# Drs Blacklidge, Green & Jackson

## Quality Report

Rosehill
Great Ayton
Middlesbrough
TS9 6BL
Tel: 01642723421
Website: www.greataytonhealthcentre.co.uk

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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? | Inadequate |
| Are services effective? | Requires improvement |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Requires improvement |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Drs Blacklidge, Green & Jackson (Great Ayton Health Centre) on 5 October 2016. Overall the practice is rated as requires improvement.

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

- The practice reported, recorded and reviewed significant events. However the practice did not have a formal system in place for this which resulted in an inconsistent approach to recording. The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However, there was no documentary evidence to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was evidence of quality improvement including clinical audit. Patients were supported to live healthier lives.
- GPs at the practice had a wide skill mix with a range of roles outside of the practice.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice had some governance arrangements in place.
- The practice did not have a patient participation group (PPG).
- Staff told us they were supported by the management and felt there was an open culture at the practice.
- There was evidence of clinical learning and improvement within the practice and some evidence for learning in some non-clinical areas. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice partners demonstrated a commitment to the involvement in the local community.

The areas where the provider must make improvements are:

- Ensure robust processes are in place for all aspects of medicines management.
- Implement robust safeguarding processes.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Take action to ensure the practice can respond to an emergency on the premises.
- Take action to address gaps in the mandatory training completed by staff. Implement a system for monitoring the completion of all required training.
- Implement robust governance arrangements to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- Ensure there is leadership capacity to deliver all improvements.

The areas where the provider should make improvement are:

- Take action to ensure policies and procedures are regularly reviewed and updated.
- Take action to ensure a programme of clinical and non-clinical audit is in place.

**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?**

**Inadequate**

The practice is rated as inadequate for providing safe services.

- The practice reported, recorded and reviewed significant events. However the practice did not have a formal system in place for this which resulted in an inconsistent approach to recording. The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However, there was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.
- Systems, processes and practices were not always reliable or appropriate to keep people safe. There were some concerns about consistency of understanding of the practice management in respect of these areas.
- We found concerns relating to a number of areas, mainly the management of safeguarding, medicines management, recruitment of staff and the practices ability to respond to an emergency.

**Are services effective?**

**Requires improvement**

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However there was limited documentary evidence to show audits were revisited over time to ensure the changes were effective and embedded within the practice.
- The practice did not have systems in place to ensure mandatory training was completed by all staff. We identified staff that had not completed training in a range of areas that included: safeguarding, fire safety awareness, basic life support and information governance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

**Are services caring?**

Good

The practice is rated as good for providing caring services.

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

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

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had been allocated funding for pharmacy support from the CCG. The practice had managed this funding in house and worked with another practice and commissioned the services of a pharmacist to work between the two practices.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Are services well-led?**

Requires improvement

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- The arrangements for governance did not always operate effectively.
- A comprehensive understanding of the performance of the practice was not maintained by all members of the management team. The practice was not aware of some of the risks and issues we identified or was aware and had not acted on them.

# Summary of findings

- Practice specific policies were not always up to date, not dated or dated and overdue a review. The practice did not always follow its own policies.
- Clinical audit was used to monitor quality and to make improvements. Audits were not routinely revisited over time to ensure the changes introduced were effective and embedded within the practice. There was limited evidence to demonstrate non-clinical audits were undertaken.
- The practice did not currently have a PPG. The practice was supported by a local group who helped with fundraising and provided input into how the practice spent funds and donations for the benefit of patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- There was evidence of clinical learning and improvement within the practice and some evidence for learning in some but not all non-clinical areas. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.
- The partners demonstrated a commitment to their wider clinical roles and interests in the community which were of benefit to the practice. However, their prolonged absence from the practice caused some concern regarding the impact on the leadership arrangements when they were absent for significant periods of time.

# 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

Requires improvement

The practice is rated as requires improvement for the care of older people. The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. For example as part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the Practice would receive a home visit by the practice nurse. Patients in care or nursing homes were also reviewed under this service.
- Appropriate older patients are assessed for an avoiding unplanned admission to secondary care plan and patients with long-term care are referred to Community Matrons.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good.

### People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as inadequate for safety and requires improvement for being effective and well-led The issues identified affected all patients including this population group. There were however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission.
- Performance for diabetes related indicators was comparable to other practices, two indicators slightly above, two slightly below and three equal to the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 88% compared to the national average of 88%.
- More recent (unpublished at the time of inspection) 2015/2016 QOF data showed for Diabetes indicators the practice had achieved 97% and 100% for the indicators related to the care of patients with COPD (Chronic Obstructive Pulmonary Disease).

# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Families, children and young people**

**Requires improvement**

The practice is rated as good for the care of families, children and young people. The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were however, 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 people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Childhood immunisation rates for the vaccinations given were mostly slightly higher when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% compared to the England average of 73% to 95% and five year olds from 78% to 97% compared to the England average of 81% to 95%.
- The practice's uptake for the cervical screening programme was 84%, which was equal to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice operated a drop in sexual health clinic once a week with the practice nurse.

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

**Requires improvement**

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

# Summary of findings

The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were however, examples of good practice.

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

**People whose circumstances may make them vulnerable**

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safety and requires improvement for being effective and well-led. The issues identified affected all patients including this population group. There were however, examples of good practice.

- The practice held a register of patients who were at risk of unplanned admission to secondary care and patients with a learning disability.
- The practice offered longer appointments for patients assessed as needing them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. There were limited policies and procedures at the practice in respect of safeguarding and there was no identified safeguarding lead. Not all staff had received up to date safeguarding adults and children's training.

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

Requires improvement

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

# Summary of findings

- 85% of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Performance for mental health related indicators was comparable to other practices. Two indicators were above and one equal to the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the national average of 88%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 216 survey forms were distributed and 132 were returned. This represented 2.4% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received feedback from 30 patients, all were positive about the standard of care received. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

**Action the service MUST take to improve**

- Ensure robust processes are in place for all aspects of medicines management.
- Implement robust safeguarding processes.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Take action to ensure the practice can respond to an emergency on the premises.
- Take action to address gaps in the mandatory training completed by staff. Implement a system for monitoring the completion of all required training.
- Implement robust governance arrangements to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.
- Ensure there is leadership capacity to deliver all improvements.

**Action the service SHOULD take to improve**

- Take action to ensure policies and procedures are regularly reviewed and updated.
- Take action to ensure a programme of clinical and non-clinical audit is in place.

# Drs Blacklidge, Green & Jackson

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a second CQC inspector.

## Background to Drs Blacklidge, Green & Jackson

Great Ayton Health Centre, Rosehill, Great Ayton, Middlesbrough, TS9 6BL is a semi-rural practice situated in Great Ayton serving this and surrounding villages. The registered list size is approximately 5,530 and predominantly white British background. The practice is ranked in the ninth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile differs from the England average, having a higher number of patients in the 50 to 85 age range and a lower number in the 0 to 44 age range.

The practice is run by three GP partners and one salaried GP (two male and two female). The practice is a teaching practice. The practice currently has one GP registrar. This means the GP registrar is currently on a three year GP registration course.

The practice employs two practice nurses, a practice nurse assistant, a locum nurse practitioner who works two days a week and a phlebotomist. The practice also receives three half day support sessions per week from a pharmacist provided by the CCG. The team is supported by a team of managers, reception and administration staff.

The practice is open between 8am to 6pm Monday to Friday. Appointments were from 9am to 11am and 3pm to 5.30pm daily. Extended hours are offered on a Monday between 6.30pm and 7.30pm. These appointments are pre-bookable up to 2 weeks in advance. The Practice Nurse also offers telephone consultations at either 12.30pm to 12.50pm or 3.30pm to 3.40pm daily. The practice operates an appointment system at the Practice called 'Advanced Access'. This means the practice aims to offer patients an appointment for the same day they make contact with the practice. In addition to this are pre-bookable appointments that can be booked in advance and urgent on the day appointments.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England.

## 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. The inspection was planned to check whether the provider is meeting the legal

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with and received feedback from a range of staff and patients who used the service.
- 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.

Inadequate

# Are services safe?

## Our findings

### Safe track record and learning

The practice reported, recorded and reviewed significant events. However recording of significant events was inconsistent.

- Staff were aware of their responsibilities to report any incidents. There was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). However, we noted staff were not consistently using the same recording form to record incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However there was no documented evidence to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.

We reviewed safety records, incident reports and patient safety alerts. We saw that action was taken. However there was limited evidence to assure the practice of improvement over a period of time as a process of review was not in place.

### Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to always keep patients safe and safeguarded from abuse.

- Robust arrangements were not in place to safeguard children or vulnerable adults from abuse. The current arrangements did not reflect relevant legislation and local requirements. The practice could not identify a safeguarding lead and there was a lack of awareness around which clinical staff had completed safeguarding childrens and adults training. Not all GPs and the nursing team had completed the required level (Level 2 and 3) of safeguarding children's training. There was no evidence of safeguarding adults training for any staff. Policies were not dated or had not been reviewed for many years and were out of date. Through a recent significant event the practice had identified shortfalls in their management of safeguarding. In the last month they had met with the local safeguarding team on two separate occasions to review their safeguarding arrangements.
- A notice in the waiting room 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 (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. No staff had been trained in infection control and no audits were carried out.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Systems were in place for handling repeat prescribing which included high risk medicines. Two non-clinical staff members had been authorised by the practice to prescribe a repeat prescription of a previously issued acute prescription. However, there was no policy or protocol in place to support this other than a list of medicines they could not prescribe.
- Not all prescription pads were securely stored and there was no log of the prescription serial numbers to track their use and whereabouts.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Over 50% of these had not been authorised for use. The combined Hepatitis A and B PGD was also out of date. The assistant practice nurse was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. However, we found they were administering flu vaccinations and vitamin B12 injections without patient specific directions (PSDs) being in place as a decision by the management team had been taken that these were not needed.

Inadequate

# Are services safe?

- We reviewed three personnel files and looked at the Disclosure and Barring Service (DBS) status for all staff. We found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, and the appropriate checks through the Disclosure and Barring Service. The practice had a policy that stated they would not carry out criminal records check on staff until advised by CQC. Despite this we found all the nursing staff now had a DBS check but the two phlebotomists did not. None of the non-clinical staff had a DBS check or a risk assessment as to why a DBS check was not in place. The practice management demonstrated that they were not aware of their requirements in terms of the safe recruitment of staff. They also did not have systems in place for recording and managing recruitment checks for staff which resulted in a lack of awareness as to what checks had and had not been carried out.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- The practice had recently undergone a major refurbishment which was completed earlier this year. There were procedures in place for external contractors to identify risks to health and safety as the property was owned and managed by NHS Property Services. However, arrangements for monitoring and managing risks at the practice were not always effective. For example we identified that a fire risk assessment carried out by an external agency in 2013 had resulted in a number of action points for the practice to address which had not been actioned. These included regular fire safety checks, fire drills and training of staff in fire safety. There was no action plan in place and at the time of the inspection none of the actions had been addressed. We also saw that a firefighting equipment inspection carried out at the end of December 2015 had identified a number of recommendations in respect of firefighting equipment. These had not been actioned. For example we found the only fire extinguisher in one corridor of the building to be marked empty yet no action had been taken to address this. We have referred our concerns in respect of fire safety to the relevant external agency.
- Medical equipment was calibrated. Non-medical electrical equipment was not checked to ensure the equipment was safe to use. For example we saw items in use that were last tested in 2009 and 2011.
- 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).
- There was no facility to secure clinical room doors when they were unoccupied. 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had limited 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.
- Most staff had received basic life support training and cardio pulmonary resuscitation in July 2015. There was no planned annual update. Records showed one phlebotomist had not undertaken any basic life support/CPR training. The two practice nurses and assistant practice nurse had received anaphylaxis training July 2015 as well as one GP partner in November 2014. There were no plans in place to update this training or to ensure the other required staff at the practice received such training.
- Emergency medicines were available and accessible. All the medicines we checked were in date and stored securely.
- No staff had received fire safety training as per the recommendation in the risk assessment referred to earlier in the report.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice did not have a system in place for routinely checking the oxygen. All but one member of staff was aware of the location of the oxygen. A first aid kit and accident book were available.

Inadequate

# Are services safe?

- The practice told us they had a business continuity plan but this could not be found. We did not receive this post inspection.

Requires improvement

# 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 patients' needs. For example the practice had carried out a review of the NICE guidelines in respect of sepsis following a significant event.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.6% of the total number of points available. Exception reporting was 8.5%. This related to chronic kidney disease which was 13.5% compared to the England average of 7.5%, depression which was 45.1% compared to the England average of 24.5% and mental health which was 17.3% compared to the England average of 11.1%. We were satisfied with the practices explanation of these exceptions. This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was comparable to other practices, two indicators slightly above, two slightly below and three equal to the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 88% compared to the national average of 88%.Performance for mental health related indicators was comparable to other practices. Two indicators were above and one equal to the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to the national average of 88%.
- Data from NHSBSA- electronic Prescribing Analysis and Costs (ePACT) showed the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (01/07/2014 to 30/06/2015) was 12% which was higher than the CCG average of 11% and the national average of 5%. More recent data showed the practice was reducing this figure and keeping it under review.

There was evidence of quality improvement including clinical audit.

- We looked at six clinical audits that had been carried out in the last two years. All of these were completed audits where the improvements made were implemented and monitored in the short term. Only one of the audits was a full two cycle audit. For the other five audits there was limited evidence to show these audits had been revisited over time to ensure the changes were effective and embedded within the practice.
- The practice participated in local audits, accreditation and peer review and research.

Findings were used by the practice to improve services. For example, patients with a learning disability were invited into the Practice annually for Health Checks via a recall system. They were sent a leaflet in an appropriate format explaining what would happen at their review. The initial appointment was with the Practice Nurse who recorded all vital signs followed by an immediate appointment with a GP who completed the Health Check recording any social or health concerns. appointment for a Learning Disability check is pre-booked for both the nurse and the GP on the same day to avoid the patient from having to attend the surgery on two separate occasions. Similar arrangements were in place for patients with mental ill health. Recent unpublished QOF data showed the practice had achieved 100% of patients with mental health issues having had an annual review.

Information about patients' outcomes was used to make improvements. For example a particular blood test (HBA1C) which was previously only monitored as part of chronic disease management was now being used for diagnostic purposes as part of improving patient outcomes. The practice audited all the abnormal HBA1Cs and 16

Requires improvement

# Are services effective?

## (for example, treatment is effective)

previously non diabetic patients were found to have a raised level. They also identified five new diabetic patients. Systems were now in place to prevent such patients being missed.

### Effective staffing

The practice did not have systems in place to ensure mandatory training was completed by all staff. We identified staff that had not completed training in a range of areas that included: safeguarding, fire safety awareness, basic life support and information governance.

- The practice had an induction programme for all newly appointed staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Of the two full time partners, one worked as a GP with special interest (GPSI) in Musculoskeletal (MSK) health three days a week plus one day a week as a senior lecturer for a University. The other partner was Postgraduate Education Lead and also local GP training course organiser. The part time partner was a GP appraiser.
- The practice was a training practice and currently had one GP registrar. The practice also had some involvement with undergraduate education placements and was currently working with a local university in respect of a fourth year placement for MSK in primary care.
- The practice had also used funding from the CCG to secure the services of a pharmacist and was trialling the use of a nurse practitioner.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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. None of the staff had completed training in this area.
- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients with a learning disability, unplanned admissions and end of life care.
- Smoking cessation appointments were offered to patients.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

- Vaccinations such as shingles and flu were promoted throughout the practice, on the practice website and in the practice newsletter. Patients were signposted to relevant services via promotional information within the practice or on the website.
- The practice offered patients to loan wheelchairs and nebulisers for a small fee which contributed towards maintenance.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mostly slightly higher when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% compared to the England average of 73% to 95%and five year olds from 78% to 97% compared to the CCG average of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had achieved their targets for inviting this patient group for their health check.

Good

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- 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 patient feedback we received was 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.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

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

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format. For example easy read information leaflets were sent to patients with a learning disability when they were invited to the practice for an annual review.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 patients as

Good

# Are services caring?

carers (1.5% of the practice list). The new patient registration pack asked patients if they were a carer. Written information was available to direct carers to the various avenues of support available to them.

Good

# 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. For example the practice had been allocated funding for pharmacy support from the CCG. The practice had managed this funding within the practice, working jointly with another practice to commission the services of a pharmacist to work between the two practices.

The practice demonstrated they reviewed services to try and ensure they were tailored to meet patients' needs. For example:

- The practice offered a 'Commuter's Clinic' on a Monday between 6.30pm and 7.30pm.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for patients assessed as needing them.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- In response to an increase in demand for appointments the practice was trialling the use of a nurse practitioner to take up some of the demand.
- As part of the CCG Nursing Workforce Project, patients who were identified as elderly or frail and unable to attend the Practice would receive a home visit by the practice nurse. Patients in care or nursing homes were also reviewed under this service.
- The practice operated a drop in sexual health clinic once a week with the practice nurse.
- The practice hosted other agencies at the practice which benefited patients. For example the practice currently benefitted from having a part time physio therapist who worked from the practice utilising the well-equipped physiotherapy room where patients could be treated.
- Retinal screening services were offered from the practice at set times of the years with other local practices using this service.
- The practice provided INR near patient testing for warfarin reducing the need to attend secondary care.
- Minor surgery services were available to patients.
- There were disabled facilities. The practice did not have a hearing loop.
- Translation services were available.

### Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were from 9am to 11am and 3pm to 5.30pm daily. Extended hours were offered on a Monday between 6.30pm and 7.30pm. These appointments were pre-bookable up to 2 weeks in advance. The Practice Nurse also offered telephone consultations at either 12.30pm to 12.50pm or 3.30pm to 3.40pm daily. The practice operated an appointment system at the Practice called 'Advanced Access'. This meant the practice aimed to offer patients an appointment for the same day they made contact with the practice. In addition to this were pre-bookable appointments that could be booked in advance and urgent on the day appointments. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local CCG averages and higher than national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 78%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 90% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- The 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.

We looked at six complaints received in the last 12 months and found these were dealt with in a timely way. They demonstrated an open and transparent approach by the practice. Lessons were learnt from individual concerns and complaints although there was minimal evidence to show improvements were monitored over time to ensure they were embedded into practice.

# 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 statement of purpose. The practice also had a record of their priorities for the future. This had been drafted in advance of the inspection and not all staff were aware of this. Staff were clear and understood their values in providing good quality safe care.

### Governance arrangements

- The arrangements for governance did not always operate effectively and risks and issues were not always identified or dealt with appropriately or in a timely way.
- The practice did not have a clear staffing structure and not all staff were aware of their own roles and responsibilities.
- Practice specific policies were not always up to date, not dated or dated and overdue a review. The practice did not always follow its own policies. For example in respect of the recruitment of staff.
- A comprehensive understanding of the performance of the practice was not maintained by all members of the management team. The practice was not aware of some of the risks and issues we identified or was aware and had not acted on them.
- A programme of continuous clinical audit was used to monitor quality and to make improvements. The practice did not have a planned programme of clinical and non-clinical audit. Audits in non-clinical areas were not always used.
- The practice reported, recorded and reviewed significant events. However the practice did not have a formal system in place for this which resulted in an inconsistent approach to recording. The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However, there was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.

### Leadership and culture

The management team told us they prioritised safe, high quality and compassionate care which was aligned with the views of patients and staff. Staff told us the practice management team was approachable and took the time to listen to all members of staff. There were some concerns about the consistency of understanding by members of the management team in respect of key areas. For example the safe recruitment of staff, mandatory training requirements, responding to external recommendations and the health and safety of staff and visitors to the practice.

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

The practice partners demonstrated a commitment towards supporting each other during their absence from the practice. For example accessing the IT systems remotely to help manage workloads. The partners demonstrated a commitment to their wider interests and talked of the benefits of their work for patients in the practice. Whilst some staff had lead roles there was inconsistency amongst the staff group as to leads in other key areas such as safeguarding and complaints.

- Staff told us the practice held regular team meetings and we saw evidence of meetings held out of hours to ensure full staff attendance.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 feedback from staff.

- The practice did not currently have a PPG. The group had disbanded in early 2015 due to lack of patient

# Are services well-led?

Requires improvement

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

participation. There was some evidence the practice had begun to promote the group again. The practice was supported by a local group who helped with fundraising and provided input into how the practice spent funds and donations for the benefit of patients. For example the group was active in fundraising for the practice refurbishment.

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

**Continuous improvement**

There was evidence of clinical learning and improvement within the practice and some evidence for learning in some but not all non-clinical areas. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice partners demonstrated a commitment to the involvement in the local community in respect of the appraisal of local GP's, appraiser training, postgraduate education and the ability to offer secondary care services in a GP environment. The practice was a training practice and benefitted from this in terms of currently having one GP registrar. The practice had also used funding from the CCG to secure the services of a pharmacist and was trialling the use of a nurse practitioner.

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 |
|---|---|
| Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>**How the regulation was not being met:**<br><br>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff. Specifically they had failed to ensure sufficient arrangements were in place to be able to respond to an emergency, to always safely manage medicines and to ensure non-clinical equipment was safe to use.<br><br>This was in breach of regulation 12(1)(b)(d) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>**How the regulation was not being met:**<br><br>The practice did not ensure that systems and processes were established and operated effectively to prevent abuse of service users. Specifically, the practice did not have an identified safeguarding lead, processes were out of date and not all staff were trained in safeguarding.<br><br>This was in breach of Regulation 13 (2) & (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance |

This section is primarily information for the provider

# Requirement notices

**How the regulation was not being met:**

There were insufficient systems of governance in place to ensure that the provider could 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.

This was in breach of Regulation 17 (1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 18 HSCA (RA) Regulations 2014 Staffing |

**How the Regulation was not being met:**

The practice did not always ensure that staff received mandatory training. Specifically the practice could not demonstrate that staff had completed training in areas such as safeguarding adults and children, fire safety, health and safety, emergency resuscitation, infection control and information governance.

This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

| Regulated activity | Regulation |
|---|---|
| Treatment of disease, disorder or injury | Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed |

**How the Regulation was not being met:**

The practice did not always ensure that staff were recruited as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically the recruitment policy did not reflect requirements of the Act and appropriate pre-employment checks were not always carried out. The provider failed to ensure that all clinical staff had a DBS check in place and failed to risk assess why DBS checks were not needed for non-clinical staff.

This section is primarily information for the provider

# Requirement notices

This was in breach of Regulation 19(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.