

Whiteparish 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Whiteparish Surgery on 12 January 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- The practice worked with other professionals in a compassionate, holistic and multi-disciplinary manner to provide patients with high and complex needs the care they required.
- There was a clear leadership structure and staff felt supported by management. The practice arranged a Saturday coffee morning twice a year for carers and had achieved a local charity's Gold Plus Carer's Award for the last two years. The practice usually arranged for a speaker to attend the coffee mornings.
- The practice offered a home delivery service of dispensed medicines to some areas twice a week and delivered to seven remote collection points (such as a shop) where patients could pick up their medication.
- The GPs gave health related talks at community meetings organised by the patients participation group.

However there were some areas of practice where the provider must make improvements:

- The practice must ensure that all staff have safeguarding training appropriate to their role.

Summary of findings

- The practice must ensure the fire alarm is serviced regularly and all staff receive fire training that is updated annually.
- Ensure that information about how to complain is easily available and there is a system in place to review complaints.
- Improve the security of their prescription processes to include prescription pads for hand written prescriptions.

In addition there were a number of areas where the practice should make improvements. The practice should:

- Review its arrangements for the security of controlled drug keys.
- Review its procedures for the handling of medicines, ensure there is a written procedure for all medicine related processes and ensure adequate monitoring of dispensary processes is carried out.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

However,

- Not all staff had attended safeguarding training.
- The system used to secure prescription pads for hand written prescriptions was not in line with national guidance.
- Some dispensary policies and procedures were in need of review, and some processes carried out in the dispensary (such as dispensing of monitored dosage systems) were not covered by a written procedure.
- Clinical audits were not consistent. We did not see evidence of, for example, auditing of controlled medicines management or dispensing errors / near misses.
- The oxygen cylinder that was available for emergencies had expired.
- There was no record of the fire alarm system being serviced or maintenance undertaken for the last two years.
- The key to the controlled drugs cupboard was not kept adequately secure when the dispensary was closed.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average, except for the mental health indicators, which were slightly lower.

Requires improvement



Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- There was evidence of appraisals and personal development plans for all staff.

However, there were gaps in the essential training records for reception, administration and dispensary staff. For example, the records showed five non-clinical staff had not received fire training since September 2011.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.
- 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.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on and how the practice staff treated patients in an holistic manner.

Good



Are services responsive to people's needs?

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

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, in order to make it easier for patients living in outlying villages to collect prescriptions, the practice offered a home delivery service of dispensed medicines to some areas twice a week (Tuesdays and Thursdays) and delivered to seven remote collection points (such as a shop) where patients could pick up their medicines.
- The GPs gave health related talks at community meetings organised by the patients participation group.

Requires improvement



Summary of findings

- The practice arranged Saturday coffee mornings twice a year for carers and had achieved a local charities Gold Plus Carer's Award for the last two years. The practice usually arranged for a speaker to attend the coffee mornings.
- During the inspection our GP advisor attended a clinical meeting that was also attended by a number of external professionals such as the local Health Visitor, District Nurse, Community Matron and Care Co-ordinator. Patients with high and complex needs or who were considered to be at risk, were discussed and we were impressed by the teams knowledge and understanding of their patients.
- The practice opened every Saturday morning from 8.45am to 11.30am for extended hours surgery for patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice responded quickly when complaints were made and responded with openness and transparency. However information about how to complain was not easily available and we saw no evidence that learning from complaints was shared with staff.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The GP partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



Summary of findings

However, staff were not aware of the Duty of Candour, which meant the practice could not be sure they complied with these requirements.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- One GP routinely visited three nursing homes in the area twice a week and a nurse practitioner visited once a month.
- We saw there was excellent integrated team working with allied services. GPs and nurses had a holistic understanding of their patients needs.
- They had arranged regular drop-off points in outlying villages (such as village shops) from where patients could collect prescriptions.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of patients with long-term conditions. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was comparable to other practices with regards to diabetes indicators.
- Longer appointments and home visits were available when needed.
- 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.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- 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 patients who had a high number of A&E attendances.
- Immunisation rates were lower than the clinical commissioning group (CCG) average. For example, out of 70 eligible children at the practice (from April 2014 to March 2015), 91% had received MMR vaccination compared to the CCG average of 95%.
- 72% of patients with asthma had attended a review in the preceding 12 months that included an assessment of asthma control, compared to the national average of 75%.
- 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.
- 93% of women aged 25-64 had undergone a cervical screening test in the preceding five years (04/2014 to 03/2015) compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a sexual health service.
- The practice used emails and text messaging to communicate with patients (where the patient had given permission for their contact details to be used in this way).
- The practice worked closely with the local Health Visitor and Midwife who were both based in the practice and attended clinical meetings when appropriate. We heard examples of how this facilitated quick referrals and saw how the teams worked together to better understand the needs of their patients.
- The practice held baby clinics twice a month.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

Requires improvement



Summary of findings

- 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 Saturday morning appointments.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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. The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for safety, effective, responsive and for well-led. The issues identified as requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- 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.

Requires improvement



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice made a meeting room available to the local mental health services for appointments with local patients.

Most of the Quality and Outcomes Framework (QOF) data was virtually the same as local and national averages except the percentages for dementia which were marginally lower. (QOF is a system intended to improve the quality of general practice and reward good practice). For example,

- 95% of patients with physical and/or mental health conditions had their smoking status recorded in their notes in the preceding 12 months, which is comparable to the national average of 94%.
- 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate, compared to the national average of 87%.

However,

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is slightly lower than the national average of 84%.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. Two hundred and forty-seven survey forms were distributed and 126 were returned. This was a response rate of 51% and represented 1.9% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 78% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 88% and a national average 85%.
- 82% described the overall experience of their GP surgery as fairly good or very good compared to the national average 85%.
- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the 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 29 comment cards which were all positive about the standard of care received. Many patients described the service as excellent, caring and going beyond what was expected to meet the needs of patients.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice had a friends and families test which asked patients how likely they are to recommend the practice to their friends and family if they needed similar care or treatment. Of the 273 people who responded, 208 said they were extremely likely to recommend the practice and 44 said they were likely to recommend it.

Whiteparish Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser, an Expert by Experience, two CQC medicines inspectors and a CQC Inspection Manager.

Background to Whiteparish Surgery

Whiteparish Surgery is located in a purpose built building close to the centre of Whiteparish village which is about eight miles outside of Salisbury. All consulting rooms are located on the ground floor. The practice has its own dispensary. The practice has a registered population of approximately 6,700 patients.

Data shows minimal income deprivation among the practice population. There are a higher number of patients aged over the age of 50 than the national average.

Five GP partners, making up three and a half whole time equivalent GPs, manage the practice. Three are female and two are male. In addition there are two female salaried GPs making up 0.75 whole time equivalent GPs. There are three practice nurses, two nurse practitioners, a health care assistant and a phlebotomist (a phlebotomist takes blood samples). There are eight dispensers making a whole time equivalent of 4.5 staff. The practice manager is supported by a team of 17 staff making a whole time equivalent of 9.8 staff. Some staff have dual roles working in more than one team. At the time of our inspection the Practice Manager was on sick leave and the clinical manager was acting into this role.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 1pm every morning and 2.15pm to 6.30pm every afternoon. Extended surgery hours are offered every Saturday between 8.45am and 11.30am.

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Medvivo. The out of hours service is accessed by calling NHS 111. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice and in the practice information leaflet.

Services are delivered via a General Medical Services contract (GMS). (GMS contracts are negotiated between NHS England and general practices for delivering medical services and are the commonest form of GP contract).

All services are provided from; Whiteparish Surgery, Common Road, Whiteparish, SP5 2SU.

At the time of our inspection the practice was going through the process of removing one GP and adding two more to the list of partner GPs.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff including, five GPs, four nurses, one dispenser, and three members of the administration and reception team. We also spoke with an apprentice health care assistant.
- Spoke with eight patients who used the service, three of whom were members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when an audit found increased temperature recordings in the vaccine fridges had not been acted on, they reviewed and changed their system. They also discussed it at a clinical meeting to ensure the learning was shared.

When there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical staff had received training relevant to their role. GPs were trained to Safeguarding level three.
- However, there was no record of administration, reception or dispensary staff having attended safeguarding training.
- A notice on the consulting room doors advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nursing team were responsible for infection control and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were 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.

Medicines Management

We looked at the arrangements for managing medicines including prescribing, handling, dispensing, storing and security. The practice had a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy. The practice dispensed medicines for the majority of its 6,700 patients and was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.

- The practice had a named GP lead, providing governance for the dispensary.
- The dispensary had a number of written procedures in place for the production of prescriptions and dispensing of medicines. However, some were in need of review, and some processes carried out in the dispensary (such as dispensing of monitored dosage systems) were not covered by a written procedure.

Are services safe?

- We saw processes were in place to safely and accurately dispense medicines to patients. Practice staff told us about the procedure for managing repeat prescriptions and how they dealt with any that had exceeded the authorised number of repeats. All prescriptions were reviewed and signed by a GP before they were dispensed to the patient, with the exception of a small number of patients supplied with medicines in monitored dosage systems. However, we were told that this would be addressed immediately during our inspection and were sent revised procedures the next day.
- Processes were in place to store medicines appropriately and to check they were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Records showed regular fridge temperature checks were carried out.
- Expired and unwanted medicines were segregated and disposed of in line with waste regulations.
- Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and managed in line with national guidance. For example, controlled drugs were stored in a controlled drugs cupboard and appropriate records were kept. However, out of hours the keys to the controlled drugs cupboard was kept in a location which was accessible to many staff members, other than the nominated key-holders.
- Blank electronic prescription forms for use in printers were securely stored and we saw systems in place to monitor their use. However, the same system was not in place for prescription pads for hand written prescriptions, which were therefore not being handled in accordance with national guidance.
- The practice made some reasonable adjustments for patients who struggled to manage their own medicines, for example, by the provision of monitored dosage systems.
- The practice had a system in place to implement safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- We saw evidence that the practice carried out audits to ensure that dispensing was in line with best practice guidelines. For example, we saw how learning from

audits of fridge temperature monitoring had been actioned in order to improve practice and then re-audited. However, auditing was not consistent and we did not see evidence of, for example, auditing of controlled drugs use and management or dispensing errors / near misses.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.
- There was a system in place for the management of high risk medicines as part of individual patient's medication review. We looked at six records of prescribed high risk medicines and found regular monitoring in line with national guidance.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- There were procedures in place for monitoring and managing risks to patient and staff safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had up to date fire risk assessments and carried out regular fire drills. However, there was no record of the fire alarm system being serviced or maintenance undertaken for the last two years.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- On the day of our inspection there were two emergencies where patients required immediate attention. We saw that the staff worked smoothly as a team to provide the treatment necessary in a caring manner with dignity, respect and compassion. In one case this involved screening off a section of the waiting area
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use, except for the oxygen cylinder which had expired, although another oxygen cylinder was available for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, there was no record of it being reviewed since October 2013.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice used a wide range of templates that helped to ensure these guidelines were followed. There was discussion of new guidelines at clinical meetings.

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 91% of the total number of points available, with 8.5% exception reporting. (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). Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the national average. For example 95% of patients with diabetes, on the register, had an influenza immunisation in the preceding August 2014 to March 2015 compared to the national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the clinical commissioning group (CCG) and national average. The practice percentage was 77% compared to the CCG and national average of 74%.

The practice was an outlier for one clinical target. Sixty five percent of patients with a psychoses had their alcohol consumption recorded in the preceding 12 months (04/2014 to 03/2015) 65% compared to the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- 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 had been taken as a result of an audit which included revising the procedures for monitoring the temperature of vaccine fridges.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. We were told the practice had a policy of protected learning time for staff.
- All staff had had an appraisal within the last 12 months although some of the more recent appraisals for reception staff were not fully documented.
- Staff had access to and made use of e-learning training modules and in-house training.
- There were systems for providing essential training to staff such as fire procedures, basic life support and information governance awareness.

However, there were gaps in the essential training records for reception, administration and dispensary staff. For example, the records showed five non-clinical staff had not received fire training since September 2011.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- NHS Health Checks, 24hr blood pressure monitoring and smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 93% which was above the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 91% compared to the CCG averages of 83% to 97%.

Flu vaccination rates for the over 65s were 74% and at risk groups 46%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed a strong, visible, person-centred culture. Staff were highly motivated and inspired

to offer care that is kind and promotes people's dignity. Relationships between people who use the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders.

- 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.

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. 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 went the extra mile to provided support when required.

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

- 89% said the GP was good at listening to them, compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 88% said the GP gave them enough time, compared to a CCG average of 89% and a national average of 87%.
- 94% said they had confidence and trust in the last GP they saw, compared to the CCG average 96%, and the national average 95%.

- 85% said the last GP they spoke to was good at treating them with care and concern, compare to the CCG average 87% and the national average 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average 93%, and the national average 92%.
- 86% said they found the receptionists at the practice helpful, compare to CCG average 88%, and the national average 87%.

Care planning and involvement in decisions about care and treatment

Staff recognised and respected the totality of patients needs. They always took people's personal, cultural, social and religious needs into account. People's emotional and social needs are seen as important as their physical needs. 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 on the comment cards we received was also positive and aligned with these views.

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 slightly below but still in line with local and national averages. For example:

- 85% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 88% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care, compared to a CCG average of 85% and a national average of 81%.
- 84% said the last nurse they saw was good at involving them in decisions about their care, compared to a CCG average of 86% and a national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

We attended a clinical meeting and saw that the way the meeting was structured, the range of professionals attending, the level of holistic knowledge staff had about their patients and the caring way in which patient's needs were discussed was excellent.

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. 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, the practice highlighted this in family member's records and made contact where it was felt appropriate. There was a lead receptionist who ensured those bereaved were reviewed after six months and referred to a support service if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice opened every Saturday morning from 8.45am to 11.30am for extended hours surgery for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- They offered dementia screening, NHS Health Checks and smoking cessation services.
- They ran focused diabetic clinics, respiratory clinics, travel clinics and baby clinics.
- In September they started offering vulnerable, isolated and high risk patients a face to face review to assess medicines.
- The practice arranged Saturday coffee morning twice a year for carers and had achieved a local charities Gold Plus Carer's Award for the last two years. The practice usually arranged for a speaker to attend the coffee mornings.

The involvement of other organisations and the local community is integral to how services are planned and ensures that services meet people's needs. There are innovative approaches to providing integrated person-centred pathways of care that involve other service providers, particularly for people with multiple and complex needs.

The practice offered a home delivery service of dispensed medicines to some areas twice a week (Tuesdays and Thursdays). They also delivered to seven remote collection points. We saw a robust system in place for remote collection of prescriptions from these local sites. We saw detailed confidentiality agreements signed by the collection sites, ensuring that medicines are stored in a safe area where they cannot be picked up by a member of the public. We also saw evidence of audits by the practice

team of their remote collection sites for prescriptions to check they were operating in line with the agreement, which were completed in September 2015 and December 2015.

The GPs gave health promotion talks at local community events arranged by the patient participation group.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning and 2.15pm to 6.30pm every afternoon. Extended surgery hours were offered every Saturday between 8.45am and 11.30am.

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.

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

- 90% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 72% and national average of 73%.
- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 50% of patients said they always or almost always see or speak to the GP they prefer, compared to a CCG average of 64% and a national average of 60%.

We discussed this feedback with the practice during the inspection. They told us they were aware of the data and were working to improve access to GPs. They had recruited a new salaried GP to increase the number of appointments available.

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

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.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at nine complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency.

However,

- The practice did not have any formal systems to review complaints.
- Information about how to complain was not available in the waiting room and reception areas or on the practice website.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice did not have an adequate governance framework to support the delivery of the strategy and good quality care. We found a range of issues which would have been identified by the practice if their governance arrangements had been more robust. For example, the governance structure had not identified; the lack of fire and safeguarding training, the lack of adequate prescription security and that fire alarm tests were not conducted.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The programme of internal audit which was used to monitor quality and to make improvements had some gaps. For example, we did not see evidence of auditing their controlled medicines management or dispensing errors.

Leadership and culture

The GP partners in the practice prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. Staff complied with the requirements of the Duty of Candour although not all staff were aware of the legislation. The practice had systems in place for knowing about notifiable safety incidents

When there were safety incidents:

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

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings.

- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly (usually every six weeks), carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had done Saturday flu clinics and changed the patient self-check in screen to show if appointments were running late, as a result of feedback from the PPG.
- The practice had gathered feedback from staff through 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

Are services well-led?

Requires improvement 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked with other local practices to improve outcomes for patients in the area.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>12(1) Care and treatment must be provided in a safe way for service users.</p> <p>12(2) without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include–</p> <p>12(2)(b) doing all that is reasonably practicable to mitigate any such risks;</p> <p>12(2)(c) ensuring that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely;</p> <p>12(2)(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• There was no record of the fire alarm system being serviced or maintenance undertaken for the last two years.• Some staff had not received fire training since September 2011

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>13. (1) Service users must be protected from abuse and improper treatment in accordance with this regulation.</p> <p>13. (2) Systems and processes must be established and operated effectively to prevent abuse of service users.</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

- The practice did not ensure all staff had safeguarding training appropriate to their role.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

16. (1) Any complaint received must be investigated and necessary and proportionate action must be

taken in response to any failure identified by the complaint or investigation.

16. (2) The registered person must establish and operate effectively an accessible system for

identifying, receiving, recording, handling and responding to complaints by service users and

other persons in relation to the carrying on of the regulated activity.

How the regulation was not being met:

- Information about how to complain was not available in the waiting room and reception areas or on the practice website.
- The practice did not have any formal systems to review complaints.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

17. (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.

17. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

Requirement notices

17. (2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

17. (2)(f) evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

How the regulation was not being met:

- There was no system in place to review complaints.
- The system used to secure prescription pads for hand written prescriptions was not in line with national guidance.