

The Grange Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Grange Practice on 29 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- 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.
- Patients said they were able to make an appointment with a GP when needed 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice provided on-site ultrasound facilities which had led to efficient, prompt diagnosis and referral to secondary care.

The areas where the provider must make improvement are:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff.

The areas where the provider should make improvement are:

- Ensure that training records are monitored and up to date.
- Revise significant event and complaints investigation processes, in order to improve the audit trail in relation to the actions taken and the outcomes of such investigations.

- Revise the process for recording minutes of meetings at the practice, in order to ensure that actions raised staff completing them are accountable.
- Ensure that arrangements to identify risks continue to be improved and monitored.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system for reporting and recording significant events however, the audit trail for monitoring these reports was not thorough.
- 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 clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. We saw examples of identification and effective management of safeguarding concerns.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that overall, patient outcomes were comparable to local and national averages.
- 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.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. 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. The practice was also working with the CCG to secure an update to its telephone system.
- Patients said they found it easy to make an appointment with a 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?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, minutes taken were not fully auditable.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve the quality of risk identification and management.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments, for those with enhanced needs and for flu vaccination.
- The practice provided and maintained equipment for a local nursing home to support patient assessments and reduce hospital admissions.
- The practice provided training for staff in nursing homes.
- The practice referred patients to two beds in a nursing home which it utilised to prevent unnecessary admission to hospital, provide respite care and care and support for particularly vulnerable patients. Each admission was for a two week period with extensions available in exceptional circumstances.
- The practice offered individual care plans which were shared with the relevant out of hours provider.
- A tissue viability leg ulcer service was delivered by the practice nurses, health care assistants and where appropriate, the district nurses.
- The carer support service offered a weekly advice clinic located at the practice.
- The patient participation group (PPG) offered a monthly coffee and chat group for those who may be isolated.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- The practice held a register for patients suffering from long term conditions and a nominated member of staff coordinated annual recalls.

Summary of findings

- Home visits were available for housebound patients to receive their annual review.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c blood test was 64 mmol/mol or less in the preceding 12 months was 75% compared to the clinical commissioning group (CCG) average of 78% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- The practice was keen to develop and improve services for diabetic patients and had recently appointed a GP lead for diabetes and recruited a practice nurse who was being trained in diabetes management.
- The practice offered health screening for cardio vascular disease.
- The practice patient participation group (PPG) offered a monthly coffee and chat group for those who may be isolated.

Families, children and young people

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

- There were systems 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.
- Baby immunisation clinics were scheduled to avoid school run times in response to patient feedback.
- There were systems for reminding parents about immunisation and the practice conducted a joint mother and baby check at eight weeks post-natal.
- The practice offered a full family planning service. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 82% compared to the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- We saw positive examples of joint working with midwives and health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice duty doctor system facilitated same day appointments for all children where clinically relevant and also on a parents' request. The practice sent a congratulations card to all parents on the birth of a child enclosing a practice registration form.

Good



Summary of findings

- The practice offered a private room for nursing mothers to breastfeed.
- The practice had a policy of registering family members with the same GP.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered telephone triage and telephone consultations every day.
- The practice offered online booking of appointments, prescription requests via email and smartphone sharing of health data was also available.
- The practice offered extended hours appointments on two evenings, one weekday morning and Saturday mornings for people who worked and found it difficult to attend during normal opening hours.
- The practice placed alerts on patient's records for those who found it difficult to attend in normal hours. This highlighted the need for flexibility with staff.
- Flu clinics were held on Saturday mornings.
- The practice promoted healthy lifestyles through a healthy walking programme and weight reduction services.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients whose circumstances made them vulnerable were permitted to remain registered with the practice if they moved away from the usual catchment area. This provided better continuity and support for the patient. The practice offered longer and flexible appointments for patients with a learning disability and also for those whose lifestyles warranted it.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Guide dogs and assistance dogs were welcomed at the practice.
- The practice supported a local charity that worked closely with people who had housing problems or were homeless. It provided the facilities for a weekly drop in clinic on a Wednesday and a monthly tea and chat event where patients could meet others in similar situations, and receive advice and support.
- There was a hearing loop and a quiet room available.
- Interpreter services were available.
- The carer support service provided a drop in clinic every Friday.
- The practice patient participation group (PPG) offered a monthly coffee and chat group for those who may be isolated.
- The practice held a quarterly multidisciplinary palliative care meeting

People experiencing poor mental health (including people with dementia)

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

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the clinical commissioning group (CCG) average of 85% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% compared to the CCG average of 88% and the national average of 90%.
- 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 was 88% compared to the CCG average of 88% 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.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia and staff had a good understanding of how to support patients with mental health needs and 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 to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice offered on site counselling services.
- There was a follow up protocol for people with a new diagnosis of depression.
- The practice offered telephone access and support for people who were agoraphobic.
- The practice supported social prescribing and referred patients to the healthy walks service from the Montefiore Medical Centre (The Grange Practice) every Thursday.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed that overall the practice was performing in line with local and national averages. Two hundred and fifty four survey forms were distributed and 122 were returned. This represented 1% of the practice's patient list.

- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 73% and the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 79%.
- 42% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group average of 55% and the national average of 73%. The practice was negotiating for a new telephone system to improve access for patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 39 comment cards of which 32 were positive about the standard of care received. Patients wrote that they were treated with respect, listened to and that the staff at the practice were caring, professional and willing to go the extra mile for their patients. Six cards were mixed in their comments and were very positive about the standard and continuity of care but stated that they had experienced delays in getting an appointment to see their own GP on occasion.

We spoke with three patients face to face and two patients on the telephone during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the on-line NHS friends and family test showed that 78% of patients would recommend The Grange Practice. Results from 15 friends and family test comment cards submitted between 1 March 2016 and 30 September 2016 showed that 11 patients would be likely or highly likely to recommend the practice, one patient was neutral and three patients would be unlikely to recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.

Action the service **SHOULD** take to improve

- Ensure that training records are monitored and up to date.

- Revise significant event and complaints investigation processes, in order to improve the audit trail in relation to the actions taken and the outcomes of such investigations.
- Revise the process for recording minutes of meetings at the practice, in order to ensure that actions raised staff completing them are accountable.
- Ensure that arrangements to identify risks continue to be improved and monitored.

The Grange Practice

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 practice manager specialist adviser.

Background to The Grange Practice

The Grange Practice is situated in Ramsgate, Kent and has a registered patient population of 11,841. Sixty three percent of the patient population are either employed or in full-time education. Four percent of the population are unemployed compared to the clinical commissioning group (CCG) average of 6% and the national average of 5%. Twenty one percent of the population are aged 65 years of over compared to the national average of 17%.

The practice staff consist of eight GP partners (four male and four female), one male trainee GP, two female nurse practitioners, three female nurses, two female health care assistants, one practice manager as well as administration and reception staff. Patient areas are on the ground floor and are accessible to patients with mobility issues as well as parents with children and babies.

The practice is a training practice (training practice have GP trainees and newly qualified doctors).

The practice has a general medical services contract for delivering primary care services to the local community.

Services are provided from The Montefiore Medical Centre, Dumpton Park Drive, Ramsgate, Kent, CT11 8AD only.

The Grange Practice is open Monday to Friday between the hours of 8 am to 6.30pm. Extended hours appointments are offered on two evenings per week from 6.30pm to 8pm, on one morning per week from 7am to 8am and also on Saturday mornings from 8.30am to 10am. Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as availability of specialist nursing treatment and support.

There are arrangements with other providers (Integrated Care 24) via the NHS 111 system to deliver services to patients outside of the practice's working hours

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 29 September 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, reception staff, the practice manager) and spoke with patients who used the service.

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and that they would make a record of the incident. The practice used a free text word document to record all significant events. Practice staff were aware of the requirement to record 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 (where relevant), received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. However the audit trail of the event, investigation, actions and outcomes was not thorough.
- The practice carried out a thorough analysis of the significant events. They were discussed at partners meetings and also at whole practice meetings. However records did not always clearly show the dates of actions taken, by whom, how learning was disseminated and monitoring of outcomes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, Following the discovery that a patient in her second pregnancy did not have immunity to German Measles, the post-natal template was changed to raise the question of immunity and ensure vaccination took place at the earliest opportunity. The template was structured so that it could not be saved until this was addressed, thereby reducing the risk of reoccurrence.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There 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 and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw evidence (anonymised) of where safeguarding concerns in relation to both children and adults had been raised by staff and managed effectively by the practice.

- Notices 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. The practice nurse had recently been appointed as the clinical lead for infection control. She had attended training relating to this specialist role. There was an infection control protocol and staff had received up to date training. An infection control audit was in progress and we saw evidence that actions arising from this were being addressed
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes 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 clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, full employment history and references were not always present.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments. However, in the last six months scheduled fire drills had on two occasions been postponed and were therefore late in being conducted. We saw evidence that a further fire drill had been scheduled in conjunction with the other occupants of the premises. Documentary evidence has been submitted to show that this was completed as scheduled. 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 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 were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system 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 to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 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.

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 95% of the total number of points available. Performance for exception reporting was comparable with local and national averages. 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 overall practice exception rate was 10% compared to the clinical commissioning group (CCG) average of 9% and the national average of 9%.

This practice was an outlier for QOF (or other national) clinical targets in several areas. Data from 2014 to 2015 showed:

Performance for diabetes related indicators was worse than local and national averages.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 62% compared to the CCG average of 77% and the national average of 78%.

- The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March was 88% compared to the CCG average of 95% and the national average of 94%.

In addition:

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 79% compared to the CCG average of 86% and the national average of 90%.

The practice was aware that their performance was below average. Unexpected staff sickness during that period had meant that they had been unable to provide sufficient clinic time for reviews of diabetic and COPD patients. They had recruited additional staff with relevant qualifications and enhanced the skills of existing staff to make more effective use of the overall skills base.

Performance for mental health related indicators was similar to the national average:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88% compared to the CCG average of 88% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% compared to the CCG average of 88% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86% compared to the CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last year, four of these were completed audits where the improvements were made and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit in response to new NICE guidance relating to the prescribing of aspirin to patients suffering from atrial fibrillation (an irregular heart rhythm) as a stroke prevention measure. The first cycle conducted in April 2015 identified that six percent of relevant patients were still being prescribed aspirin. Each patient was reviewed and medicines appropriately amended. Clinicians were made aware of the new guidance. A further cycle of the audit was conducted in March 2016 and all relevant patients were being treated in accordance with the new guidance.

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 was tailor made and based on existing skills and experience. Post induction training 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, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending workshops and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

The practice offered on-site ultrasound facilities. This service had reduced the need for attendance at hospital and had speeded up diagnosis and treatment in many cases. We saw numerous examples of prompt diagnosis, referral to and receipt of secondary care due to the effective use of this facility. For example: One patient was scanned, referred to secondary care and a treatment plan agreed with that secondary care provider within two days of first presenting at the practice with symptoms of pain.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

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. This included a weekly walking group which met at the practice.
- The carers support service operated a service every Friday and counselling services were also available on site. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.

The practice encouraged uptake of the cervical, bowel and breast cancer screening programmes. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 63% to 98% compared to the CCG averages of 66% to 95% and five year olds from 83% to 97% compared to the CCG averages of 76% 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.

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.

We received 39 comment cards of which 32 were positive about the standard of care received. Patients wrote that they were treated with respect, listened to and the staff at the practice were caring, professional and willing to go the extra mile for their patients. Six cards were mixed in their comments and were very positive about the standard and continuity of care but stated that they had occasionally experienced delays in getting an appointment to see their own GP. We spoke with two 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%

- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 186 patients as carers (two percent of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice policy ensured that all staff were made aware of a bereavement and notified all other providers involved in the care of the deceased, and cancelled any appointments or prescriptions.

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, regular review and engagement with the medicines optimisation team.

- There were longer appointments available for patients with a learning disability, for those with complex needs and where an interpreter was needed.
- Home visits were available for older people and other patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered early morning, evening and Saturday morning surgeries for people who worked during normal opening hours and found it difficult to attend. The days of the week that these services operated varied on a rotational basis.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were offered an appointment with their registered GP in the first instance to promote continuity of care.

Access to the service

- The practice was open between 8am to 12pm and 1pm to 6pm Monday to Friday, and 8.30am to 10am on Saturdays. Appointments were from 8.30am to 11.30am every morning and 3.30pm to 5.30pm daily. Extended hours appointments were offered at the following times on two evenings per week from 6.30pm to 8pm, one morning per week from 7am to 8am. The days of the week that these services operated varied on a rotational basis. Appointments were also offered between 8.30am to 10am every Saturday. In addition to appointments that could be booked up to eight weeks in advance, urgent appointments were also available on the day.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 42% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was aware of this poor feedback and we saw evidence of action taken to replace the existing telephone system in order to facilitate better telephone access to the practice.

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 to assess:

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

Requests for home visits were triaged by the reception team in line with the practice policy. In cases where the urgency 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.

Nursing homes were able to contact the practice via a direct line and all frail elderly patients had an alert placed on their record.

Listening and learning from concerns and complaints

The practice had an effective system 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. Leaflets were available for patients, the complaints procedure was outlined in the practice patient booklet and a poster was displayed in the waiting area.

Are services responsive to people's needs? (for example, to feedback?)

We looked at nine complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way and with openness and transparency. The duty of candour was complied with. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, an investigation into a

complaint relating to improper disclosure of personal information led to the identification of an anomaly within the IT system and the need for further staff training. A written apology was provided to the patient, training given and the staff member concerned managed in accordance with the practice disciplinary procedure.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for managing identified risks, issues and implementing relevant mitigating actions. The practice had identified the need to maintain a risk register and have initiated this process. However, the audit trail in relation to actions taken and outcomes of significant event and complaints investigation processes was not always clear and auditable.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 partners encouraged a culture of openness and honesty. The practice had systems 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.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted whole team meetings were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, patients concerns in relation to the telephone system resulted in additional lines being opened and more staff being made available to answer calls. The practice had recognised that the telephone system was no longer fit for purpose and was working with the clinical commissioning group (CCG) to replace it and improve patient access. Concerns regarding confidentiality had resulted in calls being answered away from the reception area improving privacy.
- The practice had gathered feedback from staff through whole staff meetings, appraisals and discussion. Staff

Are services well-led?

Good 

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

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 valued as part of the team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. One of the GPs was improving their professional knowledge of ultrasound so as to provide a more comprehensive service to patients. The practice had employed three persons under an apprenticeship scheme. They had deliberately targeted the apprentice scheme as they felt that this afforded young people, who might not have otherwise have considered it, the opportunity of a career in healthcare.

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	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>Personnel records were incomplete and the practice failed to ensure their recruitment checks were robust. Staff files did not always contain proof of identification and residence, references and full employment history, contracts and registration with relevant professional bodies.</p> <p>This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing</p>