidance, there was an overall nursing manager in post to ensure clinical supervision of the nursing team on a daily basis. Clinical supervision was also available from the GPs.

- The practice held stocks of controlled drugs in two separate controlled drugs cabinets (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- During our inspection, we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- We reviewed 23 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, at the time of our inspection, two HCAs did not have a current DBS check in place. We were assured that one HCA had applied for a DBS check in November 2016 and was awaiting DBS clearance, the other HCA was in the application process. We were provided with evidence of the status of these DBS checks immediately following our inspection. We also received written assurance from the practice that until DBS clearance was received that these HCAs would work supervised due to their direct contact with vulnerable adults and children. Not all non-clinical members of staff had a DBS check in place however, the practice had completed a risk assessment for these members of staff although it did not clearly detail the rationale for not having a DBS check in place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments in place and carried out regular fire drills. A fire risk assessment highlighted that the practice required a five yearly fixed wire test of the electrical hard wiring system in the premises, this had not been carried out at the time of our inspection. We saw evidence of weekly fire alarm system checks carried out and fire drills records. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a comprehensive risk register in place and a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We saw evidence that all members of staff had undertaken a display screen equipment (DSE) assessment.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw examples of these rotas during our inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there 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. 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 in place 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

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. Overall exception reporting rate was 6%. (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 2015-16 showed:

- Performance for diabetes related indicators was 100% which was the maximum amount of points available compared to the CCG average of 93% and the national average of 90%. (Exception reporting rate was 10% which was lower than the CCG average of 11% and the national average of 12%).
- Performance for mental health related indicators was 100% which was higher than the CCG average of 97% and the national average of 94%. (Exception reporting rate was 25% which was lower than the CCG average of 30% and higher than the national average of 11%).

Community diabetes nurse specialists worked in partnership with the practice and joined weekly nurse led diabetes clinics to review the management of diabetic

patients and discuss pathways and agree joint management plans for patients. The community nurses also attended quarterly multi-disciplinary meetings GPs and practice nurses, secondary care consultants and clinical staff from other local practices to carry out complex case reviews and review clinical guidelines.

There was evidence of quality improvement including clinical audit.

The practice carried out clinical audits however, these audits were not full cycle clinical audits. We saw evidence that full cycle audits were due to be carried out. We looked at numerous audits during our inspection which included audits of contraceptive implants, minor surgical procedures and medicines management audits. We also saw evidence that the practice had carried out reviews of patient deaths, audits of new cancer diagnosis in patients and audits of patients diagnosed with type 2 diabetes.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice held regular meetings to discuss outcomes of audits carried out.
- The practice employed a clinical pharmacist who carried out medication reviews and medicines management audits for the practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes, asthma and cardiovascular disease.
- 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Four members of the nursing team had received support from the practice throughout their revalidation process. A system of appraisals was in place however, not all members of staff had received an appraisal within the last 12 months. We saw that all members of staff had previously received an annual appraisal, we were informed that appraisals were carried out in January of each year and appraisals scheduled to take place in January 2016 had not been carried out due to changes in the practice management team. We saw evidence that appraisals were scheduled to take place in January 2017 and at the time of our inspection, one appraisal had been carried out. All GPs had received an additional in-house appraisal in addition to the Royal College of General Practitioners (RCGP) appraisal. The practice had adopted the British Medical Association (BMA) GP appraisal template. The practice manager was supported with her continued professional development and was due to commence training in primary care and health management in 2017.
- 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 shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This system was also used to continually monitor patients who suffered with chronic obstructive pulmonary disease (COPD). GPs also carried out after death reviews of patients.

The practice had a traffic light system in place which was followed to continually review and plan the needs of those patients who were receiving palliative care or were at end of life to ensure their health needs were being met. This system was used during multi-disciplinary meetings which various professionals were present such as district nurses and Macmillan nurses.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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. Patients were signposted to the relevant service.
- Dietary advice was available from trained practice nurses and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 73%, which was comparable to the CCG average of

Are services effective?

(for example, treatment is effective)

78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 67% of female patients aged 50-70 years of age had attended for breast cancer screening within six months of invitation months compared to the CCG average of 79% and the national average of 74%. 65% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 61% and the national average of 56%. There were failsafe

systems in place 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages for example, childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 95%.

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the ten 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. Two comments which were less positive were in relation to waiting times at the reception desk and access to appointments.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 90% 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%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 73% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

Results from the national GP patient survey showed patients responded less positively when asked questions about their involvement in planning and making decisions about their care and treatment. Results were slightly below local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that translation 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.

Are services caring?

- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 332 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

The patient participation group (PPG) worked in conjunction with the practice to support the Carers UK national campaign week in June 2016 and invited Carers UK into the practice to raise awareness of carers in the local community and to advise patients of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Extended hours appointments were available on a Saturday.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice provided access to a Ujala translation service facility to assist patients whose first language was not English to communicate better.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.

The practice engaged in a scheme funded by the CCG which included four other local practice whereby an integrated care co-ordinator who was employed by Rutland County Council worked in the practice two days per week. This co-ordinator worked specifically with patients both in-house and in the community who suffered with long term conditions or were frail and at risk of falls and had been identified as at risk of unplanned admission to hospital. Care plans were in place for these patients and were reviewed regularly. The care co-ordinator engaged with the GPs in the practice and with other local agencies to ensure the needs of these patients were addressed such as social care needs.

The practice provided a daily outreach clinic at a local school within its medical centre which was GP led. Pupils were guaranteed same day appointments with a GP during lunchtime clinics. If a pupil was unable to attend during the lunch time clinic held at the school medical centre, pupils were able to arrange an on the day appointment either by telephone or walk in at Oakham Medical Practice. Members of the nursing team also provided telephone advice to nurses who were employed by the school medical centre on topics such as routine and travel vaccinations, infection control and asthma monitoring. GPs provided support and advice to the school in the event of disease outbreak and also provided advice to the school in relation to pastoral care and increasing mental health issues nationally amongst school age children.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8am each day. The practice provided extended hours appointments on a Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance for both GPs and practice nurses, urgent appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 40% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

The practice was aware of its low satisfaction scores particularly in relation to telephone access and held a public meeting in January 2017 to give patients an opportunity to ask questions in relation to this. We saw examples of the practice response to questions in relation to access to appointments and waiting times at the reception desk.

The practice had introduced an on-line appointment booking system for patients as an additional method of booking appointments without the need to speak to a member of the reception team. It was hoped this would improve patient satisfaction in relation to the low

Are services responsive to people's needs?

(for example, to feedback?)

satisfaction scores regarding telephone access and access to appointments. We were able to view the online booking system during our inspection and looked at the availability of appointments for all GPs and members of the nursing team such as the phlebotomist between the 17 and 31 January 2017 and saw that there was adequate appointment capacity for patients to book into.

The practice had also installed a dedicated bypass telephone number for use by care homes, hospital departments and emergency services for patients who were identified as at risk of unplanned admission to hospital to ensure the practice could be contacted in an emergency. During our inspection, we saw examples of written positive feedback from care homes which had used this dedicated telephone line and had complimented the practice on being proactive in improving communication links for care homes.

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

The practice had a system in place to assess:

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- 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, a complaints leaflet was available for patients in the reception area.

The practice held a log of all complaints received. 39 complaints had been received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary.

Are services well-led?

Good 

(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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a practice charter in place and staff we spoke with knew and understood the values.
- The practice had an effective strategy and supporting business plans in place which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. During our inspection, we looked at 13 practice policies which included business continuity, fire safety, clinical governance, health and safety and whistleblowing policies. All policies we looked at had been reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place 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. The practice had systems in place 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. The practice also held weekly clinical team meetings, safeguarding meetings, weekly executive team meetings which included partners, GPs and members of the management team and included staff from all three of the practices within the group.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had 30 members and we were informed that the PPG met periodically, carried out patient surveys and submitted proposals for improvements to the practice management team. There was also a virtual PPG in

Are services well-led?

Good 

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

place which consisted of 200 members. The virtual PPG was formed to ensure those members who were unable to attend face to face meetings were able to communicate with the PPG and received information about the practice via email. The PPG had also participated in a carers campaign held in the practice to promote information regarding support available to carers.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The

partners attended annual away days to discuss and agree the future business planning arrangements and future objectives of the practice, we noted that the last away day was held on the 25 January 2017.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had recently migrated their patient clinical record system from EMIS to SystmOne which had completed approximately one month prior to our inspection. One of the aims of this system migration was to improve access to secure patient information from other health care providers involved in patients care such as district nurses, health visitors and hospitals.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice did not have systems in place to properly assess and mitigate against risks including risks associated with electrical and fire.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying out of the regulated activity.</p> <p>The practice had not ensured the safe monitoring of the use of blank prescription forms.</p> <p>These matters are in breach of regulation 17(1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	