

# Plas Meddyg 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Plas Meddyg Surgery on 11 August 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, which were reviewed annually. The practice held regular governance meetings where issues were discussed.
- 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.
- Some risks to patients were assessed and well managed, with the exception of those relating to

# Summary of findings

medicines management, recruitment checks and responding to emergencies. Action points were not always monitored effectively to demonstrate that improvements in the practice had been successful.

- Data showed patient outcomes were average or above for the locality. Although some audits had been carried out with improvement in patient outcomes, they did not all demonstrate that any improvements had been monitored.

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

## **Importantly the provider must:**

- Ensure that the practice has systems in place to be able to appropriately respond to emergencies, including access to a defibrillator.
- Ensure appropriate medicines management procedures are followed to include adequate monitoring of emergency medicines, oxygen, nitrous oxide and vaccine refrigerator temperatures.
- Ensure there are adequate infection control processes in place to include formalised infection control training for staff and an up to date legionella risk assessment.

## **In addition the provider should:**

- Ensure adequate recruitment checks are carried out including criminal records checking prior to commencing employment and that comprehensive records of recruitment checks are kept.
- Ensure staff attend the scheduled child protection training so they are trained to the appropriate level.
- Ensure that there are systems in place to monitor actions taken as a result of learning and improvements from incidents and complaints, to demonstrate that changes in the practice have been successful.
- Ensure that all clinical audits undertaken show completed audit cycles to demonstrate that improvements to patient outcomes have been maintained.
- Ensure that multidisciplinary and clinical meetings are documented to demonstrate learning points, actions taken and changes to patient outcomes.
- Ensure access to services has been considered for patients with language barriers.

## **Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents. Lessons were learned and actions were implemented, but there was limited evidence to show that these were monitored and communicated widely enough to support improvement.

The practice had systems in place to manage and review risks to vulnerable children, young people and adults. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough, for example, with responding to emergencies, medicines management and recruitment checks.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Clinical audits were carried out and there was evidence of some improvement in patient outcomes, however these were not all fully completed. Most staff had received training appropriate to their roles and any further training needs had been identified. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams and monitored patients through clinical and multidisciplinary team meetings. Effective systems were in place to ensure timely receipt and co-ordination of information between services.

Good



### Are services caring?

The practice is rated as good for providing caring services. National GP patient survey data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS 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 Patient Participation Group (PPG) to implement changes in the appointment and telephone systems.

Patients said they found it easy to make an appointment, with urgent appointments available the same day and quick access to pre-bookable appointments. However some patients reported that appointments could be delayed and that there was occasional difficulty accessing appointments with a preferred GP. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It did not have a documented vision and strategy but staff were clear about the aims of the practice and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk, and although appropriate improvements were made, it was not always clear if these changes were monitored effectively.

The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was very active and had made positive changes within the practice. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and avoiding unplanned admissions. It was responsive to the needs of older people, and offered home visits, rapid access and longer appointments for those with enhanced needs. The practice provided services to a local nursing home and offered a blood testing and anticoagulation service in the surgery. The practice had actively promoted the flu vaccination for the over 65's to improve the uptake of this.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Annual reviews for health and medication needs occurred for patients on long-term condition registers, for example 95% of diabetes patients had received an annual review and they were frequently seen twice a year. Letters and text reminder systems were used to promote uptake of these. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority and were on the practice's avoiding unplanned admissions register.

Longer appointments and home visits were available when needed. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients with long-term conditions benefited from the anticoagulation and blood testing clinics at the practice, as this provided continuity of care and prompt follow up where required.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 accident and emergency (A&E) attendances. Immunisation rates were above or line with national average for all standard childhood immunisations and there was evidence that some rates had improved further over the last year.

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. Appointments were available outside of school hours. The premises were suitable for children and babies. We saw good examples of joint working with health visitors and midwives. Family planning services were offered in the practice.

## **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 it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered extended hours to improve access to appointments, specifically for commuters, and telephone appointments were available daily. The practice was proactive in offering online services for prescriptions as well as booking and cancelling appointments. Text message reminders were used for appointments to reduce non-attenders.

A full range of health promotion and screening services were offered that reflected the needs for this age group, and blood testing and minor surgery were available at the practice. Those of working age had the opportunity to be a member of the Patient Participation Group (PPG) as a virtual PPG was offered.

**Good**



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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the practice was rated as requires improvement for safe and effective for this population group.

The practice held a register of patients living in vulnerable circumstances including vulnerable adults, children and those with a learning disability. It had carried out annual health checks for people with a learning disability, however only 30% of these patients had received a review. Those patients deemed most at risk of hospital admissions were placed on the practice's admission avoidance register and they were prioritised for appointments. The practice recognised the needs of carers and had a record of carers in patients' medical records.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in

**Requires improvement**



# Summary of findings

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). Ninety-five per cent of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations as well as the local adolescent mental health service. It had a system in place to follow up patients who had attended accident and emergency (A&E) and those at risk of hospital admission were placed on the practice's admission avoidance register and they were prioritised for appointments. Patients were provided with longer appointments where required and the practice promoted double appointments for patients with depression. Patients reported that they felt their care had been thoroughly discussed with them.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 120 responses and a response rate of 47%.

- 83% find it easy to get through to this surgery by phone compared with a clinical commissioning group (CCG) average of 61% and a national average of 73%.
- 93% find the receptionists at this surgery helpful compared with a CCG average of 81% and a national average of 87%.
- 73% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 61%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

- 86% describe their experience of making an appointment as good compared with a CCG average of 64% and a national average of 73%.
- 65% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 53% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients felt they were treated with dignity and respect and were staff were accommodating to their needs and patients felt they were given enough time during appointments. Some patients felt that sometimes their appointments were delayed.

# Plas Meddyg 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 Advisor, a second CQC Inspector and an Expert by Experience.

## Background to Plas Meddyg Surgery

Plas Meddyg Surgery provides primary medical services in Bexley to approximately 7400 patients and is one of 28 practices in Bexley clinical commissioning group (CCG). The practice population is in the least deprived decile in England.

The practice population has a lower than national and CCG average representation of income deprived children and older people. The practice has a large proportion of patients registered over 65 at 22%, compared with national average of 17%. Of patients registered with the practice, 85% are White British.

The practice team at Plas Meddyg Surgery is made up of two male GP partners and two female salaried GPs. The practice team also consists of two female part-time practice nurses, a female part-time health care assistant, a practice manager, seven part-time administrative staff members and seven part-time reception staff members. The practice is currently an active training practice for trainee GPs and provides teaching to medical students.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of 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 from 8am to 6.30pm Monday, Thursday and Friday; from 7am to 6.30pm on Tuesday and 7am to 8pm on Wednesday. Appointments are available between 8.30am and 11.30am every morning and 3pm and 6.30pm every afternoon. Extended hours surgeries are offered from 7am on Tuesday and Wednesday and until 8pm on Wednesday. The practice has opted out of providing out-of-hours (OOH) services to their own patients and directs patients to the out-of-hours provider for Bexley CCG.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

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?

# Detailed findings

- 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 received information from Bexley clinical commissioning group, NHS England and Healthwatch Bexley. We carried out an announced comprehensive inspection on 11 August 2015. During our visit we spoke with a range of staff including two GPs, two practice nurses, the practice manager and five reception and administration staff. We spoke with eight patients who used the service and two members of the practice's Patient Participation Group (PPG). We reviewed CQC comment cards completed by 17 patients sharing their views and experiences of the service. We looked at a number of medical records.

# Are services safe?

## Our findings

### Safe track record and learning

Although the practice did not have an incident policy, there appeared to be an effective system in place for reporting and recording significant events. We saw an incident reporting book in the reception office and all staff we spoke to knew where to find it. There was evidence this was used in the practice.

We reviewed several records of significant clinical incident reporting and analysis. The practice kept a log of significant events, actions and how learning was implemented. For example, following a significant event related to an error with repeat prescribing, the practice had changed the repeat prescribing procedure. Significant clinical events were discussed in weekly clinical meetings but learning from these meetings was not clearly disseminated amongst staff and minutes were not kept.

Complaints received by the practice were entered onto the computer system and were responded to. Patients received a timely and sincere apology and they were told about actions taken to improve their care.

Safety was monitored using information from a range of sources, including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). This was shared with staff via internal email messaging, which enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant current legislation. Local requirements and policies were accessible to all staff. The practice's safeguarding policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All of the staff we spoke to were able to identify the practice safeguarding adults and children's lead and were aware of the correct process for reporting incidents and making external referrals. They also demonstrated a good awareness of what type of incident would constitute a safeguarding concern.
- We saw records of safeguarding children's training at the required level for most staff. Although we were told that all GPs had received training, one GP had not received training to the required level, although training had been scheduled. An appointed safeguarding administrative lead regularly attended the clinical commissioning group (CCG) safeguarding meetings to keep up to date and share information and we saw minutes of these.
- A notice was displayed in the waiting room and clinical rooms, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones had been trained for the role and we saw up-to-date records of criminal records checks for them.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was an up to date, comprehensive health and safety policy available. The practice had a variety of risk assessments in place to monitor safety of the premises; however these had not been adequately reviewed. For example, the fire alarms were not tested monthly, as recommended in the fire risk report. A legionella risk assessment carried out in 2012 had not been reviewed in 2014 as recommended in the assessment report. The practice had a control of substances hazardous to health (COSHH) policy in place. All electrical equipment had been checked to ensure they were safe to use and clinical equipment checks were up to date to ensure they were working properly.
- We observed the premises to be clean and tidy and patients we spoke to told us that they were satisfied with cleanliness in the practice. A detailed daily and weekly cleaning schedule for specific equipment, furniture and rooms was in place and was managed by an external cleaning company. A member of nursing staff was the lead for cleaning of clinical equipment such as treatment couches. A practice nurse was the infection control lead. There was an infection control protocol in place. We were told that all new staff received in-house informal infection control training but we saw no evidence to confirm this, and staff did not recall receiving such training. The infection control lead has subsequently informed us that all new staff are told how to handle samples and manage spillages of bodily fluids. An infection control audit was carried out in 2014 by the CCG infection control lead, in which the practice

## Are services safe?

had scored 99%. An identified action was to monitor post-operative wound infections after minor surgery, and we were told the practice had started to address this shortly following our inspection.

- The practice had arrangements in place for storing and managing medicines, including emergency drugs, oxygen, nitrous oxide and vaccines. All emergency drugs and vaccines we checked were in date, fit for use, and were stored correctly and safely. However, vaccine refrigerator temperatures had not been checked on several occasions and no action had been taken as a result of this. Regular medicines audits were carried out with the community pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Batch numbers and expiry dates of medicines administered were recorded in patient notes we reviewed, and high risk medicines were re-authorised by the GPs to ensure safety.
- The practice had a recruitment policy in place. Two written references, full employment histories and professional registrations had been sought for most recently recruited staff. However one clinical and one non-clinical member of staff did not have identification documents in their file. The files of the six recently recruited staff we reviewed showed that disclosure and barring service (DBS) checks had not been obtained for one clinical and four non-clinical staff members prior to employment. We were shown that the practice had previously obtained evidence of a criminal records check for the clinical staff member when they worked as a locum in 2011; but no assurances were in place to update the criminal records check prior to the staff member being recruited permanently. However, the practice showed us evidence that they were in the process of obtaining updated DBS checks for all these members of staff.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We were shown how the practice had planned to cover a short-term shortage of GPs and found that a suitable assessment of staffing needs and arrangements was in place.

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

Although we did not see a medical emergency policy in place, emergency medicines and equipment 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 fit for use. The practice did not have a defibrillator available on the premises, and they had not conducted a risk assessment to mitigate any associated risk. Oxygen and adult and children's masks were available. The practice did not have robust processes for checking and logging medicines and oxygen; the emergency medicines log was not always dated or signed. Two emergency logs were in place, and it was not clear which system staff were meant to follow.

The practice told us that all staff were up to date with basic life support training and we saw evidence to confirm that the last training date was March 2015 for all but one non-clinical staff member, who had training booked. There was a telephone panic button and an instant messaging system on the computers in all consultation, administration and treatment rooms, which staff used to alert colleagues of emergencies.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and facilities.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines, for example for diabetes, dementia, stroke and referral guidelines. The practice had systems in place to ensure that all clinical staff were kept up to date. The practice used this information to develop how care and treatment was delivered to meet patient needs. The practice monitored the use of these guidelines through clinical audits.

We reviewed medical records for long-term conditions and could see that best practice guidance was being followed and patients were receiving annual reviews. The practice nurses worked with GPs to complete annual reviews for diabetes patients and other long-term conditions. We saw care plans were being used to ensure holistic needs were identified, for example for patients at risk of admission to hospital. The practice had performed better than national average in the number of preventable emergency admissions for 2013/14, achieving 9% compared to national average of 14%. Additionally, locality data showed that the practice were the third best performing practice in the clinical commissioning group in relation to emergency admissions for 2014/15. The health care assistant assisted with assessing patients' needs and raising any concerns following health checks.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice.) The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.3% of the total number of points available for 2014/15 and the practice achieved 99.6% for 2013/14. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators was better than the national average. For example, 87% of patients had well-controlled diabetes, indicated by specific

blood test results, compared to national average of 78%. The number of patients who had received an annual review for diabetes in 2013/14 was 95% which was similar to national average.

- Performance for management of patients with mental health conditions were above national averages. For example, 95% of patients had received a care plan and annual review compared with national average of 86%.
- The dementia annual review performance was 84% which was in line with national average of 84% and had improved to 87% for 2014/15.
- The percentage of patients with hypertension having regular blood pressure tests was better than national average, achieving 88% compared with the national average of 83%.
- The practice had completed 94% of annual reviews for patients with chronic obstructive pulmonary disease for 2014/15.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patients' outcomes. There had been six clinical audits in the last two years which were prescribing audits conducted in conjunction with the community pharmacist and one of these was a completed audit where the improvements made were implemented and monitored by a second audit cycle. Findings were used by the practice to improve services. For example, recent action was taken as a result of a low achievement in the practice's prescribing for first line anti-inflammatory medicines. An audit was conducted to ensure prescribing of anti-inflammatories met best practice guidelines. The practice changed a high risk medicine so that it could not be prescribed as a repeat prescription and a number of patients were seen for medicines reviews where the high risk medicine was stopped, lower risk alternatives were offered and risks were discussed.

Other audits undertaken were one cycle audits, including a further two in relation to medicines to ensure patients were on the correct dosage. We also noted some audits, such as the minor surgery audit, were sets of data that had been collected but no changes were instigated as a result.

Benchmarking information from the clinical commissioning group (CCG) was obtained on a monthly basis to inform the practice about referral rates, prescribing rates and accident and emergency attendances. The practice monitored their



# Are services effective?

## (for example, treatment is effective)

accident and emergency (A&E) attendances to ensure that they were providing suitable services to the most at risk patients, such as frequent home visits and access to priority treatment.

### Effective staffing

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

- The practice had a comprehensive induction pack and programme for newly appointed clinical and non-clinical members of staff.
- A staff handbook was available for newly employed staff. Information for locums was provided, however we were told that normally the practice did not use locum doctors.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However we noted that not all staff had received infection control training or fire training. Mandatory safeguarding children's training had not been provided at the required level for one GP, however we saw that this had been scheduled.
- The practice supported GP trainees and one trainee had recently left after successfully completing their training.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, protected learning time every six weeks and facilitation and support for the revalidation of doctors. Update courses were provided for practice nursing staff for cervical screening and diabetes and the health care assistant had update training in smoking cessation and health checks. All staff had had an appraisal within the last 12 months.

### 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 intranet. This included care and risk assessments, care plans, medical records and test results. All relevant

information was shared with other services in a timely way, for example when people were referred to other services. The practice had robust systems in place for checking that urgent and referrals had been received.

Blood test and scan results were reviewed and actioned daily by the clinician that requested them, with cover arrangements made if doctors were on leave. Communications from other services, such as discharge letters were all uploaded to one system and reviewed daily by the relevant clinician. Where actions were required, these were cascaded to administrative staff via an electronic messaging system which recorded all actions requested and messages sent so an audit trail could be kept. Staff showed us this system and reported it worked well.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every six weeks with the palliative care team, however although minutes were kept, they did not clearly record the actions that were to be taken to improve outcomes for the patients. The practice held weekly clinical meetings and also a weekly meeting with the district nurses so that patients most at risk could be monitored. The practice reported they did not keep a written record of the clinical meetings or meetings with district nurses, so actions and improvements were not able to be identified.

The doctors and nurses worked with the midwife and counsellor who visited the practice and a consultant psychiatrist offered support to manage patients with complex mental health needs.

### Consent to care and treatment

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

# Are services effective?

(for example, treatment is effective)

and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

The practice had consent templates in place for patients undergoing minor surgical procedures. The practice had recently developed a new written consent form for patients where they required a carer or relative to deal with prescriptions and enquiries on their behalf.

## Health promotion and prevention

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the health care assistant and NHS health checks for people aged 40–74. The practice had a 42% uptake for NHS health checks for 2014/15 out of 355 offered. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice provided health checks for patients with a learning disability, however only 30% (three out of 10 on the register) had received these for 2014/15.

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, learning disability patients and those requiring advice on their diet and

smoking cessation. Patients were then signposted to the relevant service for example, a healthier lives scheme. Smoking cessation was carried out in-house by the nursing team. The practice had achieved 61% of their locally agreed target of 38 for smoking cessation for 2014/15.

The practice had a comprehensive screening programme and this was frequently offered opportunistically. The practice's uptake for the cervical screening programme was 89% for 2014/15 and 2013/14 which was above the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved an uptake of 66% for mammography for 2014/15.

Childhood immunisation rates for the vaccinations given were in line or above national and clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 90% and five year olds from 79% to 88%. For 2014/15 there was some evidence that vaccination rates had improved, achieving 99% for the five in one vaccine for those under 12 months and 97% for the pre-school booster. Flu vaccination rates for the over 65s were 75% for 2014/15 which was above national average. For at risk groups, 44% had received the flu vaccination which was below the national average, however 96% of diabetic patients had received the flu vaccination which was above the national average.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect and confidentiality was maintained. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 17 patient CQC 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 also spoke with two members of the Patient Participation Group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line or above averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 83%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.

- 93% patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.

Results from the NHS Friends and Family Test (FFT) over the previous six months showed that 100% of patients would recommend the practice.

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

Patients we spoke with, including young people, told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 83% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

It was not clear if translation services were available for patients who did not have English as a first language. We were told that the practice had never had to access translation services.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations including counselling, which was available in the practice daily, and local hospice bereavement services.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and needs of carers were discussed in meetings with the palliative care team. Written information was available for carers, including those for young carers, to ensure they understood 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 and families were offered a consultation and given 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 worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice was the locally agreed site for providing anticoagulation monitoring clinics for their own, as well as other practices' patients. The practice nurses undertook this work, which included home visits for the clinic, which provided continuity of care for patients at the practice who had complex needs. Transport was arranged by the practice for this service where patients were unable to get to the surgery.

The Patient Participation Group (PPG) was active in the practice and had facilitated change to the appointment system and the practice had also responded to a report from the local Healthwatch in 2014, where they advised telephone access could be improved. As a result of this, the practice changed the duty doctor system so that a duty doctor was available every afternoon for emergency appointments. The practice had also changed the extended hours sessions following the PPG survey and improved telephone access by adding more lines to improve accessibility.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered a 'Commuter's Clinic' on Tuesday and Wednesday from 7am and on Wednesday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, mental health conditions and those with long-term conditions, and we saw that these were frequently offered to patients, including routinely offering a double appointment to patients with depression.
- Urgent access appointments were available for children, elderly patients and those with serious medical conditions.
- The practice had a register of patients most at risk of admission to hospital and provided comprehensive care plans and a dedicated phone line so patients could access urgent advice and appointments.

- Home visits were available for older patients and housebound patients which had reduced accident and emergency (A&E) attendances; recent data showed the practice had one of the lowest number of attendances in the CCG.
- The practice provided services to a local nursing home by visiting on a weekly basis and taking part in multi-disciplinary meetings at the home to ensure patients' complex needs were managed appropriately.
- The practice had planned and delivered a phlebotomist service one day a week to improve access to blood testing, due to their higher population of elderly patients.
- Minor surgery and a full range of family planning services were available at the practice.
- A counsellor was available in the practice daily, which the practice were able to refer to.
- Homeless patients could be registered if required, however the need to register migrants and homeless patients was infrequent.
- There were disabled toilet facilities and patient areas were accessible for wheelchairs and pushchairs. A hearing loop was available in the practice for those with hearing difficulties.

However, due to the practice population demographic, we found that the practice had not considered access to an interpreting service for patients with language barriers, if such situations arose. We were told that the practice had never required an interpreter but they agreed that they would ensure contact details were made available for future situations.

### Access to the service

The practice was open from 8am to 6.30pm Monday, Thursday and Friday; from 7am to 6.30pm on Tuesday and 7am to 8pm on Wednesday. Appointments were available between 8.30am and 11.30am every morning and 3pm and 6.30pm every afternoon. Extended hours surgeries were offered from 7am on Tuesday and Wednesday and until 8pm on Wednesday. The practice directed patients to the out-of-hours provider for the clinical commissioning group (CCG) outside of these hours.

The practice provided a range of options when booking appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent and emergency appointments were also available for people that needed them. The practice had a duty doctor

# Are services responsive to people's needs?

(for example, to feedback?)

service daily, for emergency appointments and queries. The duty clinician offered telephone or face to face appointments. Appointments could be booked and cancelled online, which suited those of working age, and patients were reminded of appointments via text message. A number of patients also emailed queries that were dealt with by either the named GP or duty GP depending on the urgency. We looked at the appointment system and saw that the next routine appointment with a GP was available the following day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages and people we spoke to on the day, as well as CQC comments cards, confirmed that patients were able to get appointments when they needed them. For example:

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 86% patients described their experience of making an appointment as good compared to the CCG average of 64% and national average of 73%.
- 65% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

However, patients we spoke to did report that although they were happy with access to appointments, there were often long waits in the practice after the allocated appointment time. Patients also reported there was some difficulty accessing appointments with their preferred GP.

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. 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 in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at six complaints received in the last 12 months and found that although all complaints were responded to in a timely way with detailed and appropriate responses, not all complaints were acknowledged. The practice kept a complaints log to assist in identifying themes that arose from complaints, which indicated they were all related to practice administrative systems, however they did not undertake an annual review of complaints to discuss themes that had emerged. The complaints log and complaints folder did not clearly indicate whether complaints recorded included verbal complaints as well as written complaints.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, where appointments had not been logged properly, the practice encouraged staff to offer an alternative appointment straight away. The practice had implemented the use of an online messaging system attached to the patient electronic record so that an audit trail of messages between clinical and non-clinical staff was recorded, to reduce complaints and incidents with administrative systems.

# 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 did not have a business plan or strategy in place and the vision had not been formally cascaded to staff, however all staff we spoke with were all able to articulate the aims of the practice which were to deliver high quality care and promote good outcomes for patients. Short term objectives related to day to day management were discussed at partners meetings between the partners and practice manager and we saw minutes of these discussions.

### Governance arrangements

The practice had an overarching governance framework which supported day to day delivery of the service and good quality care, however although a number of mechanisms for monitoring actions and evaluating change were in place, they were not always fully established.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were updated at regular intervals and they were available to all staff on the practice's shared drive, however some policies were not in place such as the incident reporting policy.
- There were arrangements for identifying, recording and managing complaints, incidents and risks. There was evidence that mitigating actions were implemented, but it was not always clear whether actions were followed up and re-evaluated.
- Records of staff training and recruitment were kept, however these records were not always comprehensive and assurances that appropriate recruitment processes and training had occurred were not fully established.
- There was a comprehensive understanding of the performance of the practice, with monthly practice Quality and Outcomes Framework (QOF) meetings with all clinical staff, management meetings weekly and regular attendance at clinical commissioning group (CCG) benchmarking meetings. Minutes of these meetings were kept.
- Clinical audits were carried out with evidence of improved outcomes, however these were not always completed audit cycles. There was evidence that a programme of clinical audits was in place.

- Clinical meetings occurred weekly, however these were not routinely recorded so there was limited evidence that actions from these meetings were implemented and followed up.

### Leadership, openness and transparency

The practice was undergoing a shift within the partnership and GP staffing at the time of the inspection. Although the partners reported they were waiting for a new doctor to commence employment and they had had to increase the number of appointments per GP as a result of this, non-clinical staff felt very supported by the partners and the practice manager. The lead partner had the experience, capacity and capability to run the practice and ensure high quality care in conjunction with the practice manager. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Appraisals were carried out annually for all staff and staff received inductions. The partners encouraged a culture of openness and honesty. Staff told us that they felt they could raise any issues where needed at staff meetings or with their line manager. The practice held management meetings and clinical meetings weekly and the administrative and reception staff also had meetings every few months, with some evidence that information was shared and staff were involved in discussions about how to improve the practice. However, it was not clear that these were meetings were held routinely. Most information was shared with staff via email communications and via the instant messaging system on the electronic patient record, which we saw and staff told us this system worked well for them. The practice did not hold whole practice meeting for both clinical and non-clinical staff on a regular basis, however we were shown minutes for a staff away day that occurred annually where practice systems and processes were reviewed as a team to establish areas that could be improved upon.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had also gathered NHS

# Are services well-led?

Good 

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

Friends and Family Test (FFT) data however had not yet utilised this within the practice. The partners and practice manager were aware of the results of the 2014 local Healthwatch report for the practice and had implemented changes recommended from this, which included improving telephone access and ensuring the complaints procedure was adequately displayed for patients.

There was an active PPG that met on a regular basis, which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, actions from the PPG survey in 2013 and 2014 included changing the practice telephone number, installing two extra telephone lines and a change in the telephone queuing system to enable patients' calls to be answered more effectively. They also introduced a text messaging appointment reminder and cancellation system to reduce the number of missed appointments. The PPG completed a survey in 2015 to gather patients' views on the change of the extended hours from a Thursday morning to a Tuesday morning and feedback was positive. The PPG were currently working on promoting online services to patients to improve access to appointments. The PPG were actively involved in the seasonal flu clinics, assisting with the organisation and running of these to promote uptake and used them as an opportunity to promote the PPG. They also raised money selling raffle tickets to purchase medical equipment for the practice.

The practice had gathered formal feedback from staff during the staff away days annually, they gathered staff comments opportunistically, through staff meetings and through annual appraisals. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. The staff away day provided an opportunity to find new ways of doing things, for example, streamlining and improving communications between reception staff and prescription clerks.

## Innovation

There was evidence of learning and improvement within the practice, and although some improvements made were monitored, for example by patient surveys, action points from meetings were not always clearly documented to enable a clear process to follow up changes made. The practice had implemented use of the electronic patient record instant messaging system for day to day messages between staff, to ensure an audit trail of actions requested and completed, which included telephone messages from patients. This was instigated as a result of an incident where a message from a patient had been missed. The practice team was forward thinking to improve outcomes for patients in the area, for example by commissioning their own phlebotomy service to improve access for patients, and by taking part in the local clinical commissioning group (CCG) scheme to provide anticoagulation clinics to their own and other local practice's patients for continuity of care.

The Patient Participation group (PPG) attended the three monthly clinical commissioning group (CCG) public meetings and the PPG forum that all local PPGs were invited to attend.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users as they did not have adequate systems in place to be able to appropriately respond to emergencies, including access to a defibrillator; they did not ensure that medicines management procedures were effectively followed and infection control systems were not fully established.</p> <p>This was in breach of regulation 12(1)(2)(b)(d)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	