

# The Elms 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

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the The Elms Medical Practice on 25 November 2014. During the inspection we gathered information from a variety of sources. For example we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

We did not visit the branch surgeries at:

Allhallows Surgery

Avery Way,

Allhallows,

Rochester,

ME3 9NY.

or

Grain Surgery

Village Hall,

Chapel Road,

Grain,

Rochester,

ME3 0BY.

or

High Halstow Surgery

Recreation Hall,

The Street,

High Halstow,

Rochester.

ME3 8TW

Overall the practice is rated as requires improvement. This is because we found the practice to be good for providing caring and responsive services but it required

# Summary of findings

improvement for leadership and for providing safe and effective services. The concerns that led to the practice requiring improvement for providing safe services applied to all the population groups.

Therefore the practice requires improvement for the care of older people, people with long term conditions, for providing services to families, children and young people, working-age people, people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Staff had received training appropriate to their roles and any further training needs had been identified and relevant sessions planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to comprehend. Staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said they did not find it easy to get through to the practice on the telephone. However, they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- There had not been multi-disciplinary team meetings between the health and social care professionals to address the needs of identified patients discharged from hospital. Although the care plans we looked at in respect of these patients contained all the clinical information required there was not information for

how unplanned admissions to hospital might be avoided. The practice did not have documented end of life care plans for those patients who were receiving end of life care.

- Data showed in all the areas related to the routine management of long term conditions such as diabetes the practice had experienced a severe drop in performance. The practice had fallen from higher than average in the locality to markedly below the national average.
- The number of patients with dementia who had had a face-to-face review of their care in the preceding year was also significantly below that achieved locally and nationally.
- The arrangements for governance and performance management did not always operate effectively. And improvements were not always identified or action taken to improve the quality of care.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Carry out an assessment to determine which staff should have a criminal records check via the Disclosure and Barring Service.
- Review how patients with long term conditions are monitored.
- Ensure arrangements for clinical governance and quality assurance are in place and followed by all staff according to their job roles.

In addition the provider should:

- Review the directions provided to staff to assist them in their prescribing practice.
- Consider how the practice works with other health and social care professionals.
- Review the telephone access for patients to the practice.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. The practice should provide documented prescribing protocols for staff. The practice must risk assess which staff should have a criminal records check via the Disclosure and Barring Service.

Requires improvement



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there were areas where improvements should be made. There were completed audits of patient outcomes and evidence that audit was driving improvement in performance to improve patient outcomes. Data showed the practice was identifying patients with chronic conditions but in the management of these conditions the patient outcomes were below average nationally and locally. Some multidisciplinary working was taking place but it was poorly recorded and there was little evidence that it was effective

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to comprehend. Staff treated patients with kindness and respect, and maintained confidentiality. The needs of carers were specifically acknowledged and the practice had plans to promote them further.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients found it difficult to get through on the telephone to make appointments. However patients were satisfied with their appointments once they had been able to get through. There were urgent appointments available the same day.

Good



# Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised and learned from complaints.

## **Are services well-led?**

The practice is rated as requires improvement for being well-led. There was a clear strategy and staff was aware of this and their responsibilities. There was a documented leadership structure and most staff felt supported by management. Governance meetings were held only sporadically and were not attended by all of the staff who needed to discuss the information. The items that were discussed were sometimes not resolved and there was no further discussion about them. There was no clear mechanism to disseminate the information to these staff. The practice sought feedback from patients and had an active, although small, patient participation group (PPG).

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The concerns that led to the practice requiring improvement for providing safe services applied to this population group. Care and treatment of older people did not always reflect current evidence-based practice. The practice did not complete end of life care plans. Nationally reported data showed that outcomes for patients for conditions commonly found in older people, for example diabetes, were often well below average. Longer appointments and home visits were available for older people when needed. Patients over the age of 75 years had a named GP to oversee their care and treatment.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The concerns that led to the practice requiring improvement for providing safe services applied to this population group. There were emergency processes and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. However, structured annual reviews to check that health and care needs were being met were not being carried out for all of these patients.

Requires improvement



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The concerns that led to the practice requiring improvement for providing safe services applied to this population group. 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. Immunisation rates were in line with national performance for standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. There were emergency processes and referrals were made for children and pregnant women whose health deteriorated suddenly. There were same day appointments for children under 15 years.

Requires improvement



# Summary of findings

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The concerns that led to the practice requiring improvement for providing safe services applied to this population group. The needs of these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example by opening on Saturday mornings. The practice offered a full range of health promotion and screening that reflected the needs of this group.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The concerns that led to the practice requiring improvement for providing safe services applied to this population group. The practice held a register of patients living in vulnerable circumstances and those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments for patients with a learning disability.

**Requires improvement**



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

The practice is rated as requires improvement for the care of patients experiencing poor mental health (including patients with dementia). The concerns that led to the practice requiring improvement for providing safe services applied to this population group. The practice informed patients experiencing poor mental health about how to access support groups and voluntary organisations. It had a system to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

The percentage of patients experiencing poor mental health who received the routine physical checks, recommended for the management of their condition, was significantly below that achieved locally and nationally. The number of patients with dementia who had had a face-to-face review of their care in the preceding year was also significantly below that achieved locally and nationally.

**Requires improvement**



# Summary of findings

## What people who use the service say

We spoke with three patients and received 27 completed comment cards. All the patients were pleased with the care they had received. About a third said that it had not been easy to get through on the telephone to make appointments. Patients were satisfied with the appointment they made once they had got through. Patients said that they were seen at, or close to, the time of their appointment.

There was a survey of GP practices carried out on behalf of the NHS twice a year. In this survey the practice results were compared with those of other practices. A total of 274 survey forms were sent out and 120 were returned. The main results from that survey were:

What the practice did best

- GPs were good at listening to patients, involving them in care and gave their patients enough time.

What the practice could improve

- Patients did not find it easy to get through on the phone
- Patients found it difficult seeing or speaking to the GP of their choice.

The practice had an action plan to address some of these issues, this included reviewing staffing levels and addressing training needs.

## Areas for improvement

### Action the service **MUST** take to improve

- Carry out an assessment to determine which staff should have a criminal records check via the Disclosure and Barring Service.
- Review how patients with long term conditions are monitored.
- Ensure arrangements for clinical governance and quality assurance are in place and followed by all staff according to their job roles

### Action the service **SHOULD** take to improve

- Review the directions provided to staff to assist them in their prescribing practice.
- Consider how the practice works with other health and social care professionals.
- Review the telephone access for patients to the practice.

# The Elms Medical Practice

## Detailed findings

### Our inspection team

**Our inspection team was led by:**

a CQC inspector and a GP specialist advisor.

## Background to The Elms Medical Practice

The Elms Medical Practice is a dispensing practice located in Hoo St Werburgh in Kent covering the Hoo peninsula. It provides care for approximately 9000 patients. The practice has three branch surgeries namely High Halstow, Allhallows and the Isle of Grain. The area is a mix of rural and village environments.

The practice has a higher percentage of patients aged 65 and over than other practices nationally and a higher percentage of people living in the area claim disability allowance. The number of patients with long term medical conditions is more than the national average.

There are three partners, two male and one female. There is one female salaried GP and regular locums both male and female. There are three female practice nurses. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities. The practice is not a training practice.

The Elms Medical Practice is a purpose built surgery with eight consulting rooms and one treatment room.

Services are delivered from the central surgery at

The Elms Medical Centre

Tilley Close,

Hoo St Werburgh,

Rochester,

Kent, ME3 9AE.

And from the branch surgeries namely

Allhallows Surgery

Avery Way,

Allhallows,

Rochester,

ME3 9NY.

And

Grain Surgery

Village Hall,

Chapel Road,

Grain,

Rochester,

ME3 0BY.

And

High Halstow Surgery

Recreation Hall,

The Street,

High Halstow,

Rochester.

ME3 8TW

The practice has opted out of providing out-of-hours services to their own patients. There is information for patients on how to access the out of hours service when the practice is closed.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. This included demographic data, results of surveys and data from the Quality and Outcomes Framework (QOF). QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice.

We asked the local clinical commissioning group (CCG), NHS England and the local Healthwatch to share what they knew about the service.

The visit was announced and we placed comment cards in the practice reception so that patients could share their views and experiences of the service before and during the inspection visit. We carried out an announced visit on 25 November 2014. During our visit we spoke with a range of staff including; GP partners and salaried GPs, nursing staff, receptionists and administrators. We spoke with patients who used 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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. There was a log of significant events. We looked at one event where medicines had been given to the wrong patient. There had been an investigation and staff had been reminded of the need for care in dispensing medicines.

Staff we spoke with said there was an ethos at the practice where anyone could report concerns. We reviewed safety records and incident reports for the preceding 12 months. These showed the practice had managed incidents consistently over time and so could demonstrate a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last 12 months and we reviewed these. Significant events were discussed at the practice's clinical governance (called practice) meetings and, for those relating to medicines, at the dispensary meetings. The practice clinical governance meetings were attended only by the partners and the practice manager. Other GPs and nurses, who carried out more than half the clinical work between them, did not attend. The practice could not show how the results of learning from the meetings were disseminated to other staff.

There was evidence that individuals had learned from incidents such as staff being reminded to take more care to check the names of similar sounding medicines. We saw that there was learning from the dispensary meetings. For example we saw that stricter arrangements were put in place for the management of controlled drugs and additional checks were being made to ensure that medicines deliveries were correct when received from the supplier.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Records showed that all the GPs were trained to the appropriate level (level three) for child protection. Nursing staff we spoke with had also been trained appropriately (level two). There was a lead GP for safeguarding. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children and who was the lead for safeguarding within the practice. There were contact details for the local safeguarding teams available to staff and flow charts showing how to manage safeguarding issues.

There was a process for dealing with safety alerts. These were received by the practice manager and, if relevant, forwarded to the GPs, the nurses and the dispensary manager. The alerts had been actioned and a register of alerts contained notes such as "do not stock" about certain medicines or "copied to" followed by the initials of the relevant person. Staff were vigilant about alerts concerning individuals who tried to improperly obtain medicines from the practice. A staff member had recently recognised one such individual and reported the matter thus avoiding a potentially significant incident.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There were records kept that showed the refrigerators were maintained within the correct temperature range. There was system of stock control for refrigerated medicines. We looked at refrigerated medicines and found that they were in date. Expired and unwanted medicines were disposed of in line with regulations.

There was a system for the management of high risk medicines, which included regular monitoring in line with national guidance. Action was taken based on the results of this monitoring by calling patients in for consultation and discussion about their medicines. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed. If prescriptions were not signed before they were dispensed, staff were able to demonstrate that these were risk assessed and a process was followed to minimise risk. Although we saw that this process was working in practice, this was based on staff knowledge and training there were no written protocols to support staff.

## Are services safe?

The practice had a system to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Records showed that all members of staff involved in the dispensing process had received appropriate training. The dispensing manager regularly checked the competence of dispensary staff.

The practice had established a service for people to pick up their medicines at the practice's branch surgeries and had systems to monitor how these medicines were delivered and distributed.

### Cleanliness and infection control

Patients we spoke with told us they had no concerns about cleanliness. The treatment and consulting rooms were clean, tidy and uncluttered. The rooms were stocked with ample personal protective equipment including a range of disposable gloves, aprons and coverings. Antibacterial gel was available in the reception area for people to use and antibacterial hand wash, gel and paper towels were available in appropriate areas throughout the building.

There were cleaning schedules and cleaning records were kept. We spoke with some of the cleaners who told us of the policies and schedules they followed to ensure the cleaning was of a high standard.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and received annual updates. Records showed that the lead had carried out infection control audits. As a result of these there had been changes to the type of hand gel used and to the types of "sharps" bins used for disposing of needles and other sharp instruments.

An infection control policy and supporting procedures were available for staff to refer to, which helped them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they used these to comply with the practice's infection control policy. There were notices in the treatment rooms about the action to be taken in the event of a needle stick injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms

### Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. There were maintenance logs for equipment such as a vitalograph, a device for measuring various features of lung function. Testing of equipment depended upon staff telling the practice manager that a test was due.

### Staffing and recruitment

Records contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and criminal records checks through the Disclosure and Barring Service (DBS) had been completed for all clinical staff. Not all administrative staff had had a DBS check and there was no risk assessment to determine which administrative staff should have a DBS check.

The practice had a recruitment policy that set out the standards it followed when recruiting all staff. There were records to show that the professional registration checks for all GPs and nurses with the Nursing and Midwifery Council (NMC) or the General Medical Council (GMC) had been completed.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure that enough staff were on duty. Staff told us there had been a vacancy for a practice nurse for some time and that this had resulted in a back log of appointments to see nurses. A new nurse had been recruited and was currently going through an induction process. There was an arrangement for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. Records demonstrated that the actual staffing levels and skill mix

## Are services safe?

were in line with the planned staff deployment. Nursing staff had identified a need for emergency nurse appointments and these had been instigated a few weeks before our inspection.

### **Monitoring safety and responding to risk**

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors. There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception. There was a lock which the staff always used, on the door to the staff reception area to prevent unauthorised access. There was a maintenance book so that staff could report faults. Health and safety information was displayed for staff.

### **Arrangements to deal with emergencies and major incidents**

The practice had arrangements to manage emergencies. All staff had up to date training for basic life support, GPs and nurses every 18 months and other staff every 36 months.

We looked at the emergency medicines and emergency equipment available. These had been checked regularly and contained the medicines appropriate to deal with the kinds of emergencies, such as anaphylaxis and diabetic illness that might be expected at a GP practice. Emergency equipment was available including access to medical oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Emergency medicines were available in a secure area of the practice and all staff knew of their location.

There was a business continuity plan to deal with a range of emergencies that might impact on the daily operation of the practice. The practice had branch surgeries and the plan utilised those premises in the event of the loss of the main building. The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff had had comprehensive fire safety training in November 2102.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Care and treatment followed national best practice and guidelines. For example, the emergency medicines and equipment held by the practice were consistent with the guidelines issued by the Resuscitation Council (UK). The GPs and nurses used the guidelines from the National Institute for Health and Care Excellence (NICE) and local guidelines to deliver treatment in line with current best practice. Patients' calls were screened by receptionists to ensure that they did not need immediate referral to a GP or nurse.

There was a range of nurse appointments available to patients through a number of set clinics for chronic disease management – such as diabetes, asthma, heart disease and chronic obstructive pulmonary disease (COPD). The GPs had informal specialities, for example one GP led the practice on diabetes management. GPs and nurses we spoke with were very open about asking for and providing colleagues with advice and support and there were meetings between the nursing staff that supported this.

Data showed that the practice had a high rate of referral to secondary and other community care services. The practice accepted these were, statistically, outside the norms for referral rates and were trying to address this through peer discussion and education.

Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, managing child protection alerts and medicines management. The information was used to support the practice to carry out clinical audits.

We looked at four clinical audits that had been undertaken in the last two years, of these one was a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit. It concerned emergency hormonal contraception. The initial audit showed that patients had excellent access to emergency hormonal contraception but that GPs' and nurses'

recording of the event needed to be improved. The findings were presented to and discussed by GPs and nurses at the practice. The follow up audit showed significant improvement in four out of six areas.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the Quality and Outcomes Framework (QOF). QOF is a national performance measurement tool. For example, we saw an audit regarding the prescribing of pain relief and non-steroidal anti-inflammatory medicines. Following the audit, the GPs carried out reviews of patients who were prescribed these medicines and altered their prescribing practise, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The practice used the information collected for the QOF and reviewed performance against national screening programmes. The QOF results indicated that the practice often achieved very highly in terms of diagnosing patients with diseases such as diabetes, asthma and hypertension. In this regard the practice was amongst the best in the area.

However the QOF results also showed a lack routine management of disease in the same areas. For example, in all the areas related to the routine management of diabetes the practice had experienced a severe drop in performance. The fall off had occurred from 2012 to 2014. The practice had fallen from higher than average in the locality to markedly below the national average. This pattern was reflected in the management of other long term conditions such as chronic kidney disease, coronary heart disease, hypertension and others. This drop in performance was most noticeable in indicators which required the practice to administer a test or check some function of the patient within the last 12 (or sometimes nine) months. This seemed to indicate that patients were not having the checks at the standard intervals that the guidance for the best management of the disease indicated.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as basic life support. We were told that some of the GPs had completed their revalidation and other GPs knew when their revalidation was due. All GPs and nurses were appraised annually. Administrative staff were

# Are services effective?

(for example, treatment is effective)

appraised annually and all had received their appraisal for the year. Staff we spoke with about the appraisal process said they had found the process useful in that it had provided an opportunity to examine their performance.

The practice had a planned approach to training for staff. There was a record which showed staff and the training they had received. The records showed that essential training such as fire safety and safeguarding had been completed by all staff. Nurses had received training in the management of the long term conditions they cared for in their clinics. There was no overall training needs analysis but staff we spoke with told us of training that had been discussed with managers and agreed although it had not yet been delivered.

## Working with colleagues and other services

The practice worked with other professionals such as, district nurses, social services, GPs and other specialists. The practice used “choose and book”, the national service that combines electronic booking and a choice of place, date and time for first hospital or clinic appointments, whenever possible. The practice made many referrals by letter and fax. Referrals were sent to secretarial staff as dictation and returned to GPs, in envelopes, for signing. Referrals to the district nurse service were by fax and there was a safe procedure to help ensure they were actioned.

The practice received test results and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. There were processes to manage this correspondence and staff understood their responsibilities in relation to these. There were four GPs tasked to check results so that the results were addressed promptly. Locum GPs did not check results.

The practice was commissioned for the new enhanced service to follow up patients discharged from hospital and to prevent unplanned admissions to the hospital accident and emergency department (A&E). Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract. There were some processes to follow up patients discharged from hospital. However, there had been no multi-disciplinary team meetings (MDT meetings) between the health and social care professionals to address the needs of these patients. The care plans we looked at in respect of these patients contained all the clinical information required.

However, there was no information for patients as to how unplanned admissions might be avoided. The advice to patients who felt at risk was to call the emergency services or dial the NHS 111 service.

The practice held multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs. However, there was only one record of such a meeting and the minutes did not show in what way the needs of the patients had been addressed. The practice did not have documented end of life care plans for those patients who were receiving end of life care.

## Information sharing

All information about patients received from outside of the practice was captured electronically in the patients’ records. For example, letters received were scanned and saved into the patients’ records by the practice. The practice had systems to provide staff with the patient information they needed. Staff used an electronic patient record to coordinate, document and manage patients’ care. Staff were trained in the use of the system. Staff we spoke with liked the system, saying it was easy to use and that important information about patients was displayed prominently so they were able to recognise immediately the salient aspects of a patient’s care, such as dementia or children on the child protection register. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

## Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded. Written consent was recorded where there were intrusive procedures such as ear syringing.

Some GPs had received training in the Mental Capacity Act 2005 (MCA) and were aware of the implications of the Act. Reception staff had not received formal training in the MCA but staff we spoke with aware of the need to identify patients who might not be able to make decisions for themselves and to bring this to notice. There had been no cause to hold any “best interest” meetings for patients who lacked the capacity to make decisions.

# Are services effective?

(for example, treatment is effective)

## Health promotion and prevention

All new patients were given a health questionnaire and offered a health check with the nurse. Those on repeat medicines were referred to the appropriate specialist clinic in the first instance and to the GP if necessary. We looked at some of completed new patients' health checks and saw that they had been completed to a high standard.

There was a range of leaflets available to inform patients on health care issues. These included smoking cessation, diet and healthy living. There was more detailed information about long term conditions including mental health, cancer and asthma. There were details of organisation who were available to help patients suffering from these, and other, conditions. GPs were able to print leaflets in the course of consultations so that patients with a new diagnosis, or patients who requested it, could receive comprehensive information about their particular condition. The practice also offered NHS Health Checks to all its patients aged 40-75.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in

offering additional help. For example, the practice kept a register of all patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses (mental health problems) However, only about 70% of those had a comprehensive care plan documented in their records in the last 12 months. The practice's performance for cervical smear uptake was 79%, which was slightly worse than others in the region but was consistent with national figures.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Last year's performance for child immunisations was consistent with that of other practices locally. There had been a decline in the percentages of patients, for whom an influenza vaccination was recommended, who had received an influenza vaccination. This was consistent with the findings about the practice's QOF performance outlined above. The practice said the fall in administered influenza vaccinations was as a result of a loss of nursing staff. Since then a replacement nurse had been recruited.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, a survey of patients undertaken by the practice's patient participation group (PPG) and one patient satisfaction questionnaire sent out to patients by one of the practice's partners. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

Patients completed comment cards to tell us what they thought about the practice. We received 27 completed cards and the majority were positive about the care experienced. Patients said the service they had received was caring, they were treated with respect and that staff considered their privacy and dignity. Staff we spoke with were aware of the need to protect patient information. There was a private area where patients could talk to staff if they wished. We looked at a recent incident where patient confidentiality had been compromised. It had been investigated and changes made to the way that the fax machine was programmed in order to reduce the risk of a similar incident happening again. Staff left paper work face down so that patients at the reception desk could not accidentally see confidential information. There was a telephone situated at the back on the reception area so that staff could make calls requiring a greater need for confidentiality.

Staff always knocked and waited for a reply before entering any consulting or treatment rooms. All the consulting rooms had substantial doors and it was not possible to

overhear what was being said in them. The rooms were all fitted with window blinds as well as consulting couch curtains and patients said the doctors and nurses closed them when this was necessary.

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

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example in the areas of involving patients in their care, spending enough time with patients and listening to patients' concerns the practice consistently scored more highly than other practices locally and nationally. Patients' comment cards and the patients we spoke with reported that they felt listened to and that the care was very good.

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

There was support and information provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Reception staff explained to patients how to get access to services such as those related to their specific disability if relevant. There were notices in the waiting room and on the practice website informing patients how to access a number of support groups and organisations.

The practice actively worked to identify patients who were acting as carers for other people, whether those people were registered with the practice or not. The practice used their computerised notes system to "flag" individuals who were carers so that they could take this into account when making appointments or providing care. The practice was developing a page on its website specifically to provide information to support carers.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had a "virtual" patient participation group (PPG). This group did not meet in person but communicated electronically. The practice had written to patients, displayed posters in the surgeries and contacted patients directly to try and generate greater interest in a group but had not been successful. We communicated with two members of the PPG. We saw that the PPG had been consulted and involved in decisions. For example a recent refurbishment of one of the outlying branch surgeries had been a partnership exercise between the practice, the PPG members and the parish council. The PPG were involved in resolving complaints. Recently GPs had not attended some outlying surgeries on the planned opening days. The practice stated they were short of GPs, they were trying to recruit against a very challenging environment nationally and, that the service was available from the main site. This non attendance had been raised by the PPG and meetings were being arranged between practice, the PPG and some of the patients affected to try and understand what had happened and why.

The practice monitored potential changes to the practice population. For example they were aware of various housing developments, still in the planning stage, which if permitted would impact on how the practice needed to be configured in the future.

### Tackling inequity and promoting equality

All patients who had a diagnosis of dementia were flagged on the practice's computer system. When someone accessed these records a message came up on the screen informing the person of the diagnosis. This helped ensure that all staff were informed and aware so they could provide the relevant support to patients.

Patients with disabilities could access the practice. There was a ramp leading to the front door so that patients in wheel chairs could use it. The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

We looked at correspondence relating to the recent refurbishment of one of the outlying surgeries. The new surgery upgrade was completed with particular attention to the special needs of disabled patients.

### Access to the service

The practice telephone lines were staffed from 8.30am to 12 noon and from 4pm – 6pm Monday to Friday. The reception desk was staffed from 8.30am to 12 noon and from 2pm – 6pm Monday to Friday. There were additional hours from 9am to 12 noon on alternate Saturdays. These were particularly useful to patients with work commitments. Patients could choose which GP they wished to see. Home visit requests were triaged by GPs and then allocated to the "visiting" GP for that day or the patient contacted by telephone. Reception staff checked that all the home visits for that day had been carried out. Reception staff had a number of emergency slots that were available to patients who needed to be seen on the day. If these were used up then the calls were passed to GP for triage.

There were longer appointments available to patients who needed them, for example, patients with complex or mental health issues. The electronic patient system alerted, or flagged, to staff patients with particular needs or problems. For example, there were flags for patients who needed longer appointments, for those with dementia or for adults or children where staff needed to be aware of safeguarding issues. All children under 15 years of age were offered same day appointments.

Patients were not satisfied with the appointments system, in particular the difficulty they reported in getting through on the telephone to make an appointment. There were 10 reviews on the NHS choices website for this practice, of these nine were dissatisfied with the arrangements for making appointments. In the NHS practice survey only 32% of patients felt it was easy to get through to someone at the practice. This was about half the national average response for that question. A third of the 27 comment cards that we received mentioned the difficulty in getting through to the practice by telephone.

The issue about appointments was confined to getting through to the practice on the telephone. Nine out of 10 patients on the national survey were satisfied with their appointment once they had got through. The difficulty that patients had experienced in getting through on the

# Are services responsive to people's needs?

(for example, to feedback?)

telephone had caused some patients to complain. The GPs at the practice were aware of this, having discussed it at various practice meetings. However, the practice did not have plans to improve the telephone access for patients

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns. The practice manager was designated to deal with and investigate complaints. There were posters on display and a leaflet to help patients understand the complaints system.

We looked at seven complaints that had been received during the previous year. They were all dealt with efficiently. Patients were contacted quickly and apologies were offered where appropriate. Where there were clinical issues involved, and there were lessons to be learned, they were discussed at the practice meeting. However, only partners and the practice manager attended these meeting and it was not clear how lessons were passed on to other GPs, nurses and other staff. There had been other learning such as ensuring the staff understood what information they could pass on, what they could not and this was discussed at meetings for other staff groups. There was an annual review of complaints.

# 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

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Details of the vision and practice values were part of the practice's statement of purpose. The practice vision and values included providing patients with a high standard of personalised care, treatment and providing it in a friendly and supportive environment.

We spoke with nine members of staff who understood the practice values and knew what their responsibilities were in relation to them. We looked at minutes of a range of meetings where staff had discussed how patient centre care was delivered. The GPs and the manager said they advocated an "open door" policy and all staff told us that the GPs and practice manager were very approachable.

### Governance arrangements

We looked at a number of policies including recruitment, infection control and staff induction. These were current and staff we spoke with were aware of how they were implemented.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control, a lead for safeguarding, for education and for human resources. These roles were documented and circulated to staff who knew the roles and accountabilities within the practice.

Clinical governance and patient management were discussed in practice meetings which were scheduled every two weeks. We asked for the minutes of last three meetings and were provided with minutes of meetings dated 13/20 May 2014, 3 and 10 June 2014 and 9 September 2014. These meetings were attended by the practice manager and the partners. Others GPs and nurses did not attend. The partners only conducted about a third of the clinical GP sessions, consequently the staff having the most involvement in the clinical work of the practice were not present when patient care and clinical governance were discussed. The practice was unable to demonstrate how matters discussed at the practice meeting were fed back to GPs and nurses who did not attend. Clinical governance was a standing item at the meeting but according to the

minutes it was not discussed at any of the meetings. However some aspects of clinical governance such as significant events and patient management were discussed under those headings.

In some areas there was a lack of continuity. For example, allocation of named GPs for the over 75s was discussed in the May 2014 and June 2104 meetings, but for the September 2014 meeting the issue was not on the agenda, though there was no record of it being resolved. The issue of avoiding unplanned admissions was mentioned at all of the meetings although again without any final resolution.

In other areas the systems for governance were unclear. For example there was little control over the process of patients' referral to other providers. There were no internal systems to ensure that all patient referrals by the practice to other providers were sent and no system to follow up on referrals to help ensure that appointments had been offered to patients.

### Leadership, openness and transparency

The GPs we spoke with felt that staff were willing to speak out regarding concerns and comments about the practice. Staff told us the GPs and practice manager were very approachable. There were meetings for other groups of staff such as dispensary, reception and administrative workers. Staff we spoke with said they felt they would be listened to if they wanted to raise an issue such as safeguarding or whistleblowing.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example safeguarding, chaperoning and whistleblowing. They were up to date and staff knew where to find the policies.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had obtained and used feedback from patients from a variety of sources. There was a virtual patient participation group where issues were raised and discussed through an electronic format. The group had been consulted over the refurbishment of one of the practice's outlying surgeries. There were patient surveys, for example, a survey had shown that most patients were unaware of the practice's extended opening hours but that patients wanted to use them. The practice had therefore advertised the service in the practice leaflet, in a local monthly magazine and by asking receptionists to promote

# Are services well-led?

Requires improvement 

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

it in conversations with patients. This had resulted in an increase in the uptake of the service. However, we did not see that the practice had responded to complaints and requests for change in relation to the telephone system used by the practice.

The practice had gathered feedback from staff through staff meetings and informal feedback where they contributed to the development of the practice. This included changes to the stock of medicines and systems used at the branch surgeries as well as how to manage the disposal of archived correspondence.

## **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their professional development through training and

mentoring. Staff had been nominated for Buttercups Training; this is a National Vocational Qualification for dispensing assistants and pharmacy technicians. We looked at staff files and saw that regular appraisals had taken place. Staff we spoke with said that appraisals provided a useful forum in which to discuss their performance and any training needs.

The practice was involved in training of nursing students, final year medical students and Foundation Year 2 doctors. The quality of GP decisions was therefore often under review and GPs were scrutinised by training authorities associated with the local clinical commissioning groups and NHS England.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider has not operated effective recruitment procedures to ensure that no person is employed for the purpose of carrying on a regulated activity unless that person is of good character because the registered provider has not carried an assessment to determine which staff members ought to be the subject to a criminal record checks from the Disclosure and Barring Service.</p> <p>This was in breach of</p> <p>Regulation 21 (a) (1) Health and Social Care Act 2009 (Regulated Activities) Regulations 2010</p> <p>Which now corresponds to</p> <p>Regulation 19 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Maternity and midwifery services	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider has not operated effective recruitment procedures to ensure that no person is employed for the purpose of carrying on a regulated activity unless that person is of good character because the registered provider has not carried an assessment to determine which staff members ought to be the subject to a criminal record checks from the Disclosure and Barring Service.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of

Regulation 21 (a) (1) Health and Social Care Act 2009 (Regulated Activities) Regulations 2010

Which now corresponds to

Regulation 19 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered provider has not operated effective recruitment procedures to ensure that no person is employed for the purpose of carrying on a regulated activity unless that person is of good character because the registered provider has not carried an assessment to determine which staff members ought to be the subject to a criminal record checks from the Disclosure and Barring Service.

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Regulation 21 (a) (1) Health and Social Care Act 2009 (Regulated Activities) Regulations 2010

Which now corresponds to

Regulation 19 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had failed to take the proper steps to ensure that each patient was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of—

# Requirement notices

(a) the carrying out of an assessment of the needs of the patient;

and

(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—

(i) meet the patient's individual needs,

(ii) ensure the welfare and safety of the patient and

(iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.

Because the registered person had not ensured that patients with long term conditions were having the health checks at the intervals that the guidance for the best management of their disease indicated.

Because the registered person had not ensured that end of life care for patients was planned to meet their individual needs

This was in breach of

Regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010,

Which now corresponds to

Regulation 9 (1) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Regulated activity

Treatment of disease, disorder or injury

## Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The registered person had failed to take the proper steps to ensure that each patient was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of—

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(ii) ensure the welfare and safety of the patient and

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Which now corresponds to

Regulation 9 (1) (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to protect patients against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—

This section is primarily information for the provider

## Requirement notices

(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and

(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

Because the registered person has failed to ensure arrangements for clinical governance and quality assurance are in place and followed by all staff according to their job roles.

This was in breach of

Regulation 10 (1) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Which now corresponds to

Regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Maternity and midwifery services

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to protect patients against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—

(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and

This section is primarily information for the provider

## Requirement notices

(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

Because the registered person has failed to ensure arrangements for clinical governance and quality assurance are in place and followed by all staff according to their job roles.

This was in breach of

Regulation 10 (1) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Which now corresponds to

Regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to protect patients against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to—

(a) regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and

(b) identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

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Regulation 10 (1) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

Which now corresponds to

Regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.