

The Vineyard Surgery


Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Vineyard Surgery on 27 October 2014. The overall rating for the practice was requires improvement. We identified breaches of regulations relating to staffing and the monitoring of safety and we issued requirement notices in relation to these breaches. Following the initial inspection the practice submitted an action plan outlining how they intended to address the breaches of regulation identified.

On 20 December 2016 we carried-out a follow-up announced comprehensive inspection at the practice. During this inspection we found that the issues identified during the previous inspection had been addressed; however, we identified further regulatory breaches in respect of the safety, effectiveness, caring, and leadership at the practice. We issued requirement notices in relation to breaches of Regulation 17 (Good governance) and 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The full comprehensive reports on both inspections can be found by selecting the 'all reports' link for The Vineyard Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- Staff had the skills and knowledge to deliver effective care and treatment and a concise competency framework have been introduced for non-medical prescribers.
- Following the previous inspection in December 2016, security arrangements had been put in place to ensure that medicines and blank prescription stationery was securely stored.
- The practice had a good understanding of their performance, and had put processes in place following the previous inspection to improve. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to local and national averages.

Summary of findings

- The practice had considered the results of the most recent patient satisfaction survey, but their action plan did not address concerns about the nursing service.
- During the December 2016 inspection we found that patient consent to treatment such as childhood immunisations was not always recorded in records. During the re-inspection we reviewed a sample of records and found that a record of consent had been made in all cases; however, in some records of childhood immunisations, there was no record of the identity of the person giving consent.
- Clinical audits demonstrated quality improvement.
- During the December 2016 inspection we found that there was a lack of consistency amongst staff about the process for chaperoning. When we re-inspected, we found that all staff we interviewed who acted as chaperones were clear about the process and all confirmed that they would stand inside the privacy curtain during examinations.
- During the December 2016 inspection we found that there was no record kept of cleaning completed by cleaners, and that the practice's Infection Prevention and Control (IPC) lead was not up to date with IPC training. When we re-inspected we found that a log of cleaning had been put in place, and that the IPC lead was up to date with training; however, the practice did not keep a log of the cleaning of small clinical equipment. A recent IPC audit had been completed at the practice, and staff were in the process of considering the recommendations made.
- During the December 2016 inspection we noted that the practice had arrangements in place to provide language translation during consultations; however, this was not advertised in the waiting area. When we re-inspected we found that information was available about this service.
- During the previous inspection in December 2016 we found that the practice had identified 21 patients as carers, which represented less than 1% of the practice list. When we returned to the practice we found that

there were 18 carers on their carers register. The practice had assigned a member of staff as a carers' champion, with a view to increasing the profile of the support offered to patients.

- During the previous inspection we found that complaints about the practice were not always responded to in line with the practice's complaints procedure. When we re-inspected we found that the practice had received one complaint since the last inspection, and this had been investigated and responded to in line with the practice's complaints procedure. We noted that responses to complaints were co-ordinated centrally by the group manager to ensure consistency of approach and to enable shared learning across all four of the provider's sites.
- The practice had assessed the needs of their local community, and was in the process of developing projects to address the needs of vulnerable patients. For example, they were about to begin donating GP time to a local charity for homeless people, to enable these patients to access medical care.

Areas where the practice should make improvements:

- Take action to further identify patients with caring responsibilities in order that these patients can be offered support.
- Consider the infection risks associated with the use of clinical equipment and machinery (such as stethoscopes and ear irrigators) and ensure that processes are in place to evidence that these risks have been mitigated.
- Monitor patient satisfaction of the nursing service to assess whether any further changes or improvements are required.
- Ensure that complete information is included in records of patient consent.

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?

At our previous inspection on 20 December 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the supervision of nurse prescribers, recording of significant events, arrangements for chaperoning, infection prevention and control (IPC), security of patient information and prescriptions, administering medicines, and monitoring stocks of emergency medicines were not adequate.

When we re-inspected the practice on 3 October 2017 we found that these issues had been addressed. The practice is now rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had introduced a comprehensive risk assessment and competency framework for nurse prescribers.
- All staff who acted as chaperones were trained for the role and were clear about the process and their responsibilities.
- The IPC lead was trained for the role and the practice had put in place a log of high-level cleaning undertaken by the cleaner; however, the practice did not keep a log of the cleaning of small clinical equipment and machinery. A recent IPC audit had been completed at the practice, and staff were in the process of considering the recommendations made.
- The practice had improved the security of blank prescription sheets and pads by installing lockable cupboards in each of the consultation rooms to store these overnight; however, consultation room doors could not be locked. The main stock of blank prescriptions was stored in a lockable walk-in cupboard, which was not in line with guidance; the practice installed a lockable unit within this cupboard immediately following the inspection. At the time of the inspection the staff area behind the reception desk was kept unlocked when the

Good



Summary of findings

practice was open, which could potentially leave staff and patient information vulnerable; however, following the inspection the practice provided evidence that a combination lock had been fitted to this door.

- Emergency medicines at the practice were stored securely and there were processes in place to monitor these.

Are services effective?

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for providing effective services as outcomes data for the practice showed that the practice had exceeded a higher proportion of patients from the Quality Outcomes Framework than local and national averages, which meant that a significant proportion of patients had not received monitoring of their long-term conditions. We also found that the practice had failed to assess the competence of nurse prescribers, that some staff were unclear about the relevant consent and decision-making requirements of legislation and guidance, and that the practice had failed to address the below-average uptake by patients of national screening programmes.

The practice is now rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average and that their exception reporting rate had significantly decreased, putting them in line with local and national averages.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment and a concise competency framework have been introduced for non-medical prescribers.
- The practice had introduced processes in order to encourage patients to attend for cervical screening, bowel and breast screening and for childhood immunisations. At the time of the re-inspection data was only available for cervical screening; this showed that the practice's uptake had increased and their exception reporting rate had decreased.

Good



Are services caring?

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for providing caring

Good



Summary of findings

services, as they had failed to address areas of below-average satisfaction from the National GP Patient Survey, and arrangements in place to identify and support carers were not always effective.

These arrangements had improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing caring services.

- During the previous inspection we found that results from the national GP patient survey showed scores relating to the treatment provided by nurses was below local and national averages. The practice explained that they felt that this was due to a lack of nursing provision at the practice. When we re-inspected, we found that the practice had recruited a new nurse, who was being trained in practice nursing, having had a background in another specialism. Due to the time taken for this training, the nursing provision at the practice was still in the process of being embedded at the time of the follow-up inspection in October 2017, and therefore, there had been no notable improvement in patient satisfaction. The practice told us that they had analysed the outcome of the most recent survey and put in place an action plan to address areas of below average patient satisfaction; however, this only addressed issues relating to patient access to the service and did not address issues relating to the nursing service.
- During the previous inspection we found that the practice had identified 21 patients as carers, which represented less than 1% of the practice list. When we returned to the practice we found that there were 18 carers on their carers register. The practice had assigned a member of staff as a carers' champion, with a view to increasing the profile of the support offered to patients at the practice.

Are services well-led?

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for being well led as the leadership team did not have a good understanding of the performance of the practice or oversight of risk.

These arrangements had improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing well led services.

Good



Summary of findings

- Following the previous inspection, the practice had completed an in-depth risk assessment of prescribing by non-medical prescribers and had introduced a comprehensive competency framework to ensure that these staff had the knowledge and experience to prescribe.
- During the previous inspection we found that the practice was unaware of their high QOF exception reporting rate and did not have a plan in place to address this. When we re-inspected we found that the practice had taken action to address their high exception reporting rate and that the most recently published figures showed their exception reporting was comparable with local and national averages.
- The practice was working with a pharmacist from the Clinical Commissioning Group (CCG) to undertake clinical audits and introduce improvements as a result.
- We saw evidence that the practice was engaging with patients in order to learn from complaints, incidents and feedback.
- The provider group had a programme of meetings and events which were open to staff across the four practices. These included educational events for clinical staff, cross-site training days and an annual “Roadshow”, which was an opportunity for all staff to get together and included discussions about the group’s vision and strategy.
- The practice was in the process of establishing a Patient Participation Group and at the time of the inspection had held an initial meeting with patients who were interested in joining.

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 provided to older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice's achievement for the management of conditions typically found in older people was comparable to local and national averages; for example, the percentage of patients with hypertension who had well controlled blood pressure was 86% compared to a CCG and national average of 83%.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall, performance for diabetes related indicators was above the CCG and national average. The practice achieved 100% of the total QOF points available, compared with an average of 95% locally and 91% nationally. Their exception reporting rate had reduced during the 2016/17 reporting year and was below the national average for 7 out of 10 indicators.
- The practice had conducted an annual asthma review for 81% of patients, which was better than the local and national average of 76%.
- 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 multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Cervical screening had been carried-out for 81% of women registered at the practice aged 25-64, which was comparable to the CCG and national average of 81%.
- 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 and health visitors.

Working age people (including those recently retired and students)

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

- 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 and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice had recorded a comprehensive care plan for 95% of patients who were diagnosed with schizophrenia, bipolar affective disorder and other psychoses, compared to a CCG average of 93% and national average of 87%.
- The practice had recorded a comprehensive care plan for 92% of patients diagnosed with dementia, compared to the CCG average of 86% and national average of 84%.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

The Vineyard Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an expert by experience.

Background to The Vineyard Surgery

The Vineyard Surgery provides primary medical services in Richmond to approximately 4000 patients and is one of 31 practices in Richmond Clinical Commissioning Group (CCG). The practice is run by a partnership of six GPs who run three other practices in neighbouring CCGs.

The practice population is in the least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 5%, which is lower than the CCG average of 9%, and for older people the practice value is 11%, which is the same as the CCG average. The majority of the practice's patient population are aged between 25 and 50 years, and they also have a high proportion of children aged up to 10 years. The proportion of patients aged 10 to 24 years and 50+ years is significantly lower than the national average. Of patients registered with the practice, the largest group by ethnicity are white (87%), followed by Asian (6%), mixed (4%), other non-white ethnic groups (2%), and black (1%).

The practice operates from a two-storey converted residential premises. The reception desk, waiting area, and three consultation rooms are situated on the ground floor. The practice manager's office, one consultation room and staff kitchen are situated on the first floor.

The practice team at the surgery is made up of one full time male principle GP who is a partner in the provider organisation; in addition, two part time female salaried GPs are employed by the practice. In total 18 GP sessions are available per week. The practice also employs one part time female nurse practitioner who provides a total of one clinical session and one administrative session per week, and one part time female nurse. The clinical team are supported by the Group General Manager who works across all sites, a site manager, a trainee manager, three reception staff and two administrative staff.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are from 8am to 1pm every morning, and 1:30pm to 6:30pm every afternoon. Extended hours surgeries are offered between 7:30am and 8am and between 6:30pm and 7:30pm on Tuesdays. Patients can also access appointments from 8am to 8pm, seven days a week, at one of the CCG's hub practices.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; maternity and midwifery services; treatment of disease, disorder or injury; surgical procedures; and family planning.

Detailed findings

Why we carried out this inspection

We carried out an announced comprehensive inspection at The Vineyard Surgery on 27 October 2014. The overall rating for the practice was requires improvement. We identified breaches of regulations relating to staffing and the monitoring of safety and we issued requirement notices in relation to these breaches. Following the initial inspection the practice submitted an action plan outlining how they intended to address the breaches of regulation identified.

On 20 December 2016 we carried-out a follow-up announced comprehensive inspection at the practice. During this inspection we found that the issues identified during the previous inspection had been addressed; however, we identified further regulatory breaches in respect of the safety, effectiveness, caring, and leadership at the practice. We issued requirement notices in relation to breaches of Regulation 17 (Good governance) and 18 (Staffing). We also issued a notice of proposal to place restrictions on the practice's registration in respect of issues of safety; the practice responded to this and provided evidence of measures they had introduced to address the issues we had raised, and as a result the proposal was withdrawn.

The full comprehensive reports on both inspections can be found by selecting the 'all reports' link for The Vineyard Surgery on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 3 October 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including the group practice manager and the site manager, GPs, nursing staff and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

Are services safe?

Our findings

At our previous inspection on 20 December 2016, we rated the practice as inadequate for providing safe services as the arrangements in respect of the supervision of nurse prescribers, recording of significant events, arrangements for chaperoning, infection prevention and control, security of patient information and prescriptions, administering medicines, and monitoring stocks of emergency medicines were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

During the December 2016 inspection we found that, whilst the practice had processes in place to report, record and learn from significant events, the threshold for recording an incident as a significant event was set too high to appropriately capture safety incidents, and therefore, opportunities for learning could be missed. We also found that not all staff were aware of the process for recording significant events.

When we returned to the practice on 3 October 2017 we found that significant improvements had been made to the process of reporting, sharing and learning from significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- The provider also monitored trends in significant events and evaluated any action taken. We saw evidence that significant events were discussed in cross-site meetings, such as weekly partners meetings and quarterly site manager meetings, which allowed for learning to be shared throughout the group.

Overview of safety systems and process

During the previous inspection in December 2016 we found that the arrangements for managing medicines, including emergency medicines and vaccines in the practice were inadequate to keep patients safe. When we returned to re-inspect we found that these issues had been addressed.

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

- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The security of blank prescription forms had improved since the last inspection. Since we last inspected, the practice had installed lockable cupboards in each consultation room and blank prescription sheets were removed from printers every evening and locked away. There were processes in place to record the receipt and distribution of blank prescription sheets; these were stored in a lockable walk-in cupboard, but this cupboard was not within a lockable room, as recommended by national guidance. Immediately following the inspection, the practice installed a lockable cupboard in the walk-in cupboard for the storage of prescription sheets and pads, and they provided evidence of this.
- During the previous inspection we found that the practice had failed to complete an assessment of competence to assure themselves that their nurse prescribers had the skills and knowledge to perform their role in diagnosing and prescribing for patients presenting with any acute condition. Following that inspection, the practice had developed a competence

Are services safe?

and assessment framework for non-medical prescribers. We discussed this with relevant staff during the follow-up inspection in October 2017, who confirmed that the new framework had been effectively embedded.

- During the previous inspection we found that practice staff were administering medicines without appropriate Patient Specific Directions (PSDs) being in place (PSDs are written instructions from a qualified and registered prescriber for a medicine, including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). When we returned to the practice in October 2017 we found that all appropriate paperwork was in place.

Monitoring risks to patients

During the December 2016 inspection we found that consultation rooms were left unlocked when vacant (including overnight), including rooms containing medicines and blank prescription sheets. Staff also told us that they did not always remove their NHS Smart Card from their computer before leaving it unattended.

When we returned to the practice on 3 October 2017 we found that the practice had addressed some of these security issues.

- The practice had installed lockable cupboards in consulting rooms to store blank prescription sheets overnight; however, the consultation room doors did not have locks.

- Emergency equipment and medicines were stored securely.
- The staff-side of the reception area was not secure, as this was accessed from a hallway which was accessible to patients and the door did not have a working lock. Patient records were stored in this area, and whilst these were locked away in a secure cupboard overnight, the cupboard was kept unlocked when the practice was open. We noted that confidential patient information placed on the desk behind the reception window could be viewed from the patient side. Following the inspection the practice provided evidence that a combination lock had been fitted to the door to the reception area, and that a risk assessment had been completed to identify and address the security of patient information in the reception area.

Arrangements to deal with emergencies and major incidents

During the December 2016 inspection we found no evidence that stocks of emergency medicines were being regularly checked.

When we returned to the practice on 3 October 2017 we found that emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date; the practice had a record of expiry dates of emergency medicine and completed monthly checks of emergency medicines and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for providing effective services, as outcomes data for the practice showed that the practice had exceeded a higher proportion of patients from the Quality Outcomes Framework than local and national averages, which meant that a significant proportion of patients had not received monitoring of their long-term conditions. We also found that the practice had failed to assess the competence of nurse prescribers, that some staff were unclear about the relevant consent and decision-making requirements of legislation and guidance, and that the practice had failed to address the below-average uptake by patients of national screening programmes.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

During the December 2016 inspection we found that 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). At the time of the inspection the most recent published results (2015/16) showed that the practice had achieved 100% of the total number of points available. However, the practice's overall exception reporting rate was 17%, compared to a CCG average of 7% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Shortly after the follow-up inspection data for the 2016/17 reporting year was published. This showed that the practice's overall clinical exception reporting rate had reduced to 8%, compared to a CCG average of 7% and national average of 10%.

- For 2015/16 the practice's overall exception reporting rate for diabetes indicators was 24% (compared to a CCG average of 9% and national average of 11%). For 2016/17 the practice's exception reporting rate had reduced for every diabetes indicator and overall exception reporting for diabetes was 15%.
- For 2015/16 the practice's overall exception reporting rate for mental health indicators was 18% (compared to a CCG average of 10% and national average of 11%). For 2016/17 the practice's exception reporting rate had reduced for every mental health indicator and overall exception reporting for mental health was 5%.

At the time of the previous inspection in December 2016 we found that the practice had completed clinical audits, but there was little evidence of these being used to drive quality improvement.

When we returned to the practice in October 2017 we found that the practice was working with a pharmacist from the Clinical Commissioning Group (CCG), who had been reviewing their prescribing and completing audits as necessary.

- There had been two clinical audits (one relating to the prescribing of methotrexate and one on the prescribing of glucose testing strips for diabetic patients) and one audit of the use of local services commenced since the previous inspection and plans were in place for all of these audits to be re-run.
- The practice used audit to identify opportunities to improve services; for example, following their audit of the use of out-of-hours services by children, they had put plans in place to educate parents about the most appropriate place to seek treatment for their children when the surgery was closed. They planned a re-audit in order to measure the impact of this.

Effective staffing

During the inspection in December 2016 we found that overall, staff had the skills, knowledge and experience to deliver effective care and treatment; however, we found that the practice had failed to take measures to assure themselves that all staff were operating within their scope of competence. We found that the practice had nursing staff who had qualified as independent nurse prescribers, which allowed them to prescribe any medication within the scope of their competence. We reviewed the qualifications of one of the nurse practitioners and found that they had

Are services effective?

(for example, treatment is effective)

completed specific training in diabetes care, contraception and travel health. Their scope of practice stated that they could prescribe in these areas and also for all chronic disease management and “acute undefined illness”; however, there was no evidence that the practice had ensured that they were competent to prescribe so broadly.

Following the inspection, the practice had completed a risk assessment of the role of nurse prescribers, and had used this as a basis to develop a competency framework for these staff members. The competency framework outlined the skills and experience that non-medical prescribers should possess in order to carry-out their role. We saw an example of a completed assessment and discussed the process with relevant staff, who confirmed that the framework had been well embedded.

Consent to care and treatment

During the previous inspection in December 2016 we found that overall, staff were aware of their responsibility to seek patients’ consent to care and treatment in line with legislation and guidance; however, we found some examples of staff being unclear about the relevant consent and decision-making requirements of legislation and guidance, and of staff failing to record consent being given in patients’ notes.

When we returned to the practice in October 2017 we found that all staff we spoke to had a good understanding of consent issues in decision-making. We viewed 10 examples of patient records of childhood immunisations being given. We found that in all cases consent was recorded; however, in two of the records we viewed there was no record of the identity of the person providing the consent.

Supporting patients to live healthier lives

At the time of the previous inspection in December 2016 the most recently published data (2015/16 reporting year) showed that cervical screening had been carried-out for 83% of women registered at the practice aged 25-64, which was comparable to the CCG average of 82% and national average of 81%; however, the practice’s exception reporting rate was 10%, compared to a CCG average of 6% and national average of 7%. We found that, whilst the practice suspected that this was due to a large proportion of their patients attending for screening privately elsewhere, they had failed to ensure that this was the case. Data for the 2016/17 reporting year was published shortly after the follow-up inspection. This showed that cervical screening had been carried-out for 81% of eligible patients, which was the same as the local and national average. The practice’s exception reporting rate was 6%, compared to a local and national average of 7%.

At the time of the previous inspection, the uptake for the practice’s patients for breast and bowel cancer screening was below the local and national average. During the re-inspection the practice explained that they had begun contacting patients by phone or letter if they failed to attend appointments for bowel or breast cancer screening; however, at the time of the re-inspection there was no updated data available to demonstrate whether this had been successful.

During the previous inspection we found that childhood immunisation rates were below average for all but one of the standard childhood immunisations. At the time of the re-inspection there was no updated data available relating to childhood immunisation; however, the practice informed us that for the current reporting year (ending in March 2018) they were just below the 80% target for all childhood immunisations.

Are services caring?

Our findings

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for providing caring services, as they had failed to address areas of below-average satisfaction from the National GP Patient Survey, and arrangements in place to identify and support carers were not always effective.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During the previous inspection we found that results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect by GPs; however, scores relating to nurses were below local and national averages. The practice explained that they felt that this was due to a lack of nursing provision at the practice. The practice had encountered difficulties in recruiting a practice nurse, which was reflective of the national shortage of practice nurses. In order to address this, they had recruited a nurse from a different specialty and had invested in training them to qualify as a practice nurse. Due to the time taken for this training, the nursing provision at the practice was still in the process of being embedded at the time of the follow-up inspection in October 2017, and therefore, there had been no notable improvement in patient satisfaction. For example:

- 82% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%. This was a 2% increase since the last inspection.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and national average of 91%. This was the same as the achievement at the time of the last inspection.
- 80% of patients said that the last nurse they spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 89%. This was the same as the achievement at the time of the last inspection.

The practice explained that they had analysed the outcome of the most recent survey. We saw a copy of their action plan to address areas of below average patient satisfaction; however, this only addressed issues relating to patient access to the service and did not address issues relating to the nursing service.

Patient and carer support to cope emotionally with care and treatment

During the previous inspection we found that the practice had identified 21 patients as carers, which represented less than 1% of the practice list. When we returned to the practice we found that there were 18 carers on their carers register. The practice had assigned a member of staff as a carers' champion, with a view to increasing the profile of the support offered to patients at the practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 20 December 2016, we rated the practice as requires improvement for being well led as the leadership team did not have a good understanding of the performance of the practice or oversight of risk.

These arrangements had significantly improved when we undertook a follow up inspection on 3 October 2017. The practice is now rated as good for providing well led services.

Governance arrangements

During the previous inspection in December 2016 we found that the practice had an overarching governance framework which supported the delivery of the strategy; however, there were areas where the practice's performance was not well understood.

- During the previous inspection we found that there were not always adequate arrangements in place for the practice to assure itself that staff were working within their scope of competence. When we re-inspected in October 2017 we found that the practice had in place a comprehensive risk assessment for non-medical prescribers and had developed a detailed competency framework for these staff.
- During the previous inspection we found that the practice was unaware of their high QOF exception reporting rate and did not have a plan in place to address this. When we re-inspected we found that the practice had taken action to address their high exception reporting rate and that the most recently published figures showed their exception reporting was comparable with local and national averages.
- During the previous inspection we found that clinical and internal audit was undertaken; however, there was no evidence that this was used to monitor quality and to make improvements. When we re-inspected in October 2017 we found that the practice was working with a pharmacist from the Clinical Commissioning Group (CCG), who had been reviewing their prescribing and completing audits as necessary. There was evidence that the practice used audit to identify opportunities to improve services; for example, following their audit of the use of out-of-hours services by children, they had

put plans in place to educate parents about the most appropriate place to seek treatment for their children when the surgery is closed. They planned a re-audit in order to measure the impact of this.

Leadership and culture

During the previous inspection in December 2016 we found that processes in place to ensure that the practice complied with its duty of candour were not effective (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).

- When we returned to the practice in October 2017 we viewed examples of significant events and complaints relating to the practice. We saw evidence that the practice had put processes in place to ensure that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice was also keen to engage with patients who had particular experiences or insight which the practice could use to improve their services and we were given an example of patients being invited to speak at an educational meeting for clinical staff about issues they had experienced.

During the previous inspection in December 2016 we found that some staff felt that they were not fully involved in the running of the practice. When we returned to the practice in October 2017 we saw evidence that the provider group's management team had put in place arrangements to improve communication across the four practices within the group and to increase staff morale.

- The provider group had a programme of meetings and events which were open to staff across the four practices. These included educational events for clinical staff, cross-site training days and an annual "Roadshow", which was an opportunity for all staff to get together and included discussions about the group's vision and strategy.
- The provider group had introduced a system of staff recognition and reward, which included awards for the staff member of the quarter and annual awards, which were presented at the annual "Roadshow".

Are services well-led?

Good 

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

- A new site manager had been recruited to manage staff at the practice. We saw evidence that the manager carried-out monthly staff meetings with staff working at the site and staff confirmed that they had daily discussions with the manager about the running of the service.

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

During the previous inspection in December 2016 we found that the practice did not have an established Patient Participation Group (PPG). When we returned to the practice in October 2017 we found that the new site manager was in the process of establishing a PPG.

- At the time of the follow-up inspection, the practice had held an initial meeting with patients who were interested in joining the PPG. The practice had plans in place in order to expand the group, including introducing a virtual group for patients who were unable to attend meetings.

Continuous improvement

At the time of the re-inspection in October 2017, the provider had recently appointed a new site management team at the practice, with the intention of improving and expanding the service provided to patients and ensuring that the service is run efficiently.

Having put in place a new management team, the practice was in the process of making plans to develop the service. In order to do this, they had assessed the needs of the local community, in collaboration with local stakeholders. For example, there was a significant homeless community in the local area, due to a homeless charity being located nearby. The practice had a number of homeless patients registered; however, they had noted that some homeless people were reluctant to register with a GP practice, and therefore, they found it more difficult to access medical care. In order to address this, the practice were in the process of setting up an arrangement with the charity whereby they would donate clinical hours by attending the charity's premises to provide clinical consultations to the individuals there. They had also committed to donating resources, such as flu vaccines. The practice was intending to contact other local practices to invite them to also donate clinical time.