

# Dr Abiodun Obisesan

## Quality Report

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Date of inspection visit: 1 August 2017

Date of publication: 21/12/2017

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

On 9th August 2016, we carried out a comprehensive announced inspection at Dr Abiodun Obisesan, also known as Winstree Medical Practice. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. As a result of the overall inadequate rating, the practice was placed into special measures for six months.

Following the inspection in August 2016 we issued the practice with a warning notice. The practice was required to be compliant with the warning notice by 16 March 2017. We conducted a focused inspection at the practice on 23 May 2017 to establish whether the requirements of the warning notice had been fulfilled. We found that the requirements of the warning notice had been met.

Both inspection reports can be found by selecting the 'all reports' link for Dr Abiodun Obisesan on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We then carried out a comprehensive inspection on 1st August 2017. The practice is now rated as good overall.

- Staff were able to recognise and report significant incidents. These were investigated and lessons learnt identified and shared during clinical and practice management meetings.
- Staff were aware of current evidence based guidance which was discussed at a weekly clinical meeting. Meeting minutes evidenced discussion and learning.
- Systems had been significantly improved in relation to the management of medicines. Patients taking high risk medicines were being effectively identified, recalled and monitored.
- There was an effective system of audit. These were targeted to improve and monitor performance or respond to safety incidents and alerts.
- The practice had reduced their exception reporting rate which was now in line with local and national averages.
- There were now safe recruitment processes. Relevant staff had received a Disclosure and Barring Service check.

# Summary of findings

- Most areas of clinical and non-clinical practice that required improvement had been identified and appropriate actions had been taken.
- The monitoring of patients with some long-term conditions required improvement.
- Policies, procedures and risk assessments had been updated.
- There was an action plan to respond to and action patient feedback. This was continually reviewed to assess the changes made.
- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- Significant and meaningful improvements had been made. Systems were put in place so that there was a continuous cycle of review, action and improvement.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

The areas where the provider should make improvement are:

- Continue to review and improve performance in accordance with the findings of the GP patient survey.
- Continue to review and improve systems to monitor patients taking Warfarin.
- Continue to improve systems to record medicines prescribed by other providers
- Continue to make improvements in relation to long-term conditions quality standards.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Minutes where these were discussed were now detailed and evidenced shared learning.
- Medicines were stored safely. These were in date.
- There were systems to ensure patients that were prescribed medicines that required monitoring were receiving appropriate checks.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- At our previous inspection, we found that clinical audit and quality improvement processes were not effective. However, most recent data evidenced that there had been improvements in some identified areas of underperformance, such as asthma checks.
- Audits and action plans had been implemented in relation to other clinical areas that required improvement, such as atrial fibrillation and hypertension although data was still below average in respect of some quality standards for long-term conditions.
- The practice had made improvements to their exception reporting since our last inspection.
- Staff were aware of current evidence based guidance. Guidelines were discussed at regular practice meetings.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- The practice were accredited as being a dementia friendly practice
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 101 carers, being 1.5% of the practice list.
- A care advisor held regular clinics at the practice. Their role was to signpost carers to support in relation to benefits, grants and other means of support and assessment.
- Results from the national GP patient survey published in July 2017 showed patients were satisfied with the care and treatment received from the nurses, but this was not always the case with the GPs.
- An action plan was completed in response to this feedback.

## Are services responsive to people's needs?

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

- Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages.
- An action plan had been implemented which sought to improve feedback from the national GP patient survey. A further in-house survey was to be conducted in the months following our inspection to assess whether improvements had been effective.
- Improvements had been made and patients were able to access timely appointments. On the day of inspection, the next routine appointment with the GP and nurse was later that day.
- There were measures in place which sought to address the needs of the practice population, including clinics held at the practice and online services.
- Appointments could be made to have blood tests taken at the surgery.
- There was a dispensary located at the branch surgery.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The advanced nurse practitioner conducted a weekly visit to a local care home which sought to ensure continuity of care.

**Requires improvement**



# Summary of findings

- There were weekly clinics held at the practice by the midwife and private clinics with the community counsellor and physiotherapist. The GP care advisor signposted patients to support.

## Are services well-led?

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

- The practice had implemented a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The vision and strategy were displayed around the practice. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The advanced nurse practitioner attended at a local care home weekly to meet the needs of patients who lived there. A representative from this care home told us the clinicians were helpful and responsive.
- Joint injections were available for elderly patients living with osteoarthritis.
- Patients on high risk medicines were now being reviewed effectively prior to being issued with a repeat prescription to ensure that their medicines were being prescribed appropriately
- Home visits were available for flu vaccinations and chronic disease reviews.
- Patients aged 88 and above were included in the avoiding unplanned admissions register.

Good



### People with long term conditions

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

- 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.
- Patients on high risk medicines were being reviewed effectively prior to receiving a repeat prescription.
- The GP care advisor held weekly clinics at the practice to co-ordinate care and identify what additional support was available to people with long-term conditions.
- Performance for atrial fibrillation and diabetes was still lower than CCG and England averages for some quality standards.

Requires improvement



### Families, children and young people

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

- Immunisation rates were in line with local averages for all standard childhood immunisations. Vaccination
- The midwife held weekly clinics at the practice. This promoted the ongoing sharing of information.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. Policies had been updated and staff were clear what to do if they suspected a child was at risk of abuse.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was comparable to other practices within the CCG.

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

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

- Appointments could be made to have blood tests taken at the surgery with one of the trained phlebotomists. This service was available from 7am on a Friday morning at the main practice, and from 7am on a Monday morning at the branch practice.
- There was a late night surgery on a Thursday at the main surgery, whereby the practice opened at 8.00am and stayed open until 8.15pm.
- On the day of inspection, the next routine appointment with the GP and nurse was later that day. The availability of appointments had improved since our previous inspection.
- Appointments could be made or cancelled in person, on-line or over the telephone and text reminders advised patients of their appointment time. Repeat medicines could be obtained online.

Good



## **People whose circumstances may make them vulnerable**

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

- Home visits were available for patients who could not attend the practice. This included GP visits as well as procedures usually completed by a nurse, including ECGs, ear syringing, phlebotomy and blood pressure checks.
- There was a free home delivery service for medication, equipment and appliances which was undertaken at the practice's expense.
- Leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as being carers.

Good





# Summary of findings

- The GP care advisor held weekly clinics at the practice to signpost carers to support in relation to benefits, grants and other means of support and assessment.
- There was a weekly hearing clinic for patients who had a hearing impairment.

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

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

- The practice had been recognised as a Dementia Friendly practice. This involved making the practice more accessible for patients living with dementia.
- Weekly visits were conducted at care homes where some patients with dementia lived, to proactively monitor and review their health needs.
- Performance for mental health related indicators were in line with the national average. All patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan in place.
- 79% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was in line with the local and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. Surveys were sent to patients in July to September 2016 and January to March 2017. The results were variable, with patients responding that they could get through on the phone and make appointment, although not with a preferred GP. 256 survey forms were distributed and 114 were returned. This represented a completion rate of 45% of the surveys distributed.

- 67% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and a national average of 71%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.

- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 77%.

We received nine completed Care Quality Commission comment cards. These were positive about the service experienced. Patients told us staff were friendly and helpful. We spoke with three patients during the course of our inspection and their comments aligned with these views.

We spoke with five members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and told us of the improvements that had been made since our last inspection.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to review and improve performance in accordance with the findings of the GP patient survey.
- Continue to review and improve systems to monitor patients taking Warfarin.
- Continue to improve systems to record medicines prescribed by other providers.
- Continue to make improvements in relation to long-term conditions quality standards.

# Dr Abiodun Obisesan

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC inspector. The team included a pharmacist specialist, a GP specialist adviser and a nurse specialist adviser.

## Background to Dr Abiodun Obisesan

Dr Abiodun Obisesan, also known as Winstree Medical Practice is situated in Stanway, Colchester, in Essex. There is also a branch surgery in Layer-de-la-Haye, Colchester and patients can attend either surgery for their appointments. The practice provides GP services to approximately 6,700 patients.

The practice is commissioned by the North East Essex Clinical Commissioning Group and it holds a General Medical Services (GMS) contract with NHS. This contract outlines the core responsibilities of the practice in meeting the needs of its patients through the services it provides.

The practice population has a comparable number of children aged five to 18 years compared to the England average and a comparable number of patients aged 65 – 75 years. Economic deprivation levels affecting children and older people are significantly lower than the local and England average, as are unemployment levels. The life expectancy of male and female patients is higher than the local average by one year. There are slightly more patients on the practice's list that have long standing health conditions.

The practice is governed by an individual male GP. He is supported by a part-time female salaried GP, a full-time

male salaried GP and a male long-term locum. There is also an advanced nurse practitioner, nurse practitioner, two practice nurses and two healthcare assistants employed by the practice.

Administrative support consists of a part-time practice manager, a part-time assistant practice manager and a part-time office manager. There are also a number of full-time and part-time reception staff. Staff are deployed at both the main practice and the branch at Layer-de-la-Haye. All practice staff work across both locations, including clinicians and the management team.

Dr Abiodun Obisesan is a dispensing practice, the dispensary being located at the branch surgery in Layer-de-la-Haye. The dispensary is available to patients who live more than 1.5 miles from a chemist.

The main practice at Stanway is open from 8am until 6.30pm on a Monday, Tuesday and Friday. On a Friday morning, the main surgery opens at 7am to provide an early morning blood clinic for patients who need blood tests. At the branch surgery, this service was available from 7am on a Monday. The practice closes at 6.30pm on a Wednesday. There is a late night surgery on a Thursday, whereby the practice opens at 8am and stays open until 8.15pm.

The branch surgery at Layer-de-le-Haye is open every day from 8am until 1pm and closed for lunch between 1pm and 2.30pm. It reopens at 2.30pm until 6.30pm. Outside of these hours, care is provided by Care UK, another healthcare provider.

## 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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 1st August 2017 at the main practice. We also inspected the dispensary at the branch practice. During our visit we:

- Spoke with a range of staff including the dispensary manager and staff, deputy practice manager, two nurses, the lead GP, salaried GP and reception staff.

- Discussed the care provided with patients and the patient participation group.
- Reviewed documents, staff files, audits and risk assessments.
- Inspected equipment, medicines and systems in the dispensary, treatment rooms and other areas where medicines were stored.

To get to the heart of patients' experiences of care and treatment, we revisited the following three questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

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

# Are services safe?

## Our findings

### What we found at our inspection in August 2016

The practice was rated as inadequate for providing safe services. This was because the practice did not have safe systems to manage and store medicines, including those that required cold storage, or controlled drugs. There was no effective system to ensure patients taking medicines that required monitoring were receiving appropriate checks and blood tests. Recruitment checks were not being applied consistently and chaperones were not being DBS checked or risk assessed as to their suitability for the role. Although significant events were being recorded, there was little evidence of the learning discussed. The safeguarding policy did not identify the correct lead and policies were difficult to locate.

The practice had made significant improvements when we undertook a follow up inspection on 1 August 2017. The practice is now rated as good for providing safe services.

### What we found at this inspection in August 2017

#### Safe track record and learning

There was now an effective system for reporting and recording significant events. We previously found that the system for recording actions was not effective. This was no longer the case.

- Staff were aware of significant events and told us how these were reported and recorded. The incident recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed the significant events that had been reported in the last year. These evidenced that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, an apology as appropriate and were told about any actions to improve processes to prevent the same thing happening again.
- There was an open, transparent approach to safety. The practice displayed learning from significant events in the waiting room, in the reception area and on the internal practice intranet.

- The practice held a quarterly significant event meeting where significant events were discussed and any patterns identified. The practice carried out a thorough analysis of the significant events.
- There was an effective system in place to receive, cascade and action Medicine and Health products Regulatory Agency (MHRA) alerts. Alerts were a standing item at the weekly practice meeting. Searches were completed to identify patients who may be at risk. The practice had a system in place for recording incidents with medicines including near misses. The incidents were reviewed at dispensary team meetings.

#### Overview of systems and processes

The practice had taken positive steps to improve systems and processes and embed these changes into the day to day running of the practice.

- Arrangements for safeguarding 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. Lead roles were displayed around the practice in public areas and staff knew who to contact if they had concerns.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults. Clinical staff received safeguarding training relevant to their role. GPs were trained to safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had now received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The advanced nurse practitioner was the infection prevention and control (IPC) clinical lead. There was an

## Are services safe?

IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

### Medicines management

At our inspection in August 2016 we found there was a lack of suitable systems and processes in place for the management of medicines. At this inspection we found that all the issues highlighted in the previous inspection report had been addressed.

We checked how medicines were ordered, stored and dispensed at the main practice and also at the branch surgery. Medicines were stored in a clean and tidy manner and all were in date. Medicines were only accessible to authorised staff. Medicines were kept within the recommended temperature range including those requiring cold storage.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and these were handled in line with national guidance.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff working in the dispensary had received appropriate training and received annual appraisals. Systems were in place to action any medicine recalls.

The practice offered a delivery service for medicines to people who found it difficult to collect from either the main practice or the branch surgery.

Some medicines prescribed by other providers (for example during hospital appointments) were marked on patient records but not all. However, current systems were being reviewed to ensure people's records included a full list of medicines.

Improvements had been made to ensure that patients who were prescribed high risk medicines were receiving the appropriate monitoring or blood tests. However, there had been three incidents in the last four months when people taking warfarin had not been informed in a timely manner to stop or change the dose following the results of their blood test. These incidents were being reviewed by the practice to ensure that adequate systems were in place to keep patients safe.

There was an advanced nurse practitioner (ANP) employed at the practice. ANPs can see patients with minor illnesses and write some prescriptions. We found evidence to show that they, along with the nursing team as a whole were appropriately supervised. The ANP was supervised by the lead GP and she supervised other members of the nursing team. There was a monthly nurses meeting, and the ANP attended regular meetings with the GPs and practice manager. These clinical meetings had standing items for discussion which included NICE guidelines and MHRA alerts. The nursing team attended the quarterly significant event meeting and also the quarterly multi-disciplinary meeting with clinicians at the practice and other healthcare professionals.

Prescription stationery was handled in line with national guidance.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- Measures had been taken to improve procedures to monitor risks to patients. Risk assessments had been undertaken and completed in relation to the premises and the storage of medicines.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice management team, reception and dispensary staff worked across both the main location and branch practice. These staff worked different hours so that they could cover at short notice or during holidays. A number of reception and dispensary staff were multi-skilled so that they could assist during peak times, for example, two of the dispensers and a healthcare assistant were also trained as receptionists.

## Are services safe?

### **Arrangements to deal with emergencies and major incidents**

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

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and stored securely.
- The business continuity plan had been updated to include the contact details of suppliers, other relevant organisations and staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### What we found at our inspection in August 2016

The practice was rated as inadequate for providing effective services. This was because the practice was an outlier for four indicators including those which related to diabetes, blood pressure, asthma reviews and irregular heart function. The practice did not have a plan to improve performance. Audits were not effective at targeting areas of underperformance and learning was not implemented.

The practice had made significant improvements when we undertook a follow up inspection on 1 August 2017. The practice is now rated as good for providing effective services.

### What we found at this inspection in August 2017

#### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. There was a weekly meeting for GPs, the dispensary manager and the management team. There was a monthly meeting of the nursing team. Meeting minutes evidenced that NICE guidelines and other changes to clinical practice formed part of the standard agenda.
- Audits were considered and completed in response to changing best practice 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).

- Most up to date data available to us on our recent inspection evidenced that improvements had been made. At our last inspection, we found that the practice was an outlier in relation to four indicators. We compared the 2014/2015 data that was available on our previous inspection to data from 2015/2016 and 2016/2017. Our findings were as follows:-

- The practice continued to review their rates of exception reporting. Exception reporting is the means by which patients are excluded from QOF data due to certain characteristics. The CCG average for exception reporting in 2015/2016 was 8%. We saw evidence that overall exception reporting at the practice had been reduced from 5% in 2015/2016 to 4% in 2016/2017. The practice informed us that this had been achieved as a result of the improvement to the clinical governance and patient review. For example, the practice had recruited two new practice nurses since our previous inspection and so they were able to proactively visit housebound patients. This had reduced the number of patients who would have otherwise been excepted through non-attendance.
- There had been an improvement in the number of asthma reviews. Whereas this was identified as an outlier on our previous inspection, performance was now in line with CCG and national averages. At the time of our most recent inspection, the percentage of patients with asthma who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 Royal College of Physicians questions was 78%. This was comparable to the CCG and national average of 75%. Data for 2016/17 showed that the practice had improved their exception reporting in relation to this indicator. In 2015/16, the exception rate was 29%, compared to the CCG average of 6% and England average of 8%. In 2016/17, data showed that the exception rate for this indicator was now 1%.
- At our inspection of August 2016, an outlier was identified in relation to patients with hypertension. 2014/2015 data indicated that 73% of patients with hypertension had a last blood pressure reading of 150/90mmHg or less. This was lower than the local and England average of 84%. Whilst 2015/2016 data continued to identify underperformance, the practice had implemented an effective system of audit, recall and review. Data for 2016/2017 showed an improvement at 79% of relevant patients that had a last blood pressure reading of 150/90mmHg or less, which was comparable with the CCG and England average. The exception rate for hypertension was 2%.
- The stroke risk assessment data used during our inspection of August 2016, showed that 79% of patients with atrial fibrillation with a stroke risk assessment score of 2 were treated with anticoagulation drug therapy or an antiplatelet therapy. This was lower than the CCG and England average of 98%. 2015/2016 data for atrial



# Are services effective?

(for example, treatment is effective)

fibrillation indicators continued to identify underperformance in relation to patients with atrial fibrillation, despite the practice implementing a system of audit, recall and review. Data for 2016/2017 showed 73% of relevant patients were treated with an appropriate therapy however this was still over 10% lower than the CCG of 87% and England average of 88%. The exception rate for this indicator was 2% which was less than the CCG and England average. The overall exception rate for atrial fibrillation for 2016/2017 was 5%, which was comparable with the CCG and England average.

- 2014/2015 data showed that as 70% of patients with diabetes had a total cholesterol of 5 mmol/l or less. This was lower than the local average of 80% and England average of 81%. 2015/2016 data indicated that performance for this indicator was comparable to CCG and national averages: 73% of patients with diabetes had a total cholesterol of 5 mmol/l or less compared to the local average of 81% and England average of 80%. Data for 2016/2017 showed that 67% of relevant patients had total cholesterol of 5mmol/l or less compared to the CCG average of 78% and the England average of 80%. Data for 2016/17 showed that exception reporting for diabetes was 1%.

At our inspection in August 2016, we identified that while audits were taking place, these were not targeted and had not been successful in identifying and mitigating risk. This was no longer the case.

There was a lead clinician appointed for audits. The practice provided a comprehensive list of audits that had been undertaken in the last year and those that were scheduled to take place. This list included both clinical audits and governance audits. Audits were being completed with the aim of driving improvement and responding to safety alerts and changes in clinical guidelines. During the course of inspection, we saw evidence of how these had improved clinical performance, for example in relation to reviewing patients taking medicines that required monitoring. Other audits considered possible vitamin B12 deficiency in patients taking certain medicines for their diabetes. There had been two two-cycle clinical audits completed in the last year.

There was an annual audit to look at minor surgery that had been undertaken during the year. This considered whether the correct information about the procedure had

been provided to patient and whether appropriate consent had been given. It also looked at the quality of the notes recorded by the clinician and whether there had been any complications associated with procedure.

Where audits identified that improvements were required, additional staff resources were deployed which sought to ensure an effective result. Results were discussed at practice meetings, and learning implemented.

## Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a member of the administrative team responsible for patient referrals explained how they had requested further training to understand the Choose and Book system. This was being provided in the weeks following our inspection.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff were promoted in-house where possible, and supported by the practice to complete additional qualifications. For example, a nurse in the practice was completing their training to become a nurse prescriber.

## Coordinating patient care and information sharing

A GP care co-ordinator also held weekly clinics at the practice. Their role was to advise patients on non-medical issues such as benefits, grants and referrals to other providers, for example occupational health. A midwife, audiologist, private counsellor and private physiotherapist held weekly clinics at the practice which sought to promote referral and information sharing when a need was identified.

# Are services effective?

(for example, treatment is effective)

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had recently procured additional software to support them with care planning and recalling patients.
- 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a three-monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Patients documented their consent before procedures took place.

- We spoke with a representative of a local care home where some patients lived. They told us that the clinicians from the practice involved patients in their care and completed best interest assessments when these were required.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were supported at the practice.

The practice's uptake for the cervical screening programme was 80%, which was comparable with the CCG average of 83% and the national average of 81%. Further, the amount of patients aged 60-69 screened for bowel cancer in the last 30 months was 61%, compared to a local average of 60% and national average of 58%. The amount of female patients aged 50-70 screened for breast cancer in the last 36 months was 80%. This was in line with the CCG average of 75% and England average of 72%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 93% to 97% and five year olds from 91% to 96%.

# Are services caring?

## Our findings

### What we found at our previous inspection in August 2016

The practice was rated as requires improvement for providing caring services. The practice identified and supported carers and had been recognised as a dementia friendly practice, although data from the GP patient survey published in July 2016 showed that patients rated the practice below others for several aspects of their care. There were no action plans to improve performance.

The practice had made improvements when we undertook a follow up inspection on 1 August 2017 and was continually reviewing performance. The practice is now rated as good for providing caring services.

### What we found at this inspection in August 2017

#### Kindness, dignity, respect and compassion

- Chairs in the waiting area were positioned away from the reception desk and discrete music was played which sought to avoid discussions being overheard.
- If patients wished to discuss a private or sensitive matter, receptionists would direct them to an unused treatment room to discuss their concerns.
- Staff had all received training in information governance so that sensitive information was handled appropriately.

We spoke with three patients who all told us that they were treated with kindness when they visited the practice. They said that they were involved in decisions about their care. We received nine completed Care Quality Commission comment cards. These were positive about the service experienced. Patients told us staff were friendly and helpful. We spoke with five members of the patient participation group (PPG). They also told us they were pleased with the care and told us of the improvements that had been made since our last inspection.

At our previous inspection, we found that results from the national GP patient survey published in July 2016 showed patients did not always feel they were treated with compassion, dignity and respect. Results from the GP national survey published in July 2017 were yet to indicate significant improvement in relation to interactions with the GPs, although patient feedback was being proactively

sought and reviewed in order to improve this. 256 survey forms were distributed and 114 were returned. This represented a completion rate of 45% of the surveys distributed.

Comparisons of the 2016 and 2017 GP patient survey are detailed below:

- 93% of patients said they had confidence and trust in the last GP they saw compared to the local average of 95% and the national average of 95%. This was in line with the 2016 survey result of 92%.
- 78% of patients said the GP was good at listening to them compared to the local average of 87% and the national average of 89%. This was in line with the 2016 survey result of 80%.
- 78% of patients said the GP gave them enough time compared to the local average of 85% and the national average of 86%. This was in line with the 2016 survey result of 78%.

The most recent 2017 GP patient survey data was published in the days prior to our most recent inspection and the provider had not yet had an opportunity to put in place an action plan in relation to this. An action plan had been implemented following the 2016 GP patient survey which involved educating clinicians in consultation techniques and increasing appointment slots from 10 minutes to 12 minutes, so that GPs could give patients more time.

A senior member the administrative team had been appointed to devise a questionnaire for patients to target areas of improvement. The intention of this was to complement the GP patient survey and further understand the patient experience rather than asking the same question, so direct comparisons could not be made.

The practice survey was undertaken in July 2017 and there had been 102 responses received. One of the questions raised was, 'Based on your last visit to a doctor, how would you rate the treatment provided?' 84% of patients said they would rate the treatment as excellent or good, 10% said the treatment was either fair or did not indicate a response and 1% said this was poor.

Feedback relating to interactions with the nurse had improved and feedback relating to the receptionists remained positive:

## Are services caring?

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 89% and national average of 91%. This was in line with the 2016 survey result of 88%.
- 90% of patients said they found the receptionists at the practice helpful compared to the local average of 86% and the national average of 87%. This was in line with the 2016 survey result of 88%.

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

Again, results from the 2017 national GP patient survey showed patients continued to have some concerns about their involvement when making decisions about their care and treatment. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 85% and the national average of 86%. This was in line with the 2016 survey result of 78%.
- 69% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 79% and the national average of 82%. This was in line with the 2016 survey result of 68%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 85% and the national average of 85%. This was an improvement to the 2016 survey result of 76%.

As detailed above, the recent in-house survey suggested that improvements had been made in relation to the treatment provided by the GPs, although this did not pose the same question as the GP patient survey. The practice continued to improve and monitor patient experience, namely by conducting their own in house survey and completing an action plan.

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

- Community hearing checks took place at the practice, for practice patients and patients from other surgeries. The practice had acquired a hearing loop to support deaf patients to be involved in their care.
- Staff told us that translation services were available for patients who did not have English as a first language.
- The system for calling patients to their appointments was visual as well as audible, so that patients who were blind or hard of hearing knew when their appointment was being called.

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

The practice was recognised as a dementia friendly practice. This involved ensuring the premises were suitable for patients with dementia, as well as putting systems in place to facilitate timely diagnoses. The practice had recently hosted a cake sale, where patients were invited to meet the clinical and non-clinical staff at the practice, so that patients could become more familiar with the team.

The practice website provided information about how to access services in the community. Further, 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 101 carers, being 1.5% of the practice list. With the support of the GP care advisor, the practice proactively identified patients who were also carers. The role of the GP care advisor is able to signpost carers to support in relation to benefits, grants and other means of support and assessment.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Staff were also informed of the death and patient records updated.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### What we found at our previous inspection in August 2016

The practice was rated as requires improvement for providing responsive services. Some patients reported difficulties obtaining routine appointments and this was reflected in the GP patient survey. On the day of that inspection, there was an eight day wait for a routine appointment with a GP and a seven day wait for a routine appointment with a nurse.

The practice were monitoring the changes that they had made when we undertook a follow up inspection on 1 August 2017. The practice continues to be rated as requires improvement for providing responsive services.

### What we found at this inspection in August 2017

#### Responding to and meeting people's needs

- There were measures in place which sought to address the needs of the practice population. These included:-
- Appointments could be made to have blood tests taken at the surgery with one of the trained phlebotomists. This service was available from 7am on a Monday morning at the main practice, and at 7am on a Friday morning at the branch practice.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The advanced nurse practitioner conducted a weekly visit to a local care home to provide regular support and continuity of care. A representative from a local care home told us that they were able to access a GP or nurse in a timely manner.
- There were weekly clinics held at the practice by the midwife, GP care advisor and private clinics held by the physiotherapist and counsellor.
- The practice had introduced an online booking service.
- Minor surgery was carried out the practice which included the removal of some cysts and moles.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were facilities for the disabled and translation services available. A weekly community hearing clinic took place for practice patients and those from other practices.
- The practice offered text message reminders of appointments when patients provided their mobile telephone number.
- Appointments could be booked online for the advanced nurse practitioner.
- There was a dispensary located at the Layer-de-la-Haye branch for patients who lived more than 1.5 miles from a pharmacist.

#### Access to the service

The main practice at Stanway was open from 8am until 6.30pm on a Monday, Tuesday and Friday. It opened at 7am on a Wednesday to provide an early morning blood clinic for patients who needed blood tests. The practice closed at 6.30pm on a Wednesday. There was a late night on a Thursday, whereby the practice opened at 8am and stayed open until 8.15pm.

The branch surgery at Layer-de-le-Haye was open every day from 8am until 1pm and the phone lines were closed for lunch between 1.00pm and 2.30pm. These reopened at 2.30pm until 6.30pm. On a Monday morning, the surgery opened at 7am to provide an early morning phlebotomy clinic for patients who needed blood tests.

Patients were advised to telephone the relevant practice for appointments for that day and consultations could take place in person or on the telephone. Appointments could also be booked in advance.

Results from the national GP patient survey published in July 2017 showed that patient's satisfaction with how they could access care and treatment were lower than local and national averages.

For example:

- 68% of patients were satisfied with the practice's opening hours compared to the local average of 74% and national average of 76%. This was in line with the 2016 survey result of 69%.
- 41% of patients with a preferred GP usually got to see or speak to that GP compared to the local average of 58% and the national average of 56%. This was in line with the 2016 survey result of 38%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 44% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the local average of 61% and the national average of 64%. This was in line with the 2016 survey result of 50%.
- 67% of patients found it easy to get through to this practice by phone compared to the local average of 67% and a national average of 71%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 84%.
- 72% of patients described the overall experience of this GP practice as good compared to the local average of 82% and national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 72% and the national average of 77%.

The provider had devised and implemented an action plan with a view to improving patient experience. This included extending the hours for appointments with the nurse until 8.30pm on a Thursday, increasing appointment times from 10 minutes to 12 minutes, increasing the amount of telephone lines available and actively promoting online appointments. A permanent salaried GP and two nurses had been recruited at the beginning of the year to offer increased continuity of care.

The practice had completed their own in-house survey in July 2017 and 102 responses were received. One of the questions presented asked patients how they would rate the efficiency of accessing a healthcare professional: 85% of patients rated this as excellent or good, 14% said this was fair or did not indicate improvement and 1% said that this was poor. Further, patients were asked to rate the services offered by the practice, be this online, by

telephone or face-to-face. 79% of patients rated services as excellent or good, 20% indicated that these were fair or failed to indicate a response, and 1% indicated that these were poor. The recent in-house survey suggested that improvements had been made in relation to accessing care and treatment, although this questionnaire did not pose the same question as the GP patient survey, so direct comparisons could not be made.

On the day of inspection, the next routine appointment with the GP and nurse was later that day. This was significantly better than our previous inspection, when there was an eight day wait for a routine appointment with a GP and seven day wait for a routine appointment with the nurse.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. These were discussed as a standing item at the weekly meeting and reviewed annually alongside significant events to establish any trends and share learning.

- The complaints policy was available at the reception desk. There was information on the practice website about where the complaints policy could be located.
- The practice management handled complaints in the practice. These were investigated with the relevant member of staff or clinician and an open, honest response was provided.

We saw that verbal or written complaints were recorded, investigated and a response was given within the timescales indicated in the practice's policy. Complaints were shared with staff so that lessons were learnt to prevent these from happening again.

# Are services well-led?

Good 

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

## Our findings

### What we found at our previous inspection in August 2016

The practice was rated as inadequate for providing well-led services. This was because there was a lack of oversight which resulted in unsafe and ineffective practices. Policies and protocols were difficult to locate and meeting minutes did not evidence a discussion. Audits did not address underperformance and learning from these was not implemented.

The practice had made significant improvements when we undertook a follow up inspection on 1 August 2017. The practice is now rated as good for providing well-led services.

### What we found at this inspection in August 2017

#### Vision and strategy

Since our previous inspection, the practice had strived to implement an effective vision and strategy. The practice advocated responsive, safe, accessible and quality services for the practice population. We found positive examples of how the strategy had been effectively put into place during the course of our inspection.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. Staff were positive about the vision of the practice and how they contributed towards achieving positive outcomes.
- The practice had a clear strategy and supporting action plans which reflected the vision and values. The strategy and action plans were regularly monitored and reviewed. The implementation of the practice's vision and values were audited through patient surveys, comments and complaints.

#### Governance arrangements

There had been a notable transformation of the governance at the practice since our inspection of August 2016. The practice had implemented an effective and overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. These roles were displayed in areas accessed by the public and staff knew who they would contact if they had any concerns.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. There were standing items on the agenda which included performance.
- There was a clinical lead for audit. A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audits were completed to target improvement and respond to safety alerts and changes in clinical guidelines.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. There was a comprehensive schedule of audits and risk assessments at the premises.

#### Leadership and culture

On the day of inspection the lead GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They had appointed and developed a sound management team who had led meaningful improvements. Patient safety had significantly improved and resources had been deployed to ensure that improvements could be sustained.

The practice prioritised safe, high quality and compassionate care. Staff felt supported and involved and gave examples of how they had been involved in making improvements.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There was an open and transparent approach to safety. We saw evidence from meeting minutes that lessons were learned when things went wrong. Learning and action from complaints and significant events was displayed in areas accessed by the public and staff.

# Are services well-led?

Good 

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

From the sample of examples we reviewed, we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and an apology, as appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients.
- A midwife, private counsellor and private physiotherapist held weekly clinics at the practice which sought to promote referral and information sharing when a need was identified. A GP care co-ordinator also held weekly clinics at the practice.
- Staff told us the practice held regular team meetings. This was evidenced by detailed meeting minutes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

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

The practice encouraged and valued feedback from patients and staff:

- The practice treated patients with honesty and respect. There was information on the practice website and in the waiting rooms which informed patients about the outcome of the previous inspection, and what action was being taken.

- After our previous inspection of 9 August 2016, the provider invited the patient participation group into the practice, where they were invited to comment on the draft report. The PPG had participated in discussions about the progress of improvements and praised the transparency and honesty shown during this time.
- The PPG had been involved in a recent open day where by patients were invited to meet them and clinicians and talk about their care. Whilst the PPG said that they would have preferred to have had more notice of this, a further open day was scheduled to take place later in the year.
- The practice had taken confident steps to improve performance, and this involved a system of continuous feedback, review and action. The practice had completed an in-house survey in July 2017 to determine where improvements were required. There was a plan to undertake a further survey in October 2017 to assess whether the action plan had been effective.

## Continuous improvement

Significant and meaningful improvements had been made. Systems were put in place so that there was a continuous cycle of review, action and improvement. This sought to ensure that patients were safe and that care and treatment was caring and well-led.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had engaged specialist support to make the necessary improvements. The provider had recruited additional staff to ensure that patients were being effectively monitored and audited, as well as procuring an additional computer package to support care planning.

The provider was forward thinking and looked to the future of the practice. They were reflective and proud of the progress made by the staff in securing improvements, and had tentatively considered ways in which they could continue to evolve and develop the practice should sufficient improvements be made.