

The Barcroft Practice

Quality Report

Barcroft Medical Centre
Amesbury
Wiltshire
SP4 7DL

Tel: 01980 623983

Website: www.barcroftmedical.co.uk

Date of inspection visit: To Be Confirmed

Date of publication: 13/04/2018

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Requires improvement



Key findings

Contents

Key findings of this inspection

Letter from the Chief Inspector of General Practice

Page

2

Detailed findings from this inspection

Our inspection team

4

Background to The Barcroft Practice

4

Detailed findings

6

Action we have told the provider to take

18

Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement overall.

(At our previous inspection in May 2016 they were rated as good overall.)

The key questions are rated as:

- Are services safe? – Requires improvement
- Are services effective? – Good
- Are services caring? – Good
- Are services responsive? – Outstanding
- Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

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

We carried out an announced comprehensive inspection at Barcroft Medical Centre on 8 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, the practice system did not ensure the lessons learnt were always shared with all appropriate staff, or that the fire log book was kept up to date.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice worked to achieve good outcomes for their patients. For example, childhood immunisations rates were above the target percentage of 90%, with an average of 95% across the four target groups, compared to the national average of 91%.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation. However, not all staff had received training considered as essential in nationally recognised guidance, such as safeguarding training or equality and diversity training.

We saw two areas of outstanding practice:

Summary of findings

- The practice ran a weekly ophthalmology clinic and a weekly dermatology clinic. They enabled patients with common eye complaints and skin conditions respectively to be seen closer to home, usually within a week, rather than waiting for an outpatients appointment.
- The practice held regular coffee mornings at a local hotel that were run by the practice elderly care facilitator. Clinical staff, also attended these events. They ran a weekly coffee morning for older people who were at risk of becoming isolated and lonely. There was a programme of speakers and activities were arranged to meet these patients' needs. Patients who attended the group spoke highly of the mornings. The practice had data which showed that of 98 older patients who had attended the coffee club in 2017, 74% said they had benefited from attending the club. They also ran a carers' coffee mornings four times a year. Information about these was on the practice website and on a notice board in the surgery. These were run in partnership with the local Wiltshire Carers trust, who had staff in attendance at these events to provide support and advice.

The areas where the provider **must** make improvements are:

- The provider must ensure all that is reasonably practicable to mitigate risks to the health and safety of service users is done.
- The provider must ensure they have a clear governance framework to support the delivery of good quality care and have adequate documentation relating to the planning and monitoring of services or the identifying, capturing and managing of issues.
- The practice did not ensure staff receive such appropriate support, training, professional development and supervision as is necessary to enable them to carry out the duties they are employed to perform.

The areas where the provider should make improvements are:

- The provider should review the circumstances in which non-clinical staff are asked to attend a consultation in a non-chaperone role and develop a process to support this.
- The provider should continue the development of a business continuity plan.
- The provider should review their policies and procedures in relation to incidents to ensure lessons learnt are shared with all appropriate staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

The Barcroft 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 CQC Inspection Manager.

Background to The Barcroft Practice

The Barcroft Practice is a GP practice located in the Wiltshire town of Amesbury. It is one of 55 practices within the Wiltshire Clinical Commissioning Group and has approximately 10,450 patients.

The practice occupies a large, purpose built building with consulting rooms on the ground floor. Rooms for phlebotomy, health visitors, pharmacy consulting, midwifery and a baby clinic are located on the first floor. The reception and administration offices are also situated on the first floor. There is a patient lift and full disabled access. A large waiting room contains a TV screen that relays NHS health information.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low range for deprivation nationally. Average male and female life expectancy for the area is 80 and 84 years respectively, which is similar to the national averages of 79 and 83 years. The practice is close to a number of military bases and has a higher than average patient turnover. The practice has a slightly higher than average patient population who are under 18 years old.

The practice provides a number of services and clinics for its patients including: childhood immunisations, family planning, minor surgery, ophthalmology, dermatology and a range of health lifestyle management and advice for asthma, diabetes, heart disease and high blood pressure.

The practice team includes seven GP partners and a salaried GP (five female, three male). In addition, a pharmacist, two practice nurses, a phlebotomist (who is also a receptionist), a practice nurse manager and one health care assistant are employed. The clinicians are supported by a practice manager and a team of office assistants, secretaries and receptionists.

The Barcroft Practice is a training practice for doctors and currently has two trainees.

The practice is open from 8am to 1pm and 2pm to 6.30pm, Monday to Friday. An emergency phone contact is provided between 1pm and 2pm from Monday to Friday. The practice offers extended opening hours on four days per week until 7.30pm. The practice also offers Saturday morning appointments on one Saturday every month, from 9am to 11am. Urgent same day appointments and appointments pre-bookable up to one month in advance are available. Extended hours appointments and Saturday appointments are only available if pre-booked.

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access NHS 111 and an Out Of Hours GP service is available to patients.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The Barcroft Practice provides regulated activities from its site at:

- Barcroft Medical centre, Amesbury, Salisbury, SP4 7DR.

Detailed findings

At the time of our inspection the practice registration with CQC was incorrect. Their registration certificate listed four partners whereas the practice told us they had seven partners. We discussed this during the inspection. The practice told us they had applied to have the new partners

added to their registration and where unsure why it had not been completed. They told us they would follow this up to ensure their registration was correct and following our inspection we saw evidence they had started this process.

Are services safe?

Our findings

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse, although not all were operated effectively.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. All the staff we spoke to knew how to identify and report safeguarding concerns. All clinical staff had received up-to-date safeguarding and safety training appropriate to their role. However, the practice could not demonstrate that non-clinical staff had received any safeguarding training.
- Staff we spoke to understood their responsibilities in the event of fire. However, the practice could not demonstrate that regular fire evacuations had been carried out as recommended by their fire safety risk assessment. This meant they could not be sure their evacuation procedure was effective. Staff told us they had an incident approximately six months previously when they had evacuated the building, but this had not been recorded in the fire log book.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- We were told only clinical staff acted as chaperones. Non-clinical staff were sometimes asked to be a witness

to a consultation. We were told that in these circumstances the patient was informed that the staff member was not acting as a chaperone.. However, the practice did not have a clear procedure for this.

- There was a system to manage infection prevention and control. However, we saw that not all the clinical waste bins were appropriately labelled. Specifically, some were not labelled with the date they were put into service in accordance with Health and Safety Executive regulations.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- On the day of our inspection, the practice did not have business continuity (or disaster) plan in place. The practice told us they were in the process of developing such a plan. We saw they had a plan that was nearly complete. There was a list of contractors, suppliers and statutory bodies together with contact details in reception for use in an emergency. We heard evidence from staff that the practice had good working relationship with other local practices who they had worked with to reduce the impact of recent bad weather on local GP services.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed or administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

We saw evidence that the practice learnt and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. However, there was no policy to give staff guidance. We discussed this on inspection and the practice took steps to correct this and four days after the inspection the practice sent us their new policy on significant events.
- Staff we spoke to understood their duty to raise concerns and report incidents and near misses. They told us leaders and managers supported them when they did so. However, we saw that in 2017, the practice had recorded three significant events, compared to 25 recorded in 2016. The practice had not carried out a review of significant events to identify themes, nor had they considered if there was a reason for the decline in number of significant events recorded.
- We looked at three significant events and saw the practice carried out adequate reviews and investigation when things went wrong. Staff told us lessons learnt from significant events were shared and we saw that minutes of meetings confirmed this. However, the practice did not have a system to ensure learning was shared with all appropriate staff. For example, the meetings of the reception and administrative staff were not minuted so that staff unable to attend could not read about lessons learnt afterwards, and we were told the salaried GP did not usually attend the partners meetings where significant events were discussed and was not sent minutes of these meetings.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall.

The practice is rated as requires improvement overall and the concerns which led to these ratings apply to everyone using the practice, including the population groups which are all rated as requires improvement overall.

However, the population groups are all rated individually as good for effective.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice ran a weekly coffee club for patients over 75 and they had data which showed that of 1130 patients over 75 registered with the practice, 98 had attended the coffee club in the last year and 74% of these said they had benefited from attending the club.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The quality outcomes framework (QOF) data showed the practice performance was better than average for some long-term conditions. For example, 87% of patients with asthma, on the register, had an asthma review in the preceding 12 months that included recommended assessment questions, compared to the clinical commissioning group (CCG) average of 78% and national average of 76%.

Families, children and young people:

- The practice worked closely with the local midwifery team who were based in the practice.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines were above the target percentage of 90%, with an average of 95% across the four target groups, compared to the national average of 91%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The practice provided neo-natal checks on those born at home or discharged early.

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

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- The practice offered extended hours appointments four days a week and on Saturday mornings once a month for patients unable to attend during usual opening times.

People whose circumstances make them vulnerable:

Are services effective?

(for example, treatment is effective)

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

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

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and national average of 84%.
- 97% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 94% and national average of 90%.
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 97% (CCG 94%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 96% (CCG 96%; national 95%).

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice ran a computer search of patients with renal (kidney) impairment who were being prescribed medicines that needed to be used with caution with this condition. The record of these patients were then checked to ensure the treatment was in line with recommended guidance. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was part of a local peer review scheme to support the sharing of performance data and learning between practices.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 9% compared with a

CCG average of 11% and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice exception rate for the prevention of cardiovascular disease was 67% compared to the CCG average of 32% and national average of 25%. We discussed this during the inspection. The practice was aware of the data and had reviewed the patients concerned. They told us they had identified some coding errors which had caused the high exception rate. At the time of our inspection the practice data, which has not been externally verified, showed that of 59 patients that met this QOF criteria, two had been excepted. This is equivalent to an exception reporting rate of 3%.

Effective staffing

The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.

- The practice had not assessed and identified all the training requirements of staff. This meant they could not be sure all staff had the skills and knowledge to carry out their roles.
- The practice had a clear record of specialist training completed by clinicians. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.

Are services effective?

(for example, treatment is effective)

- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The five patient Care Quality Commission comment cards we received were all positive about the service experienced. This was in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and twenty-two surveys were sent out and 120 were returned. This represented about 1% of the practice population. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 97% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 96%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 89% of patients who responded said the nurse was good at listening to them; CCG - 93%; national average - 91%.
- 90% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.

- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.
- 80% of patients who responded said they found the receptionists at the practice helpful; CCG - 90%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (1% of the practice list).

- The practice had been awarded a silver award for caring for carers by a local charity working in partnership with the local authority.
- The practice had an elderly care facilitator who led the practice work with carers and acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- The practice ran a carer's coffee mornings four times a year at a local hotel and four carer's clinics at the surgery. Information about these was on the practice website and on a notice board in the surgery. These were run in partnership with the local Wiltshire Carers trust, who had staff in attendance at these events to provide support and advice.

Are services caring?

- Staff told us that if families had experienced bereavement they usually 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.

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:

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 87%; national average - 82%.
- 88% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 81% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as outstanding for providing responsive services.

The population groups for older people and people with long-term conditions are rated as Outstanding. The population groups for families, children and young people, working age people (including those recently retired and students), people whose circumstances make them vulnerable and experiencing poor mental health (including people with dementia) are all rated as good.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments and text messaging.)
- The practice improved services where possible in response to unmet needs.
- The facilities and premises were appropriate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice had an Elderly Care Facilitator who telephoned patients aged 75 and over following their hospital discharge or attendance at A&E to offer support and to enquire whether a GP visit or other assistance was required.
- The practice team included a pharmacist who saw patients to carry out medicines reviews. They made direct contact with patients or their carers following patient's discharge from hospital to offer support with new and existing medicines. The pharmacist regularly attended the practice coffee club aimed at older people who were at risk of becoming more isolated and lonely. They also attended local nursing homes where the practice had patients, twice a year, to offer support to patients and staff.

Older people. This population group is rated as outstanding for responsive services.

- The practice ran a weekly coffee club and wellbeing clinic in a local hotel aimed at older people who were at risk of becoming more isolated and lonely, in partnership with another local GP practice. It was coordinated by the practice elderly care facilitator. The practice pharmacist regularly attended to give advice on medicines and appointments could be made in advance to see a nurse who also attended. Patients were given the phone number and email address of the elderly care facilitator to help them to keep in touch. There was a diary of events and they conducted six-monthly surveys to get feedback from patients attending. The practice had data which showed that of 1130 patients over 75 registered with the practice, 98 had attended the coffee club in the last year and 74% of these said they had benefited from attending the club. Patients who used the weekly club commented on how valuable the club was to them. They also commented that the elderly care facilitator would contact patients who usually attended, in the event they had not attended, to check they were well.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP, practice nurse and pharmacist also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions: This population group is rated as outstanding for responsive services.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice held a weekly ophthalmology clinic which enabled optician's referrals to be seen usually within a week rather than waiting for an outpatients appointment and meant patients did not have to travel to the regional hospital. GPs running this service had received additional training and peer review to deliver this service. There was evidence the practice had low



Are services responsive to people's needs?

(for example, to feedback?)

referral rates in this speciality compared to other GP practices and that of 97 patients seen last year, 58 would otherwise have been referred for an outpatients appointment.

- The practice had a GP with a special interest in dermatology who had received additional training and peer review and who ran a weekly dermatology clinic. This enabled patients to be seen more quickly than a hospital referral and avoided them having to travel to hospital. We saw evidence this service had reduced the number of hospital referrals for dermatology and that of 129 patients seen last year, 102 would otherwise have been referred to secondary care.

Families, children and young people:

- We found 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Two hundred and twenty-two surveys were sent out and 120 were returned. This represented about 1% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 71% of patients who responded said they could get through easily to the practice by phone; CCG - 78%; national average - 71%.
- 84% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 84%; national average - 76%.
- 70% of patients who responded said their last appointment was convenient; CCG - 80%; national average - 73%.
- 70% of patients who responded described their experience of making an appointment as good; CCG - 79%; national average - 73%.
- 49% of patients who responded said they don't normally have to wait too long to be seen; CCG - 61%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.



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

- The complaint policy and procedures were in line with recognised guidance. Seventeen complaints were received in the last year. We reviewed three complaints and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It

acted as a result to improve the quality of care. For example, when a patient complained about difficulty in accessing a service providing transport to hospital, the practice investigated and found the phone number given to the patient was incorrect. The practice corrected the number being given out to prevent the mistake happening again.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff had received regular annual appraisals and career development conversations in the last year. Staff were supported to meet the requirements of professional revalidation where necessary and the practice had a clear record of specialist training completed by clinicians.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice told us they promoted equality and diversity. They identified and addressed the causes of any workforce inequality. Staff we spoke to felt they were treated equally.
- There were positive relationships between staff and teams.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, these processes had not identified they had not carried out a fire evacuation drill since 2010.
- The practice had processes to identify the specialist training requirements of staff, such as immunisation training for staff in this role. However, there was no policy in place for training which had established mandatory training for the practice. As a result the practice were unable to demonstrate that staff had access to the necessary training for their role.
- The practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

Requires improvement 

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

staff could be demonstrated through audit of their consultations, prescribing and referral decisions.

Practice leaders had oversight of MHRA alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- The practice had done a review of the latest national GP patient survey and in most areas they had agreed what action they would take to improve their results. For example, they identified that their score for patient's experience of making an appointment was below the national average and took action by providing further training and guidance to reception staff.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, they had reviewed the results of the GP patient survey and identified a number of actions they could take to improve their performance.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice was a GP training practice and accepted qualified doctors training to become GPs. The practice felt this helped ensure the practice remained open to continuous improvement.
- We saw evidence the practice shared learning and planned service development with other local GP practices.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements, although the system for this was not always effective.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not done all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving the care or treatment, or ensured that staff providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely. Specifically:</p> <ul style="list-style-type: none">• The practice had not recorded a fire evacuation drill since 2010.• The practice had not completed a review of significant events and incidents to look for themes. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice did not have a clear governance framework to support the delivery of good quality care and there was inadequate documentation relating to the planning and monitoring of services or the identifying, capturing and managing of issues. For example:</p> <ul style="list-style-type: none">• The governance arrangements had not adequately identified the training needs of all staff.

This section is primarily information for the provider

Requirement notices

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

The practice did not ensure staff receive such appropriate

support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. For example:

- Non-clinical staff had not received any safeguarding training.

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