Ripon Spa Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ripon Spa Surgery on 14 November 2016. Overall the practice is rated as requires improvement.

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

- The practice reported, recorded and reviewed significant events. The practice carried out a thorough analysis of each significant event and evidenced changes as a result. However, there was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.
- Systems, processes and practices were not always reliable or appropriate to keep people safe. We found concerns relating to a number of areas, mainly the management of infection control, medicines management, recruitment, and ensuring staff had the required training and supervision for them to carry out their role.
- There was evidence of clinical audit. However the practice did not have a programme of clinical audit in place. There was limited evidence of non-clinical audit.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care, and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice did not have an effective system in place for implementing and reviewing policies and procedures.
- There was limited evidence to show the governance arrangements operated effectively and that risks and issues were always identified or dealt with appropriately or in a timely way.
- Staff told us they were supported by the management and felt there was an open culture at the practice.

The areas where the provider must make improvements are:

- Ensure robust processes are in place for all aspects of medicines management.
- Take action to ensure arrangements are in place for managing infection prevention and control.
- Implement a system for monitoring the completion of all required training. Take action to address gaps in the mandatory training completed by staff.
- Ensure that nursing staff receive ongoing or periodic supervision in their role.
- Implement robust governance arrangements to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

The areas where the provider should make improvement are:

- Take action to ensure policies and procedures are regularly reviewed and updated.
- Develop a programme of clinical and non-clinical audit.
- Review the arrangements currently in place for revisiting changes introduced by the practice over time to ensure they are effective and embedded within the practice.
- Review the effectiveness of the governance arrangements in place for the recruitment of staff to ensure staff are recruited in a safe and timely way.
- Review the effectiveness of the arrangements for summarising patient records.
- Review the systems in place for reviewing the recording of patient consent.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- The practice reported, recorded and reviewed significant events. They carried out a thorough analysis of each significant event and evidenced changes as a result. However, there was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice.
- Systems, processes and practices were not always reliable or appropriate to keep people safe. We found concerns relating to a number of areas, mainly the management of infection control, medicines management, recruitment, and ensuring staff had the required training and supervision for them to carry out their role.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recent published results (2015/2016) were 100% of the total number of points available, above the England average of 95.3%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. However there was limited documentary evidence to show audits were revisited over time to ensure the changes were effective and embedded within the practice.
- The practice did not have systems in place to ensure mandatory training was completed by all staff. We identified staff that had not completed training in a range of areas that included: safeguarding children and adults, fire safety, infection control, information governance, health and safety and vaccination and immunisations.
- Most staff had received an appraisal within the last 12 months. The nursing team did not receive clinical supervision and did not formally meet with the GPs at the practice on a regular basis.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had satisfactory facilities.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Are services well-led?

Requires improvement

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

- The practice had a publicised mission statement. Staff were aware of their responsibilities in respect of this.
- Staff said they felt supported.
- The PPG was well established and reported good levels of engagement between them and the practice.
- The arrangements for governance did not always operate effectively. There was limited evidence to show that risks and issues were always identified or dealt with appropriately or in a timely way.
- The practice did not have an effective system in place for implementing and reviewing policies and procedures.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good.

People with long term conditions

Requires improvement

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for the ten diabetes related indicators was higher than the England average in all areas. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 86.1% compared to the national average of 80.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Requires improvement

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% compared to the England average of 73% to 96%and five year olds from 95% to 99% compared to the CCG average of 81% to 95%.
- The practice's uptake for the cervical screening programme was 86%, which was higher than the England average of 81%.
- Appointments were available outside of school hours.
- We were told of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students. The practice was rated as requires improvement for safety, effectiveness and being well-led. The issues identified affected all patients including this population group. There were however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement 

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

- The practice identified patients who may be in need of extra support. For example:patients receiving end of life care, carers and a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice provided a minimum of 4% of patients at risk of unplanned admissions to hospital with an individualised care plan.
- 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. Not all staff had received up to date safeguarding adults and children's training.

People experiencing poor mental health (including people with dementia)

Requires improvement 

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

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%
- Performance for the six mental health related indicators was higher than the England average in all areas. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% compared to the national average of 89%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Not all staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 118 were returned. This represented 1.7% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for patient feedback prior to and on the day of our inspection. We received feedback from 56 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. All of the feedback was consistently positive about the care and treatment patients received.

Areas for improvement

Action the service MUST take to improve

- Ensure robust processes are in place for all aspects of medicines management.
- Take action to ensure arrangements are in place for managing infection prevention and control.
- Implement a system for monitoring the completion of all required training. Take action to address gaps in the mandatory training completed by staff.
- Ensure that nursing staff receive ongoing or periodic supervision in their role.
- Implement robust governance arrangements to enable the provider to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

Action the service SHOULD take to improve

- Take action to ensure policies and procedures are regularly reviewed and updated.
- Develop a programme of clinical and non-clinical audit is in place.
- Review the arrangements currently in place for revisiting changes introduced by the practice over time to ensure they are effective and embedded within the practice.
- Review the effectiveness of the governance arrangements in place for the recruitment of staff to ensure staff are recruited in a safe and timely way.
- Review the effectiveness of the arrangements for summarising patient records.
- Review the systems in place for recording patient consent.

Ripon Spa Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ripon Spa Surgery

Ripon Spa Surgery, Park Street, Ripon, North Yorkshire, HG4 2BE is a semi-rural practice serving Ripon and surrounding villages. The practice is a dispensing practice and dispenses to 25% of their patients. The registered list size is approximately 7,143 and predominantly white British background. The practice is ranked in the ninth least deprived decile (one being the most deprived and 10 being the least deprived), significantly below the national average. The practice age profile is similar to the England average. The highest percentage of patients is in the 45 – 79 and 85 plus age range and a lower percentage in the 80 to 84 age range.

The practice is run by four GP partners (three male and one female) and a practice manager partner. There is one salaried GP (female) and one locum (female).

The practice employs two practice nurses and one HCA.

The clinical team is supported by a practice manager, finance manager, medical notes summariser, one secretary, one administrator, two receptionists and two receptionist/ dispensers, one senior receptionist and one deputy senior receptionist.

The Park Street Surgery is open at the following times:-

Monday 8.00am - 6.30pm

Tuesday 8.00am - 7.30pm

Wednesday 8.00am - 6.30pm

Thursday 8.00am - 7.30pm

Friday 8.00am - 6.00pm

Weekend closed

Routine appointments are available from 8.00am for nurses and 8.30am for GPs. The practice also provides extended opening hours. These usually consist of two late evening surgeries on Tuesday and Thursday continuing until 7.30pm.

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

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 November 2016.

During our visit we:

- Spoke with and received feedback from a range of staff.
- Observed how staff interacted with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed feedback from members of the patient participation group (PPG).

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice carried out an analysis of each significant event and evidenced changes as a result. However there was no documented evidence to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they were informed about incidents and changes taken as a result. However there were no records available at the time of the inspection to confirm this.
- There was a system in place for sharing safety alerts with staff that were received into the practice. However there was no system for reviewing that action had been taken in response to these alerts.

Overview of safety systems and processes

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

- Arrangements were in place 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 had a good awareness of safeguarding issues to be aware of. However not all staff had received training in safeguarding children and adults. All GPs were trained to child safeguarding level 3. The practice manager and one administrator had not completed any child safeguarding training. The health care assistant was due an update this year but there was no evidence this was planned. Three GPs, the practice manager and three administrators had not completed safeguarding adults training.
- A notice in the waiting room advised patients that chaperones were available if required. Following the inspection the practice confirmed that those staff who acted as a chaperone now had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Infection control arrangements at the practice were not well managed. Only two members of staff had completed infection control training, one in 2014 and one in 2016. There were no infection control audits carried out. The practice was generally clean although storage of cleaning equipment was unsatisfactory. We identified sterile equipment in cupboards that was passed its sterile date and couch paper on the floor. GP rooms and some of the treatment rooms were carpeted, some badly stained. We were told they were deep cleaned but there was no record of this. Other areas of the practice were in a state of disrepair such as chipped wood work and door frames. There was no action plan in place to address these issues. We were told the practice had a prearranged meeting with a flooring company to replace the flooring. There was some evidence that in the weeks prior to the inspection the practice had taken some action in this area. For example the practice manager had met with the cleaning contractor to discuss cleaning and the infection control nurse had attended training to enable them to carry out this role. They told us they had started to take some action following this. They were aware that infection prevention and control issues needed to be addressed and had been allocated additional time each week to focus on this role.

Requires improvement

Are services safe?

- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Ripon Spa surgery for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered some aspects of the dispensing process (these are written instructions about how to safely dispense medicines); a system was in place to ensure relevant staff had read and understood SOPs. There was a process in place to ensure that repeat prescriptions were signed before being dispensed. However, we saw evidence of two repeat prescriptions which were not signed by the GP.
- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were not carried out regularly. There were appropriate arrangements in place for their destruction.
- We saw evidence of entries being made in the controlled drugs register before medicines had been supplied to patients, which is not in accordance with relevant legislation.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was an SOP to govern this activity. However, staff did not follow the SOP because they did not carry out physical checks of dispensary stock medicines. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. However, we found several uncollected prescriptions greater than three months old, including one from April 2016.
- There was a system in place for the management of repeat prescriptions including high risk medicines.
- Staff did not keep a "near miss" record (a record of errors that have been identified before medicines have left the dispensary), which meant they could not identify trends and patterns in errors and take action to prevent reoccurrences. There were appropriate arrangements in place for the recording of significant events involving medicines; however these were not routinely reviewed and discussed to share learning and drive forward improvements. We saw records relating to recent medicine safety alerts, and action taken in response to them.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewarded practices for providing high quality services to patients using their dispensary. We saw evidence of audits relating to the dispensary.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. The surgery held stocks of emergency medicines and processes were in place to ensure they were within expiry date.
- Vaccines were administered by nurses and healthcare assistants using directions which had been produced in line with legal requirements and national guidance. However the nursing staff did not have up to date vaccination and immunisation training.
- Blank prescription pads were recorded upon receipt into the practice; however they were not stored securely in accordance with national guidance.
- We reviewed two personnel files. We found the practice was not always following their recruitment policy. For example DBS checks were not always carried out for clinical staff before they commenced work. We checked the DBS status for all the clinical staff and non-clinical staff that acted as a chaperone. The records showed DBS checks had recently been requested for all these staff. Following the inspection we requested confirmation these had been received. The practice provided evidence to show they had. Other appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

Requires improvement

Are services safe?

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety lead. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was last checked in 2013 with a scheduled check confirmed for December 2016. Clinical equipment had recently been calibrated. However, we found some items that had not been. For example weighing scales in the nurses room and a blood pressure machine. The practice had very basic assessments of risk. The practice provided evidence following the inspection that a legionella risk assessment had been undertaken by an external company. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff reported a shortage of GPs and explained that locums were used or staff worked additional hours.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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.
- Not all staff had received training in fire safety and health and safety.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence from audits that guidelines were followed through. For example a single cycle audit in respect of Bisphosphonate prescribing had been carried in response to NICE guidelines. However, at the time of the inspection there were no recorded minutes of meetings or clinical meetings held which meant we were unable to conclude what system the practice had in place to keep all clinical staff up to date with new guidelines.

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 (2015/2016) were 100% of the total number of points available, above the England average of 95.3%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2015/2016 showed:

- Performance for the ten diabetes related indicators was higher than the England average in all areas. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 86.1% compared to the national average of 80.2%.
- Performance for the six mental health related indicators was higher than the England average in all areas. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 95% compared to the national average of 89%.

There was evidence of quality improvement including clinical audit.

- We were provided with evidence of two full cycle clinical audits completed in the last twelve months. These related to diabetes screening in women previously diagnosed with gestational diabetes and the management of COPD. Both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included querying information from secondary care regarding rheumatological co-prescribing.

Effective staffing

- The practice could not demonstrate how they ensured mandatory training and update training was completed for all staff. At the time of the inspection, the practice did not have an effective system in place for recording training. They could not easily provide a detailed record and supporting documentation to confirm what training staff had completed. There was no evidence of planned training. Following the inspection we received a training matrix. This showed that not all staff had completed training in a range of areas which included: safeguarding children and adults, fire safety awareness, infection control, vaccination and immunisations and information governance.
- The practice had an induction programme for all newly appointed staff.
- Most staff had received an appraisal within the last 12 months. The nursing team did not receive clinical supervision/appraisal and did not formally meet with the GPs at the practice on a regular basis. Despite this staff told us they felt well supported.
- Staff told us they were supported to complete training. Some staff reported that the practice did not provide protected learning time at the practice for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The partners had weekly partners meetings. These meetings were not recorded or shared with other GPs at the practice. Nurses were periodically invited to these meetings.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. The practice had a nine month backlog of summarising of patient records onto the computer system which had been compounded by staffing issues. Arrangements had been put in place to ensure records for complex patients/at risk children were updated whilst a member of staff was trained to take over this role. However, there was no long term plan in place for reducing the backlog.

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 when care plans were routinely reviewed and updated for patients with complex needs.

The practice provided a minimum of 4% of patients at risk of unplanned admissions to hospital with an individualised care plan. This was part of the unplanned admissions Enhanced Service (ES) that the practice had signed up to. The ES had been introduced as part of a move to reduce unnecessary emergency admissions to secondary care. The main work of the ES was the proactive case management of at-risk patients which required coverage of 2% of the practice population over 18 years of age. Records showed the practice had achieved their care plan review targets for 2015/2016.

Consent to care and treatment

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

- Although there was no evidence of staff having been trained, they demonstrated they 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.
- We were not provided with evidence to show that the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers and a learning disability
- Patients were signposted to the relevant service.

Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% compared to the England average of 73% to 96%and five year olds from 95% to 99% compared to the CCG average of 81% to 95%.

The practice's uptake for the cervical screening programme was 86%, which was higher than the England average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Requires improvement

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff provided us with examples to show how they supported patients. For example using the wheelchair at the practice to transport patients from their car to the practice and collecting or taking urgent medication to a patient's home.

All of the feedback we received from patients was positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% 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.

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 significantly above national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

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

- The practice benefited from a GP who was fluent in Polish and could converse in a range of other languages. Translation services were available for patients who did not have English as a first language.
- Some information leaflets were available in Polish.

Patient and carer support to cope emotionally with care and treatment

Good

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 104 patients as carers (1.5%) 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, then they were usually visited by a practice nurse. We were provided with an example whereby nursing staff had given up their own time to join an isolated bereaved patient on a social outing. They continued this social interaction with this individual. GPs provided their telephone numbers to the patient and/or families of palliative care patients so they could be contacted at weekends and out of normal practice hours.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic'. The extended hours usually consisted of two late evening surgeries on a Tuesday and Thursday until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients assessed as needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice operated a system of daily GP-led telephone triage. The system meant that fewer book in advance appointments were available to allow more appointments for the duty doctor to book. The aim of this system was to give priority to patients on the basis of clinical need rather than 'first-come, first-served' system. A GP would contact all patients who requested an appointment for that day or that week.
- Book in advance appointments were available; bookable between two and six months in advance.
- The practice had access to 16 beds at a local community hospital. The GP practice provided medical care to patients at this hospital on an allocated basis with other local GP practices. Patients could be referred for step down care from Acute Hospital settings and from Accident and Emergency when a Community Hospital setting was felt to be more appropriate. GP's and Fast Response Teams could refer patients for step up care. The GP who accepted an admission would be the GP Practice responsible for the patient. Admissions were allocated on a 'fair shares' principle between the local GP practices who had access to this facility.
- As part of a local CCG arrangement GP practices were identified as leads for certain care homes. The practice was the lead practice for two local care services. They provided weekly review visits for one care home and as required visits for the other. They also attended patients as required in other local care homes.
- There were disabled facilities available with the exception of a hearing loop.
- Translation services were available. One of the GP partners was fluent in Polish and could converse in a range of other languages. This was of particular benefit to patients from the Polish community in the area.

Access to the service

The practice opened at the following times

Monday 8.00am - 6.30pm

Tuesday 8.00am - 7.30pm

Wednesday 8.00am - 6.30pm

Thursday 8.00am - 7.30pm

Friday 8.00am - 6.00pm

Weekend - closed

Routine appointments were available from 8.00am for nurses and 8.30am for GPs.

The practice provided extended opening hours. These usually consisted of two late evening surgeries on a Tuesday and Thursday continuing until 7.30pm.

In addition to pre-bookable appointments urgent appointments were also available for people assessed as needing them as part of the GP led triage system.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 87% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We noted the next routine appointment for a GP was on the 17 November and for a nurse on the 22 November. Electronic records showed on the day emergency appointments were also available.

The practice had a system in place to assess:

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

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

- 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.

We looked the complaints received in the last 12 months and found these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints. Recording of activity in relation to investigations was minimal and there was no analysis of trends over a period of time.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

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

- The practice had a mission statement. Staff were aware they wanted to deliver good quality care.
- The practice did not have a business plan or strategy. We were told that business issues were discussed at partners meetings but there was no evidence to confirm this.

Governance arrangements

- There was a lack of cohesion between clinical staff. The practice did not have a structured clinical meeting arrangement for all GPs and nurses. We were told that GPs did not meet collectively for clinical meetings and meetings were not minuted. Nurses did not routinely meet with GPs at the practice. We were told they were sometimes invited to GP meetings.
- Appraisal arrangements were not always carried out by an appropriate person to the role. Nursing staff were not clinically supervised.
- Practice specific policies were not always up to date, in place or overdue a review. The practice did not always follow its own policies. For example in respect of the recruitment of staff.
- There was limited evidence to show the governance arrangements operated effectively and that risks and issues were always identified or dealt with appropriately or in a timely way.
- Clinical audit was used to monitor quality and to make improvements. Audits in non-clinical areas were not always used, for example infection control, consent and staff training.
- The practice reported, recorded and reviewed significant events. The practice carried out a review of each significant event and evidenced changes as a result. However, there was no evidence in the records to show that if changes had been made following an event that these had been revisited over time to ensure the changes were effective and embedded within the practice. The practice did not record 'near misses' in the dispensary.

Leadership and culture

A comprehensive understanding of the performance of the practice was not maintained. At the time of the inspection not all staff demonstrated an awareness of the risks and issues we identified or was aware and had not acted on them. For example medicines management issues and management of training. Not all partners demonstrated an understanding of the associated Regulations relating to compliance with these areas.

Staff told us they prioritised safe, high quality and compassionate care. They said partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.The practice kept some written records of verbal interactions as well as written correspondence.
- Some staff told us they would benefit from a more structured meeting arrangement.
- Staff told us there was an open culture within the practice and they had the opportunity to raise issues. They said they felt well supported and valued by management. However some staff commented that issues and ideas may not be taken on board and acted on.
- Staff at the practice met socially as a whole staff group.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Requires improvement

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

proposals for improvements to the practice management team. For example, requesting staff wear name badges. We were told there was a strong two-way engagement between the PPG and the partners.

- We were told that membership had declined in years past and as a result the PPG holds an annual open meeting to try and encourage new members. The last meeting was in May 2016. Two of the GP partners also attended a local careers evening for secondary school pupils to raise the profile within the younger group cohort.
- The practice had gathered feedback from staff through general discussions and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt they were listened to.

Continuous improvement

At the time of the inspection there was some evidence of continuous learning and improvement. For example the implementation of the GP led triage system to improve access to appointments to mitigate the impact of GP shortages. However there was also evidence where continuous improvement was less evident.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients and staff. Specifically they had failed to ensure medicines were always safely managed, ensuring all equipment clinical and non-clinical was safe to use, ensuring care and treatment was delivered by staff trained to do so and assessing, preventing, detecting and controlling the spread of infections. This was in breach of regulation 12(1) (b) (c) (g) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** There were insufficient systems of governance in place to ensure that the provider could assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. This was in breach of Regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the Regulation was not being met:** The practice did not always ensure that staff received the required training to carry out their role. Specifically the practice had failed to ensure that the required staff had completed required training in areas such as safeguarding adults and children, fire safety, health and safety, infection control and information governance. They failed to ensure that nursing staff received ongoing or periodic supervision in their role. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.