Dr E.A. Allan & Partners

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?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr E A Allan & Partners on 29 September 2016. Overall the practice is rated as requires improvement.

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

- There was a lack of systems for ensuring the governance of the practice to protect staff and patients. For example, there was no system to identify that the vaccine storage fridges had gone out of the temperature range. Staff were not up to date with training and this had not been acted upon.
- Policies and procedures were not always followed accordingly.
- Risks to patients were inconsistently assessed and managed, including those relating to management of vaccines and staff safeguarding training.
- There was an effective system in place for reporting and recording significant events.
- Non-clinical staff and GPs advised us that the reception staff would act as a chaperone, although the practice manager told us that only clinical staff would chaperone. The staff knowledge of chaperone duties was not sufficient to protect patients.
- The practice had systems, processes and practices in place to keep patients safeguarded from abuse. However, although staff we spoke to during the inspection were aware of safeguarding procedures, not all staff were up to date with safeguarding training.
- All staff had received inductions but not all staff had evidence of completed training and ongoing registration with appropriate governing bodies.
- Patients said they were treated with compassion, dignity and respect.
- Information about services was available in a format to enable everybody to understand and access it.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provides medical services to an all boys' boarding school (around 700 pupils) and during term time holds a daily surgery (Monday to Friday) at the medical centre. Part of the service offered is pitch side care during interschool matches. The practice started

Summary of findings

out with basic equipment but have developed this and now have a fully equipped buggy with stretcher, spinal board, splints, oxygen, Entonox and a defibrillator. The school now insist that the schools they play have a similar level of care at the away fixtures.
- The system for dealing with safety alerts allowed for timely and thorough communication to all staff. Actions identified were documented. However, the most recent alert from 6 September, which was relevant to the practice, had not been identified or actioned.

The areas where the provider must make improvements are:

- Ensure governance arrangements are appropriate in all areas of the practice. For example, for management of patient group directions.
- Ensure there is a system in place to action and mitigate the risks to patients if a vaccine cold chain breach occurs.
- Ensure all staff that chaperone have a Disclosure and Barring Service (DBS) check in place and appropriate training before commencing chaperone duties.
- Ensure all staff complete training relevant to their role and continue to have regular updates.
- Ensure there is a failsafe system to ensure results are received for all samples sent for the cervical screening programme.
- Ensure blank prescription stationery is stored securely and distribution monitored within the practice in accordance with current guidelines.
- Ensure all safety alerts are actioned and appropriate records are maintained to mitigate risks to service users.
- Ensure a system is in place to identify whether staff are registered with an appropriate governing body on an ongoing basis.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services and improvements must be made.

- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had not identified a breach in the cold chain for vaccines in all three fridges and no action had been taken for one month.
- Non-clinical staff and GPs advised us that the reception staff would act as a chaperone, although the practice manager told us that only clinical staff would chaperone. The staff's knowledge of chaperone duties was not sufficient to protect patients whilst acting as a chaperone.
- There was a system in place to respond to and action patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA), the alerts were emailed to two members of staff, who ensured that actions were taken and documented on a spreadsheet. However, there was no action for the most recent alert on 6 September 2016.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse. However, not all staff were up to date with safeguarding training.
- Blank prescription forms and pads were not securely stored during the day once they were distributed and there was no system in place to monitor their use when allocated to different areas within the practice.
- The practice had good prescribing systems and had liaised with the clinical commissioning group to ensure prescribing was safe.
- Appropriate recruitment checks were undertaken prior to employment.

Are services effective?

Requires improvement

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

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the national average in 2014/2015. However this had improved in 2015/2016. Exception reporting was lower than the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, mandatory training was not up to date and had not been identified by the management team.
- Staff told us they had regular appraisals and evidence was seen of these in staff files.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 in line with others for several aspects of care. For example, 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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 have championed the reduction in the use of particular antibiotics within the CCG and were involved with pilot data searches for health intelligence.
- 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.

Summary of findings

- 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?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. We found that the systems and processes did not fully support the implementation of this vision. For example, although staff were given access to online training the governance arrangements did not ensure compliance.
- The practice was unable to demonstrate clear and embedded systems and processes to deliver good quality and safe care to promote positive outcomes for patients. For example, the cold storage of vaccines was not appropriately monitored.
- Blank prescription forms and pads were not securely stored during the day once they were distributed and there was no system in place to monitor their use when allocated to different areas within the practice.
- There was inconsistent arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There were limited governance arrangements for ensuring that all staff were appropriately registered with governing bodies on an ongoing basis and for ensuring that patients group directions were authorised appropriately
- There was an overall lack of governance structure to drive improvement. There was no management oversight of the actions needed to ensure staff completed ongoing mandatory training in a timely manner, staff had not been effectively trained in how to respond to a cold chain breach and staff were unclear regarding their responsibilities regarding chaperone duties.
- There were no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.
- There was a system in place to record and log actions taken on relation to alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, the most recent alert

issued on the 6 September had been missed by the practice and no action had been taken. Although this was not a systemic issue the alert missed was relevant to general practice and patients safety was compromised.

- Although the staff we spoke to on the day had a good understanding of safeguarding procedures and indicators of concerns, not all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff had access to online training that included: safeguarding, fire safety awareness, basic life support and information governance. However, not all staff were up to date with updating training.
- Non-clinical staff had been given access to online chaperone training without adequate supervision and information regarding their responsibilities. This had led to confusion within the practice and could result in patient safety being compromised.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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).
- The practice had gathered feedback from patients through the patient participation group (PPG) and from staff through regular appraisals.

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 provider was rated as inadequate for well-led, requires improvement for safe and effective and good for responsive and caring. The issues identified as requires improvement overall 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.
- The practice worked with multi-disciplinary teams in the care of older vulnerable patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to the national and local average.
- For example, 97% of patients with chronic obstructive pulmonary disease had a review including an assessment or breathlessness compared to the clinical commissioning group (CCG) average of 92% and national average of 90%.
- 85% of patients with dementia had been reviewed face-to-face in the previous 12 months compared to the CCG average of 84% and national average of 84%.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for people with long-term conditions. The provider was rated as inadequate for well-led, requires improvement for safe and effective and good for responsive and caring. The issues identified as requires improvement overall 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 were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 77% of targets which was lower when compared to the CCG average (94%) and the national average

Summary of findings

(89%), however, exception reporting for diabetes related indicators was 2%, lower than the CCG average (7%) and national average (5%). (Data for 2015/2016 showed that this had improved to 91%).

- Longer appointments and home visits were available when needed.
- The practice offered blood pressure monitors for patients to use at home.
- 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 requires improvement for the care of families, children and young people. The provider was rated as inadequate for well-led, requires improvement for safe and effective and good for responsive and caring. The issues identified as requires improvement overall 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 comparable to CCG and national averages for all standard childhood immunisations. The practice had a policy for following up all children who had not attended for immunisations with outside agencies, such as health visitors, and GPs reviewed all records to identify any vulnerabilities or concerns.
- The practice worked closely with a local boys school and attended rugby matches to provide medical support.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All children were offered an appointment within 24 hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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. The provider was rated as inadequate for

Summary of findings

well-led, requires improvement for safe and effective and good for responsive and caring. The issues identified as requires improvement overall 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.
- 82% of women aged 25 to 64 had a cervical screening test in the last five years compared to the CCG average of 84% and national average of 82%.
- The practice designed a urinary tract infection (UTI) pathway to reduce unnecessary appointments for asymptomatic working patients.
- The practice offered extended opening hours until 7.30 pm once a week and 8am to 12pm one Saturday per month.
- Requesting repeat prescriptions and booking appointments could be done on line and the practice had recently moved to the electronic prescription service (EPS).Over two months the practice had increased the uptake of EPS to 58% by encouraging patients to use the system.

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for vulnerable patients.
- 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.
- Health checks were offered to patients with a learning disability and there was flexibility as to where these were carried out.
- There was a system in place to ensure that patients had weekly prescriptions for patients at risk of over-using medicines.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health. The provider was rated as inadequate for well-led, requires improvement for safe and effective and good for responsive and caring. The issues identified as requires improvement overall affected all patients including this population group. There were however examples of good practice.

- 100% of patients with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 94% of patients with psychoses had an agreed, documented care plan, which is higher that the CCG average of 89% and 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 in July 2016; results showed the practice was performing higher than national averages. 223 survey forms were distributed and 115 were returned. This represented 1.2% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% 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 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 6 comment cards which were all positive about the standard of care received. Patients said they received an excellent service at the practice and they felt that the GPs, nurses and receptionist were kind, caring and compassionate.

We spoke with 16 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the NHS Friends and Family Test for March 2016, where patients are asked if they would recommend the practice. The results showed 85% of respondents would recommend the practice to their family and friends.

Dr E.A. Allan & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr E.A. Allan & Partners

Dr E A Allan & Partners provides GP services to approximately 9200 patients in a suburban area of Abingdon in Oxfordshire. The locality has a relatively low level of deprivation, with a higher working age population compared to the national average. Over 80% of the population are under 60 years old and are predominantly white British.

The practice currently has five GP partners (three female and two male) and is in the process of registering another female partner. There are three practice nurses, an advanced nurse practitioner, a health care assistant, a phlebotomist, a practice manager and nine members of the administration team.

Dr E A Allan & Partners is located on two floors of the same building. The ground floor has six GP consulting rooms, two nurse treatment rooms and one multi-purpose room which is used for phlebotomy services, HCA consultations and as an interview/isolation room. The second floor is for practice staff and has offices, a meeting room and kitchen. There are no consulting rooms on the first floor. There is step free access to the main entrance, parking (including disabled parking spaces) and automatic entrance doors. The practice has been extended over the years to maximise space.

The practice is open between 8.30am and 6.30pm Monday to Friday. They also open one evening a week until 7.30pm and one Saturday a month from 8am to 12pm. Monday to Friday between 8am and 8:30am the surgery offers an emergency only telephone line.

The practice has opted out of providing Out of Hours services to their patients. The Out of Hours service is provided by Oxford Health NHS Foundation Trust and is accessed by calling NHS 111. Advice on how to access the Out of Hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice is closed.

Dr E A Allan & Partners is registered to provide services from the following location:

Long Furlong Medical Centre 45 Loyd Close, Abingdon, Oxfordshire, OX14 1XR.

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.

Detailed findings

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 29 September 2016. During our visit we:

- Spoke with a range of staff including five GPs, three reception staff and the practice manager and spoke with 16 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and a written apology.
- Staff who attended team meetings were informed of any learning from significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There was a process for recording significant events and we saw evidence of meetings where significant events were discussed. We saw evidence that action was taken to improve safety in the practice. For example, during a data cleansing exercise the practice sent out the wrong patients information as the letters were placed into corresponding envelopes with printed labels. When this was identified they immediately checked over 400 remaining letters to ensure they were all correct. The practice implemented a policy that all mail will be sent out using window envelopes to mitigate the risk of this happening again.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse did not always ensure patients were protected. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities; however not all staff had received training on safeguarding children and vulnerable adults relevant to their role. The practice training matrix highlighted that one GP, two practice nurses and two administration staff had not had safeguarding adults update training. GPs had completed level three safeguarding children training, however, two nurses could not evidence safeguarding children level 2 update training. The staff we spoke to on the day had a good understanding of safeguarding procedures and indicators of concerns.
- A notice in the waiting room advised patients that chaperones were available if required. We were told by the practice manager that only clinical staff would undertake chaperone duties. However, all staff had recently completed online chaperone training. Non-clinical staff told us that as they had completed this training they would chaperone if a GP requested them to and GPs confirmed that they would ask the administration staff to chaperone for them. Two members of non-clinical and one member of clinical staff did not fully understand the role of the chaperone, including the need to stand with the patient whilst acting as a chaperone. All clinical staff had 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). Non-clinical staff did not have a DBS check as determined by a risk assessment completed by the practice. However, the risk assessment did not consider the risk of protecting vulnerable patients whilst undertaking chaperone duties.
- We saw that the practice was clean and there were cleaning schedules in place and cleaning records were kept.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. The training matrix identified that a GP had not completed infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Requires improvement

Are services safe?

The arrangements for managing medicines, including vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), specifically the storage of vaccines, use of prescription stationery and monitoring of patient specific directives required improving.

- The cold storage of medicines was not appropriately monitored. We found all three of the vaccine fridges in the practice had been documented as being out of the recommended temperature range. This breach in the cold chain had occurred for between one week and one month, prior to the inspection. No action had been taken by staff to mitigate the risks to patients following this breach. The storage at higher temperature ranges resulted in the vaccines being at risk of losing their effectiveness. The practice was advised by the vaccine manufacturers that they could still use some of the vaccines and would have to inform any patients that had already been administered the vaccine since the cold chain breach had occurred.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were not securely stored during the day once they were distributed and there was no system in place to monitor their use when allocated to different areas within the practice.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. On the day we found that new PGDs had been received into the practice in May 2016 they were not signed by an authorising GP until the day before the inspection, although they had been used.
- Alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were emailed to the practice manager and another member of non-clinical staff. The practice had a spreadsheet showing the alerts received and the action, if any, the practice had taken. However, the most recent alert issued on the 6 September had been missed by the practice and no action had been taken.
- 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. However, there was no systematic process to identify evidence of ongoing registration with the appropriate governing body on an annual basis.

Monitoring risks to patients

Risks to patients were inconsistently assessed and well managed as detailed above. However:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- 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).
- 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 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.
- Staff received annual basic life support training; however, one receptionist had not completed this.
- There were appropriate emergency medicines available in the treatment room.

Requires improvement

Are services safe?

- There was a process and system in place to check that medicines are in date and equipment is well maintained. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, and through being a teaching practice for medical students.
- The practice operated a system to ensure that all referrals to health services were reviewed by two GPs to ensure that they were appropriate and there was a failsafe system to ensure that the referrals had been received by the service.

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 91.5% of the total number of points available in 2014/2015. This had improved to 97.4% in 2015/2016.

The practice's exception rate overall was 6% which was below the clinical commissioning group (CCG) of 10% and national average of 9%. (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). The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 77% which was below the CCG average of 94% and the national average of 89%. (Data for 2015/2016 showed that this had improved to 91%).
- Exception reporting for diabetes related indicators was 4% which was below the CCG average of 13% and the national average of 11%.
- Performance for mental health related indicators was 94% which was comparable to the CCG average of 95% and the national average of 93%.
- Exception reporting for mental health related indicators was 13% which was comparable to the CCG average of 11% and the national average of 11%.

Nursing staff took a particular interest in undertaking reviews for long term conditions to ensure the best outcomes for patients and to achieve QOF targets.

There was evidence of quality improvement including clinical audit.

There had been thirteen clinical audits undertaken in the last two years, 4 of these were completed and ongoing audits. For example, one audit reviewed the management of patients who had been prescribed an anticoagulation medicine (anticoagulants are medicines that help prevent blood clots) to manage diagnosed atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating). The first cycle of audit, indicated 78% of patients with atrial fibrillation had been contacted and asked to review the use of anticoagulant with their GP. Best practice standard was between 40-70%; whilst the practice had an in-house standard that 70% should be anticoagulated. The second cycle of audit indicated 83% of patients with atrial fibrillation had been contacted and asked to review the use of anticoagulant with their GP. We saw plans of further annual audits to ensure this improvement was maintained.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions attended training courses and had clinical mentors within the practice.
- 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. However, staff had not responded appropriately when a breach in the cold chain for vaccines had occurred.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We were told by staff that appraisals had taken place within the last 12 months. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- Staff had access to online training that included: safeguarding, fire safety awareness, basic life support and information governance. However, not all staff were up to date with updating training. For example, one GP, two practice nurses and two administration staff had not had safeguarding adults update training. GPs had completed level three safeguarding children training, however two nurses could not evidence safeguarding children level two update training. One GP had not completed infection control training and one receptionist had not recently completed basic life support training.

Coordinating patient care and information sharing

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

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

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

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example, patients were referred to an exercise programme and appropriate mental health services.

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG average of 83% and the national average of 82%. There were no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.

There was a policy to offer reminder letters for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for the bowel screening service in the last two and a half years was 65% compared to the CCG average of 59% and national average of 58%. The practice also encouraged eligible female

Requires improvement

Are services effective?

(for example, treatment is effective)

patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 74% compared to the CCG average of 75% and national average of 72%.

Childhood immunisation rates for the vaccines given were higher than the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 100% and five year olds from 92% to 99%, compared with the CCG of 90% to 97% and 92% to 97%.

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.

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.

All of the six 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.

On the day we spoke with 12 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% 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 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

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

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 158 patients as carers (1.7% of the practice list). The carers were offered an annual health review. Written information was available to direct carers to the various avenues of support available to them.

The practice had identified forty patients as having a learning disability. These patients were offered an annual health check, of which 26 had attended or had an appointment booked.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by giving them advice on how to find a support service.

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. The practice have championed the reduction in the use of particular antibiotics within the CCG and were involved with pilot data searches for health intelligence.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as Hepatitis B vaccine for travel which is available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice provided medical services to an all-boys boarding school (around 700 pupils) and during term time holds a daily surgery (Monday to Friday) at the medical centre. Part of the service offered is pitch side care during interschool matches. The practice started out with basic equipment but have developed this and now have a fully equipped buggy with stretcher, spinal board, splints, oxygen, Entonox and a defibrillator.The school now insist that the schools they play have a similar level of care at the away fixtures.
- To enable more consulting rooms and space for patients the practice extended the building upstairs into the loft.
- The practice have allowed a pharmacy to use part of the extension with the aim of improving services for patients and support with future recruitment of GPs.
- A recent survey of younger patients resulted in the production of a young person leaflet to increase their understanding of the appointments system, confidentiality and services that the practice offers.

Access to the service

The practice is open between 8.30am and 6.30pm Monday to Friday. They are also open one evening a week until 7.30pm and one Saturday a month from 8am to 12pm. Monday to Friday between 8am and 8:30am the surgery offers an emergency only telephone line. In addition to pre-bookable appointments that could be booked up to four 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 was higher than local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.
- 78% of patients said they could usually get to see or speak to their preferred GP compared to the CCG average of 68% and the national average of 59%.

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.
- Urgent same day appointments were available.

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 a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, leaflets were visible in reception.

We looked at six complaints received in the last 12 months and found that written complaints were dealt with in a timely manner, with openness and transparency and letters

Good

Are services responsive to people's needs?

(for example, to feedback?)

of apology were sent. Lessons were learnt from complaints. For example, a practice nurse was given further training when an incident occurred where a needle was left in situ following a routine immunisation.

Are services well-led?

Inadequate

(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 vision to deliver high quality care and promote good outcomes for patients.

- The practice ethos was to be family doctors and recognise all patients as individuals. The practice identified that to achieve this they needed a motivated, well trained and supported health care team.
- The staff knew and understood the values and the practice had a strategy and supporting business plans which reflected the vision and values. During the inspection we found that the systems and processes did not fully support the implementation of this vision. For example, although staff were given access to online training the governance arrangements did not ensure compliance.

Governance arrangements

The practice was unable to demonstrate clear and embedded systems and processes to deliver good quality and safe care to promote positive outcomes for patients.

- There was inconsistent arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the cold storage of medicines was not appropriately monitored. We found all three of the vaccine fridges in the practice had been documented as being out of the recommended temperature range. This breach in the cold chain had occurred for between one week and one month, prior to the inspection. No action had been taken by staff to mitigate the risks to patients following this breach. The governance arrangements did not highlight the breach or lack of action taken.
- Blank prescription forms and pads were not securely stored and there was no system in place to monitor their use once received into the practice.
- We found that new PGDs had been received into the practice in May 2016 they were not signed by an authorising GP until the day before the inspection, although they had been used.
- There was an overall lack of governance structure to drive improvement. There was no management oversight of the actions needed to ensure staff were appropriately trained.
- There were limited governance arrangements for ensuring that all staff were appropriately registered with governing bodies on an ongoing basis and for ensuring that patients group directions were authorised appropriately.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were no failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme.
- There was a system in place to record and log actions taken on relation to alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, the most recent alert issued on the 6 September had been missed by the practice and no action had been taken. Although this was not a systemic issue the alert missed was relevant to general practice and patients safety was compromised.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. The evidence found on the day did not corroborate this with regards to safety within the practice.

For example:

- Although the staff we spoke to on the day had a good understanding of safeguarding procedures and indicators of concerns, not all staff had received update training on safeguarding children and vulnerable adults relevant to their role.
- Staff had access to online training that included: safeguarding, fire safety awareness, basic life support and information governance. However, not all staff were up to date with updating training. The training matrix clearly identified these gaps but mitigating action had not been taken by the leadership team.
- Non-clinical staff had been given access to online chaperone training without adequate supervision and information regarding their responsibilities. This had led to confusion within the practice and could result in patient safety being compromised.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services well-led?

Inadequate

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

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). Following an incident where the wrong patients information was posted out (during a large data cleansing exercise) the practice manager undertook a full investigation. The issue was identified in a small number of patients. We saw that these patients were contacted with a full apology and details given. The practice also contacted the other patients who had received letters for the data cleansing exercise to inform them that the incident had taken place but that it did not directly affect them.

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. The practice systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- 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 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a protocol was written for receptionists following the PPG suggesting that booking telephone consultations could be more streamlined.
- The staff told us the practice had gathered feedback from them through annual appraisals.
- 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

Although staff had regular appraisals where learning needs were identified the governance structure did not ensure this was undertaken to ensure staff were fully aware of their responsibilities regarding their role. For example, staff were unclear on their responsibilities regarding chaperone duties and a cold chain breach with vaccine storage. There was focus on continuous learning and improvement. There was a limited programme of clinical and internal audit, which was used to monitor quality and to make improvements. The practice team were part of local pilot schemes to improve outcomes for patients in the area. For example, the practice championed the reduction in the use of particular antibiotics within the CCG and designed a leaflet for younger patients which was adopted by other practice's.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, plan and mitigate risks to the health and safety of service users. The provider had failed to identify the risks associated with: • Blank prescription stationery was not held securely or tracked when distributed within the practice in line with current national guidelines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • There was a lack of action to mitigate the risks of a cold chain breach • In line with current guidance; Patient Group Directions must be adopted and authorised by the practice before they are usedto administer medicines. • There was no systematic process to identify evidence of ongoing registration with the appropriate governing body. • There was not an appropriate risk assessment for security checks of staff undertaking chaperone duties within the practice. Staff that would have undertaken chaperone duties did not have the appropriate knowledge to keep patients safe.

This section is primarily information for the provider

Requirement notices

- Systems for monitoring training did not ensure staff were appropriately trained.
- There was no failsafe system in place to ensure results were received for all samples sent for the cervical screening programme.

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