

Lowther Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 a previous announced inspection of this practice on 4 August 2015. Breaches of legal requirements were found. Overall, we rated the practice as inadequate.

After the comprehensive inspection the practice wrote to us to say what they would do to address four identified breaches of regulation. The practice underwent a focused inspection on 27 January 2016 to check whether the provider had taken steps to comply with the legal requirements for three of the four breaches (The date by which the provider had to comply with legal requirements for the fourth warning notice had not been reached at the time of that inspection). It was found that improvements had been made.

We undertook this comprehensive inspection on 31 March 2016 to check that the practice had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection and our focused inspection by selecting the 'all reports' link for Lowther Medical Centre on our website at www.cqc.org.uk.

Overall the practice is rated as good.

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

- The practice had taken action to address the concerns raised at the comprehensive CQC inspection in August 2015. They had developed a clear vision, strategy and plan to deliver high quality care and promote good outcomes for patients.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to monitor and seek methods of improving patient access to the practice, both in terms of access by telephone and access to appointments.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. The practice had taken action to address the concerns raised during our previous inspection in August 2015. They had:

- Improved the approach to recording and responding to significant events.
- Put in place arrangements to ensure safety alerts were identified and acted upon.
- Undertaken appropriate checks on new staff employed by the practice.
- Improved the management of medications in the practice, including removing controlled drugs from the premises.
- Undertaken a thorough re-evaluation of infection control at the practice, with the help of infection control specialists from a local hospital trust. We saw there were now appropriate systems in place to control the risk of infections, and staff had received training in infection prevention and control.

Good



Are services effective?

The practice is rated as good for providing effective services. The practice had shown improvement from the previous inspection in August 2015.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The number of completed two-cycle audits had increased. Clinical audits now demonstrated quality improvement.
- There was now evidence of appraisals and personal development plans for all staff.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey, published in January 2016, showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. The practice had shown improvement from the previous inspection in August 2015. However, there remained areas where the practice could improve further.

- Some patients told us they found it difficult to get through to the surgery by phone or make an appointment. Results from the National GP Patient Survey related to access to appointments and telephone access were also below national averages. The practice was aware of patient concern in this area and had taken steps to improve.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. The practice had also worked closely with the local medical committee (LMC) to provide weekly actions plans to address the concerns raised at the previous inspection in August 2015.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice ran a nurse and GP-led triage system for open access appointments from 8 am each morning.

Requires improvement



Are services well-led?

The practice is rated as good for being well-led. The practice had shown improvement from the previous inspection in August 2015.

Good



Summary of findings

- The practice now had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was now a clear leadership structure and staff felt supported by management. The practice had implemented a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Risk assessments which had not been completed at the last inspection in August 2015, such as those relating to health and safety and fire, were now in place.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which was acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels and a desire to continue building on the improvements made since the inspection in August 2015.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in their 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 employed a care co-ordinator. Emergency admissions and accident and emergency attendances of patients on the care co-ordinator's caseload had dropped in the past 12 months, while the number of referrals to other healthcare providers for these patients had risen from 96 to 143.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average. For example, 95% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months from April 2014 to March 2015) of 140/80 mmHg or less, compared to a national average of 78%.
- 92% of patients with asthma, on the register, had had an asthma review in the preceding 12 months (April 2014 to March 2015) that includes an assessment of asthma control using the 3 RCP questions, compared to the national average of 75%. At inspection in August 2015 the practice was below average for their performance related to asthma.
- 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.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.6% to 100% and five year olds from 79.5% to 100% (CCG averages 83.3% to 96.7% and 72.5% to 97.9% respectively).
- The practice operated a “sick child protocol” which allowed clinical staff to assess patients in a standardised way and to ensure that they received appropriate care quickly.
- 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.
- Children and babies could be seen urgently and appointments were available outside of school hours. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services they offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of regular working hours, and a nurse-led triage system was operated from 7.30am from Monday to Friday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients who needed them. Annual reviews for patients with learning difficulties could be held on Saturdays to help those in day care to attend.
- 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.

People experiencing poor mental health (including people with dementia)

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

- 93% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months (April 2014 to March 2015) compared to a 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.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP patient Survey results, published in January 2016, showed the practice scored well for questions relating to patient care, but remained below local and national averages in other areas. 267 survey forms were distributed and 106 were returned. This represented a 39.7% response rate and approximately 1% of the practice's patient list.

- 92% say the last GP they saw or spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 97% say the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 76%).
- 78% of patients described the overall experience of this GP practice as good (CCG average 88%, national average 85%).
- 28% of patients found it easy to get through to this practice by phone (CCG average 81%, national average 73%).
- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area (CCG average 81%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. All staff groups were praised for their caring approach to patients. Many of the cards noted that the practice was clean and hygienic. There were two cards which mentioned difficulty in getting appointments, while one card that said the practice was having success with regard to appointments.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, five of the patients we spoke to did also express concerns about being able to book appointments.

The practice's Friends and Family Test for December 2015 to February 2016 showed that 62% of patients said they would be likely or highly likely to recommend the practice. The Patient Participation Group also conducted their own survey into patient satisfaction in January 2016. From a sample of 27 patients they found that patients rated caring aspects of the practice (such as explanation of health problems by the doctor) as good to very good, while getting an appointment was rated as fair to poor.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and seek methods of improving patient access to the practice, both in terms of access by telephone and access to appointments.

Lowther Medical Centre

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, a second CQC inspector, and a practice manager specialist adviser.

Background to Lowther Medical Centre

The practice is based within Lowther Medical Centre in the centre of Whitehaven, Cumbria.

The practice serves people living in and around the Whitehaven area. The practice provides services to patients from one location: 1 Castle Meadows, Whitehaven, Cumbria, CA28 7RG. We visited this address as part of the inspection.

The practice is located in a purpose built building and provides services to patients at ground and first floor levels. They offer on-site parking including disabled parking, accessible WC's and step-free access. A passenger lift is available for patients to use to access the consulting rooms on the first floor. They provide services to approximately 10,890 patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The practice has three GP partners and plus two salaried GPs (one male, four female). There are also two nurse practitioners (both female), four practice nurses (all female), one healthcare assistant (female), two phlebotomists, a practice manager, a care co-ordinator, a clinical interface manager and 17 full and part-time reception and administrative support staff.

The practice is open between 7.30am and 6.30pm Monday to Friday. Telephones are answered from 8am until 6.30pm on these days. Outside of these times, a pre-recorded message directs patients to 999 emergency services, NHS 111 or out-of-hours providers, as appropriate.

Appointments were available at the following times during the week of the inspection:

- Monday - 8am to 11.20am; then from 2pm to 6.20pm
- Tuesday – 8am to 11.30am; then from 1pm to 6.20pm
- Wednesday – 7.30am to 11.20am; then from 1pm to 5.20pm
- Thursday – 7.30am to 11.40pm; then from 2pm to 5.20pm
- Friday – 7.30am to 11.20am; then from 2pm to 5.20pm

Extended hours surgeries are offered Monday to Friday from 7.30am. These are for a combination of phlebotomy and GP appointments. Access to GP and nurse led walk-in triage sessions starts at 8am. Appointments are occasionally available after 6.30pm on an irregular basis. Patients are requested to ask the reception staff for information about their availability.

Information taken from Public Health England places the area in which the practice is located in the fourth more deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age distribution profile is weighted towards a

slightly older population than national averages. There are more patients registered with the practice over the age of 65 years than the national averages.

The service for patients requiring urgent medical attention out-of-hours is provided by the 111 service and Cumbria Health On Call (CHOC).

Detailed findings

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous comprehensive inspection had taken place in August 2015 after which the practice was rated as inadequate. We rated the practice as inadequate for providing safe, effective, responsive services and for being well led. A focused inspection took place in January 2016 to ensure that the provider had taken steps to comply with legal requirements.

The purpose of this inspection was to check that all required improvements had been made.

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 registered 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

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

When we inspected the practice in August 2015 we were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice. During the inspection in March 2016 we saw the practice had improved these systems and processes and that staff were now informed of safety alerts and there was a process in place to ensure they were acted on.

At this inspection we saw there was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- At the inspection in August 2015 we saw there had been 12 significant events reported in the previous 12 months. At this inspection (in March 2016) we saw 21 events had been recorded in the six months since October 2015.
- We saw evidence that the practice had carried out a thorough analysis of these significant events. When things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when there was a delay in processing an urgent task sent by a GP, a new urgent task inbox was created for administration staff to check daily to ensure none were missed.

Overview of safety systems and processes

When we inspected the practice in August 2015 the practice could not demonstrate a safe track record through having risk management systems in place.

At this inspection, in March 2016, we found the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- At the inspection in August 2015 not all staff had received training on safeguarding children and vulnerable adults relevant to their role, but they had received this by this inspection, in March 2016. All GPs were trained to child safeguarding level three. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for child and adult safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities.
- A notice in the waiting room advised patients that chaperones were available if required. At the last inspection not all staff who acted as chaperones were trained for the role or had received a Disclosure and Barring Service (DBS) check. During this inspection, in March 2016, we saw all staff at the practice had received a DBS check and those who acted as chaperones had received training for the role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The focused inspection in January 2016 found that the practice had addressed the concerns raised at the inspection in August 2015 regarding infection prevention and control. In March 2016 we saw the practice continued to maintain appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There was now an infection control protocol in place and staff had received up-to-date training. Infection control audits had been undertaken and annual audits had been scheduled, and we saw evidence that action was taken to address any improvements identified. The practice nurse who was

Are services safe?

the infection control clinical lead now had a clearly defined role and liaised with infection prevention and control teams from local healthcare trusts to keep up-to-date with best practice.

- At the inspection in August we found appropriate recruitment checks were not always completed prior to employment. However, in January 2016 we found that for new staff that had been employed since for the initial inspection the provider had followed their recruitment policy and completed the required pre-employment checks for these staff. During this inspection, in March 2016, we reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to staff's employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and DBS checks.

Medicines Management

At the inspection in August 2015 the practice did not have suitable arrangements in place for the proper and safe management of medicines. Our concerns at that time included:

- The practice was unable to account for six ampoules of morphine which had gone missing sometime between 22 July 2015 and 8pm on 1 August 2015.
- We saw that the temperature of a refrigerator where vaccines were stored had exceeded the recommended range for the safe storage of vaccines of between two and eight degrees Celsius. No action had been taken with regards to these temperature readings and staff we spoke to were not aware of what should happen when the temperature recorded was outside of the recommended range.
- One of the oxygen cylinders kept by the provider had exceeded its use by date of 2009. A checklist had been introduced by the provider but there was no record of any concerns with this cylinder having been documented.
- The arrangements for the safe handling of blank prescription pads were not sufficient. We saw prescriptions left in rooms which had been left unlocked when in use.
- The health care assistant had been trained to immunise patients; however they had administered influenza vaccines to patients without using Patient Specific Directions (PSDs) that had been produced by the

prescriber. (A PSD is an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber.)

At the focused inspection in January 2016 we found that the practice had addressed these concerns. During this inspection, in March 2016, we saw that the arrangements for managing medicines, including emergency medicines and vaccines, in the practice and these kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal.)

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- Controlled drugs were no longer kept on the premises.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines using PSDs.
- The refrigerators where vaccines were kept were now hardwired to prevent them from being switched off accidentally. They were equipped with data logging equipment to monitor the temperatures at all times. We checked the temperature logs and saw that the temperature of the refrigerators had been kept within the required range. Staff we spoke to knew what to do should the temperatures be too high or too low. In January 2016 we found that refrigerator temperature checks were carried out by the duty nurse twice a day and refrigerator temperatures were audited weekly using the attached data logging equipment. This process remained in place at inspection in March 2016.
- All medication and oxygen cylinders we checked were in date.
- There was a spreadsheet on the shared computer drive containing the expiry date of all medications kept in the practice. Staff were responsible for checking that the medicines in their own clinical areas were in date, that new stock was ordered and the spreadsheet was updated.

Are services safe?

Monitoring risks to patients

At the inspection in August 2015 we found that risks to patients were not adequately assessed and monitored. During this inspection, in March 2016, we found improvements had been made and risks to patients were assessed and well managed.

- In August 2015 we saw there was no health and safety policy available, nor any health and safety posters in the reception office which identified local health and safety representatives. We found these were in place during this inspection in March 2016.
- When we visited in August 2015 we found that looped blind cords or chains had not been modified or secured out of reach throughout the practice in areas that could be accessed by patients. Furthermore, the practice management were not aware of a safety alert issued by the Department of Health relating to window blinds with loop chords or chains. On inspection in March 2016 we saw that window blinds with loop chords or chains had now been risk assessed, and had been removed or secured so that they did not present a potential choking hazard.
- In August 2015, we found there was no fire risk assessment, nor any other risk assessments in place to monitor the safety of the premises, such as control of substances hazardous to health (COSHH) and infection control. At the focused inspection in January 2016 we found that the practice had up-to-date risk assessments for COSHH, infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw these had been maintained when we performed this inspection in March 2016. We also saw that a fire risk assessment and fire drills had been completed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- At the inspection in August 2015 we found that the level of staffing did not always meet the needs of the patients

throughout the day. On this inspection, in March 2016, we saw arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There was a member of staff responsible for managing the rota, and staffing was discussed at weekly team meetings.

Arrangements to deal with emergencies and major incidents

At this inspection, in March 2016, we found the practice had satisfactory arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had now received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises, and oxygen with adult and children's masks. A first aid kit and accident book were available.
- During our last inspection, in August 2016, we saw there was no fire assembly notice, or muster point located outside the building at a designated evacuation point. We found this had been addressed when we inspected the practice in March 2016.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Since the inspection in August 2015 the practice had developed a comprehensive business continuity plan for dealing with and managing major incidents, such as power failure or building damage. The plan included emergency contact numbers for staff and was available off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At inspection in August 2015 we found the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. However, we were not assured they had an effective system in place which ensured all clinical staff were kept up-to-date with new guidelines?. During this inspection, in March 2016, we found:

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.1% of the total number of points available (clinical commissioning group (CCG) average 96.8%, national average 94.7%). This was an improvement on the results available when we inspected the practice in August 2015, when the practice had achieved 92.4% of the points, which was below both the CCG and national averages at that time. Exception reporting for 2014/15 was higher than local and national averages at 14.7% (CCG average 10.1%, national average 9.2%). However, we saw data on the day of inspection which showed that the overall exception reporting rate for 2015/16 was likely to be lower. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. For example, 95% of patients with diabetes, on the register, had a last blood pressure reading (measured in the preceding 12 months from April 2014 to March 2015) of 140/80 mmHg or less, compared to a national average of 78%.
- Performance for mental health related indicators was better than the national average. For example, 93% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months (April 2014 to March 2015) compared to a national average of 84%.

QOF data for some domains had improved. In August 2015 the most up-to-date available data showed performance for asthma related indicators was lower than the national average (63.7% compared to 97.2% nationally). Data from 2014/15 showed this had improved, for example 92% of patients with asthma, on the register, had had an asthma review in the preceding 12 months (April 2014 to March 2015) that includes an assessment of asthma control using the 3 RCP questions, compared to the national average of 75%. (The 'RCP 3Qs' is a validated questionnaire developed by the Royal College of Physicians to detect poor control of asthma by patients.)

When we inspected the practice in August 2015 Clinical audits were not carried out to improve care, treatment and outcomes for patients. However, in this inspection, in March 2016, there was evidence of quality improvement ,including clinical audit.

- We saw there were now two complete (two-cycle) audits and five single-cycle audits and observational studies, including a cancer audit. We found there was a structured approach to identifying, carrying out and learning from clinical audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included changing the policy for how clinical samples are handled by the practice to ensure they checked more effectively and that none were missed.

Effective staffing

During inspection of the practice in August 2015, we found that staff did not always have the skills, knowledge and experience to deliver effective care and treatment. In

Are services effective?

(for example, treatment is effective)

particular, we found that regular appraisals for staff were not performed, mandatory staff training was not up-to-date, and the induction programme for locum GPs was insufficient.

In January 2016, at the focused inspection, the practice was able to show that staff had undertaken mandatory training. Staff we spoke to were able to describe to us the training they had completed, what they had learned and how they were applying it in their day to day work. However, not all staff had received an appraisal at this time, and it was recommended in the inspection report that the practice should ensure that the timetable for the appraisal of staff was delivered as planned.

During this inspection, in March 2016, we found:

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a comprehensive induction pack for locum GPs.
- The practice could demonstrate they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines, and taking samples for the cervical screening programme, had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal since our last inspection.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice operated an unplanned admissions register, and care plans for patients on this register were updated each time an unplanned admission occurred. We saw evidence that these care plans involved the patient and their families/ carers where relevant.

Consent to care and treatment

In August 2015, we found that patients' consent to care and treatment was, in the majority of instances, sought in line with legislation and guidance. Most of the staff we spoke with at that inspection understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. We found that some staff had not completed MCA training.

At the most recent inspection in March 2015 we found the processes for seeking consent to care and treatment at the practice had improved.

- Staff had received training on the Mental Capacity Act 2005 and understood the relevant consent and decision-making requirements of legislation and guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

During inspection in August 2015 we found that the practice identified patients who may be in need of extra support. At this inspection, in March 2016, we saw that this good practice had been maintained. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, and for those patients with a learning disability, they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.6% to 100% and five year olds from 79.5% to 100% (CCG averages 83.3% to 96.7% and 72.5% to 97.9% respectively.)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Annual reviews for patients with a learning disability were offered on Saturdays to allow patients who were in day care to attend. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice also employed a care co-ordinator whose role was to support the practice's patients who were over the age of 75 years; especially those who did not attend the practice regularly. They contacted these patients and with their permission, visited them in their own homes to complete an assessment. The care co-ordinator was in post when we visited in August 2015, but the practice could now demonstrate further the positive impact the role had had for patients. For example, emergency admissions of patients on the care co-ordinator's caseload had dropped from 24 in 2014/15 to 11 for the 10 months from May 2015 to the date of our inspection. In the same time period, accident and emergency attendances of patients on the care co-ordinator's caseload had decreased from 27 to nine, while the number of referrals to other healthcare providers for these patients had risen from 96 to 143.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

When we inspected the practice in August 2015 we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect, and we saw that this was the same during our inspection in March 2016.

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

All of the 10 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the National GP Patient Survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with, or above average for, satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (less than 1% of the practice list). The practice's care

co-ordinator was the carers lead for the practice. They liaised with local carers groups and had worked with the patient participation group (PPG) to arrange a carers' coffee morning at the practice which was attended by representatives of local services who offer support to carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. The practice had also worked closely with the local medical committee (LMC) to provide weekly actions plans to address the concerns raised at the previous inspection in August 2015.

- The practice offered a walk-in nurse-led triage clinic from 7.30am from Monday to Friday. Staff told us that since the last inspection there was additional clinic support for this from a nurse practitioner and the on-call doctor for that day. This meant more patients were able to be seen.
- Later appointments were available for people who worked and could not attend in the day. These clinics were not held at regular intervals and patients were asked to check with reception staff for availability.
- There were longer appointments available for anyone who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice operated a "sick child" protocol which standardised assessment by a clinician to ensure that each child received appropriate medical attention quickly.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- A drug and alcohol worker was available to see patients at the practice once every two weeks, and a counsellor was available once a week.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Telephones were answered from 8am until 6.30pm on these days. Outside of these times a pre-recorded message directed patients to 999 emergency services, NHS 111 or out-of-hours providers, as appropriate.

Appointments were available at the following times during the week of the inspection:

- Monday - 8am to 11.20am; then from 2pm to 6.20pm
- Tuesday - 8am to 11.30am; then from 1pm to 6.20pm
- Wednesday - 7.30am to 11.20am; then from 1pm to 5.20pm
- Thursday - 7.30am to 11.40pm; then from 2pm to 5.20pm
- Friday - 7.30am to 11.20am; then from 2pm to 5.20pm

Extended hours surgeries were offered Monday to Friday from 7.30am. These were nurse and GP-led walk-in triage sessions and/or pre-bookable appointments with GPs. Appointments were occasionally available after 6.30pm on an irregular basis. Patients were requested to ask the reception staff for information about their availability. There were also some appointments available on a Saturday for patients with a learning disability to attend for annual health reviews.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Patients were able to book appointments online.

Results from the National GP Patient Survey, published in January 2016, showed that patients were satisfied with the practice's opening hours, but satisfaction with how patients could access care and treatment was below local and national averages.

- 28% of patients found it easy to get through to this practice by phone (CCG average 81%, national average 73%).
- 72% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 76%).
- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

People told us on the day of the inspection that they found it difficult to get appointments when they needed them. We checked the practice's appointment system in real time and found that there was capacity for GPs to add extra appointments on the day for patients who needed them urgently. The next available routine appointment with a GP was three weeks after the date of our inspection.

Are services responsive to people's needs?

(for example, to feedback?)

National GP Patient Survey results related to access were lower than average when we inspected the practice in August 2015, but higher than the January 2016 results used in this report. However, the data for the published results in January 2016 was collected in the second half of 2015. Since that time the practice has been taking steps to try and improve. For example, the number of whole time equivalent (WTE) GPs available to see patients had increased from 3.5 to five, while another WTE nurse practitioner had been added. Furthermore, an audit of telephone demand had been completed and a new telephone system was implemented. A review of its effectiveness was scheduled to take place in June 2016. Other steps included information about other services that patients could use if their ailment was minor, as well as educating patients about the impact of missed appointments.

At the inspection in August 2015 we saw there was one member of staff at lunchtime answering all of the practice's incoming telephone calls. We saw they handled the calls professionally and politely, however, they were clearly unable to keep up with the volume of telephone calls received. During this inspection we saw more staff were available to take telephone calls coming into the practice. We also saw evidence that the staff rota was now organised to meet demand.

Listening and learning from concerns and complaints

When we inspected the practice in August 2015 we found the practice had an effective system in place for handling complaints and concerns. Nevertheless, at this inspection, in March 2016, we saw the practice had improved this system by logging all complaints on a spreadsheet to look for trends. The practice now also kept a record of compliments received; these were also collated on a spreadsheet and analysed.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, such as posters in the reception area and in the patient information leaflet.

We looked at one complaint received since the last inspection and found this was satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint etc. There was evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint concerning how patient clinical samples were handled once they were submitted to the practice the system for this had been updated.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a mission statement when we inspected in August 2015, however this had been updated and expanded since that inspection. In March 2016 we found the practice had a clear vision to deliver high quality care and promote good outcomes for patients. The mission statement was displayed in the waiting areas and on the practice website, and staff knew and understood the values.

At our previous inspection, in August 2015, we found the practice did not have a strategy or supporting business plan which reflected the vision and values and which was regularly monitored. This in place when we inspected the practice in March 2016 and we saw evidence it was being monitored and acted upon.

Governance arrangements

When we inspected the practice in August 2015 they did not have systems or processes which were established or operated effectively in order to demonstrate good governance. For example, the practice did not have a Control Of Substances Hazardous to Health (COSHH) file or information leaflets for the cleaning products used within the practice, despite this being the reason for them declaring non-compliance when registering with the Care Quality Commission in October 2012. However, during this inspection, in March 2016, we saw that a COSHH file and information leaflets were now available. The practice could demonstrate an overarching governance framework which supported the delivery of the strategy and good quality care, and there was a clear staffing structure in which staff were aware of their own roles and responsibilities.

Further improvements were:

- In August 2015, staff we spoke with stated on a number of occasions throughout the inspection, that many of the provider's policies and procedures were currently under review. At this inspection, in March 2016, we saw practice specific policies were implemented and were available to all staff. Staff were aware of these and knew where to find them.

- There were no health and safety risk assessments, and a fire risk assessment had not been completed, when we visited in August 2015. These had been completed by our inspection in March 2016.
- In August 2015 we were not assured there were effective processes and systems in place for the dissemination of safety alerts to staff who worked within the practice. At the inspection in March 2016 there were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, including effective systems for the dissemination of safety alerts.
- At the inspection in August 2015 we saw that some staff employed by the practice did not have NHS smartcards and some staff had NHS smartcards that had lapsed. During this inspection, in March 2016, we found all staff had up-to-date smartcards, and the practice now had a system in place to be able to ensure new staff received smartcards quickly.
- In August 2015 the practice did not have a business continuity plan. One was in place at inspection in March 2016.
- In March 2016 we saw evidence that the practice maintained a comprehensive understanding of their performance, and a programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

During this inspection, in March 2016, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that they felt the practice had improved since the last inspection in August 2015 and that the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

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

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

- In August 2015 administrative and nurse staff meetings were ad hoc and irregular, and the practice told us they planned to have monthly business meetings and weekly practice meetings. The practice manager was unable to produce any minutes or records of these meetings at that time. In March 2016 staff told us the practice held regular team meetings, and we saw evidence that regular meetings were held and minuted.
- In March 2016 staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- During this inspection, staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were told us they were now involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

During this inspection in March 2016 we saw that the practice encouraged and valued feedback from patients, the public and staff. They proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly,

carried out patient surveys and submitted proposals for improvements to the practice management team. For example, at the last inspection we were told that the PPG had asked for improvements in services for carers, and since that time the practice had worked with the PPG to host a carers' coffee morning which was attended by representatives from local services who assist carers.

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

Continuous improvement

At this inspection in March 2016 we saw there was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Since inspection in August 2015 they had employed an administrator who had undertaken a number of audits to assess the performance of the practice and to assist with the improvements required. The practice had also submitted weekly action plans to the local medical council (LMC) and sought support from a number of external agencies (such as the Infection Prevention and Control team from a local NHS Trust) to make improvements to the practice. The partners at the practice told us they were keen for this culture of continuous learning to continue and improve. We were told that the weekly meetings held in the practice to discuss their performance related to the five key questions that the Care Quality Commission ask (are services safe, effective, caring, responsive to the needs of their patients, and well-led?) would continue in order to maintain improvements that had been made and to look for further ways to improve.