Dipple 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?	Inadequate
Are services effective?	Good
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Summary of this inspection

Page

Overall summary 2

The five questions we ask and what we found 4

The six population groups and what we found 7

What people who use the service say 10

Areas for improvement 10

Detailed findings from this inspection

Our inspection team 11

Background to Dipple Surgery 11

Why we carried out this inspection 11

How we carried out this inspection 11

Detailed findings 13

Action we have told the provider to take 24

Overall summary

Letter from the Chief Inspector of General Practice

On 20 January 2016, we carried out a comprehensive announced inspection. We rated the practice as inadequate overall. The practice was rated as inadequate for providing safe, effective, caring and well-led services and requires improvement for providing responsive services. As a result of the inadequate rating overall the practice was placed into special measures for six months. Conditions were placed on the provider's registration. These included; ensuring there was sufficient clinical staff and managerial oversight of the practice, they were not permitted to register any new patients, they were required to submit an action plan outlining how they were to address our concerns and time scales. These were supported with monthly progress reports submitted to the commission.

Practices placed into special measures receive another comprehensive inspection within six months of the publication of the report, so we carried out an announced comprehensive inspection at Dipple Surgery on 14 September 2016 to check whether sufficient improvements had been made to take the practice out of special measures.

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

- Improvements had been made in the recording and investigation of significant incidents. However, learning was not revisited to ensure changes had been embedded.
- Some improvements had been made in relation to the management of patient safety and medicines alerts. However some patients remained on medicine combinations that presented a risk to their health and one alert had not been actioned in a timely and appropriate manner.
- Staff were trained and knew who to contact in relation to safeguarding concerns.

Summary of findings

- Improvements had been made in the management and storage of medicines. The practice had proactively addressed their prescribing practices promoting safe prescribing and regular monitoring of high risk medicines.
- Risks to patients who used services were identified and appropriate systems and processes were in place to ensure they were mitigated. Their fire risk assessment had been revised and fire safety recommendations had been actioned. However, the findings from the infection prevention control risk assessment were not being used to inform the cleaning provision.
- We found systems were now in place for the dissemination of clinical best practice.
- The practice had recognised improvements were required in the care they provided and we found that they had reduced the prevalence of exception reporting.
- Patient care was being consistently reviewed to ensure the accuracy of patient records and that appropriate reviews had been undertaken.
- Two cycle clinical audits had been conducted, their findings shared and used to inform and improve patient outcomes.
- Staff training and development needs had been addressed and they had the skills, knowledge and support to deliver effective care.
- We saw investment was being made on establishing relationships with their health and social care partners and clear notes were on patient records to communicate with out of hours provision.
- The practice had above the local and national averages for patient's attendances at A&E. They had been audited but the results not analysed or recommendations made to identify and support patients in reducing their attendance.
- The practice had identified a low number of patients who were carers.
- Data from the National GP Patient Survey, published in July 2016 showed patients rated the practice lower than others for some aspects of care. Patients told us they had seen improvements in the care they received from staff and staff told us they felt more supported in performing their roles.
- The practice had a vision and plan as to how they intended to improve and enhance patient services to meet their evolving needs.
- Staff told us that since the January 2016 inspection they were now more involved in the way the practice was managed. They felt listened to, supported and encouraged to share their views.
- Permanent appointments had been made to the clinical team to improve continuity of patient care.
- We found the practice staff were more positive and engaging better with their patients and patient participation group representatives.
- Clinical care was no longer fragmented, clinicians had designated discussion forms and were invited to, and attended monthly clinical meetings. These were well documented and actions were recorded and followed up on to ensure their timely progression.

The areas where the provider must make improvements are:

- Ensure patient safety and medicine alerts are actioned in a timely and appropriate manner.
- Review and act on low levels of satisfaction reported by patients in the GP national patient survey.

The areas where the provider should make improvements are:

- Ensure the findings of the infection prevention control audit inform cleaning provision.
- Revisit issues previously identified in significant events, meetings and concerns to check learning has been embedded into practice.
- Act on the findings in the A&E audit to reduce the prevalence of patient attendance.
- Identify more patients who are carers and provide them with support and guidance.

This service was placed in special measures in March 2016. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe services. Therefore, the service will be kept in special measures and under review. If needed this could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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?

Inadequate

The practice is rated as inadequate for providing safe services.

- Improvements had been made in the recording and investigation of significant incidents. However, learning was not revisited to ensure changes had been embedded.
- Improvements were required in the managing of patient safety and medicine alert information relating to medicines. Some patients remained on medicines combinations that may be detrimental to their health and an alert had not been actioned in a timely and appropriate manner. Staff were trained and knew who to escalate safeguarding concerns to.
- Improvements had been made in the management and storage of medicines and they were now being stored in line with published guidance.
- Risks to patients who used services were identified and appropriate systems and processes existed to ensure they were mitigated. However, the findings from the infection prevention control risk assessment were not being used to inform the cleaning provision.
- Recruitment procedures followed published guidance.
- There were arrangements in place to deal with emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services.

- We found systems were now in place for the dissemination of clinical best practice.
- Patient care was being consistently reviewed to ensure the accuracy of patient records and that appropriate reviews had been undertaken.
- Two cycle clinical audits had been conducted, their findings shared and used to inform and improve patient outcomes.
- Staff training and development needs had been addressed and they had the skills, knowledge and support to deliver effective care.
- We saw investment was being made in establishing relationships with their health and social care partners and special notes were on patient records to communicate with out of hours provision.

Summary of findings

- The practice still had high A&E attendance by their patients for ambulatory care sensitive conditions. These had been audited but not analysed and there were no conclusions and recommendations made to reduce their prevalence.
- Staff were trained and understood consent and decision making requirements.
- Cancer screening rates were comparable with local and national averages.

Are services caring?

Requires improvement

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

- Data from the National GP Patient Survey, published in July 2016 showed patients rated the practice lower than others for some aspects of care. Patients told us they had seen improvements in the care they had received from staff since our last inspection.
- We found improvements had been made in many areas but further were required as patients continued to report below average patient satisfaction scores with their GPs. For example; 89% respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%). There was a 2% reduction when compared to the earlier survey.
- The practice had reviewed all their carers and offered health checks and vaccinations to them. However, they accepted further work was required to identify any other parties who may benefit from additional support. There were a low number of carers identified.

Are services responsive to people's needs?

Requires improvement

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

- The practice had not reviewed the findings of the national GP patient survey. They had not produced an action plan or monitored progress to try and improve patient experiences of the service.
- Patients reported an improvement in being able to speak or see their preferred GP (National GP Patient Survey July 2016)
- The practice had a system in place for handling complaints and concerns. These were recorded, investigated and responded to appropriately.

Are services well-led?

Requires improvement

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

Summary of findings

- The practice had a vision and plan as to how they intended to improve and enhance patient services to meet their evolving needs.
- Staff told us since the January 2016 inspection their working conditions had improved. They felt listened to, supported to share their views and invested in.
- Permanent appointments had been made to the clinical team to improve continuity of patient care.
- The practice had and continued to perform poorly in the national GP patient survey. We found the practice had not specifically addressed the concerns.
- There were arrangements for identifying, recording and assessing infection control risks. However, these had not been use to inform cleaning schedules.
- Clinical and administrative audits were in place or being established to inform and monitor quality and to make improvements. However, these were in their infancy and needed time to be embedded. For example; the management of medicine alerts remained inconsistent.
- The practice was committed to improving their relationship with patients. The PPG member said they had seen improvements in the service and the confidence of staff.
- Clinical care was no longer fragmented, clinicians had designated discussion forms and were invited and attended monthly clinical meetings. These were well documented and actions were recorded and followed up on to ensure their timely progression.

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 caring, responsive and well led. They are rated as inadequate for safe and good for effective. The issues identified as requiring improvement overall affected all patients including this population group.

- All patients had a named GP.
- Longer appointments and home visits were available for older people when needed.
- Requests from external health professionals for home visits were triaged by the nurse practitioner to ensure all aspects of care are identified and met.
- The practice provided phlebotomy services.
- Improvements were required in the management of medicine alert information to ensure patients were safe.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for caring, responsive and well led. They are rated as inadequate for safe and good for effective. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice maintained a register for those patients with long term conditions, inviting them for annual reviews.
- Performance for diabetes related indicators were comparable with the national average. For example the percentage of patients with diabetes on their register, who had their blood sugars checked and were less than 64mmol/mol in the preceding, 12 months, was 72.73% in comparison with the national average of 77.54%.
- Longer appointments and home visits were available when needed.
- Improvements were required in the management of medicine alert information to ensure patients were safe.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for caring, responsive and well led. They are rated as inadequate for safe and good for effective. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Immunisation rates for the standard childhood immunisations were comparable with the CCG and national averages as were their cervical screening rates.
- Appointments were available outside of school hours.
- The practice scheduled six week checks with the mother and baby on receipt of their discharge letter from hospital.
- The practice followed up on children who failed to attend for their immunisations.
- Health visitors were available to families who had children under five years of age who were registered with the practice.
- Improvements were required in the management of medicine alert information to ensure patients were safe.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for caring, responsive and well led. They are rated as inadequate for safe and good for effective. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice had extended hours on a Wednesday until 7.30pm and early mornings 7.30am on a Tuesday.
- Patients had access to online appointments, repeat prescriptions online and a walk in service on Tuesday and Thursday mornings. This allowed patients to see a GP on the day without pre-booking an appointment.
- Telephone appointments were offered daily for patients unable to attend the surgery.
- Health promotion advice and health checks were offered.
- Improvements were required in the management of medicine alert information to ensure patients were safe.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for caring, responsive and well led. They are rated as inadequate for safe and good for effective. The issues identified as requiring improvement overall affected all patients including this population group.

- Vulnerable patients were identified on their patient record system as were carer details. However there numbers were low.
- Patients with poor literacy levels were supported by staff to understand and access services.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training in safeguarding children and vulnerable adults.

Summary of findings

- 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.
- The practice had reviewed all their carers and offered health checks and vaccinations to them. However, they accepted further work was required to identify any other parties who may benefit from additional support.
- Improvements were required in the management of medicine alert information to ensure patients were safe.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for caring, responsive and well led. They are rated as inadequate for safe and good for effective. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators was similar to the national averages. For example. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 88.46% in comparison to the national average 88.47%.
- Performance for patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was below the national average with 73.47% as opposed to 84.01%.
- The practice made referrals to memory clinics.
- The practice provided regular blood monitoring for patients on high risk medicines.
- Patients on the practice mental health register were invited for annual reviews.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had received training in dementia awareness.
- Patients could self-refer to access mental health services provided at the practice by Therapy for You.
- Improvements were required in the coding of patient information to ensure reviews were scheduled appropriately.
- Improvements were also required for the management of medicine alert information to ensure patients were safe.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed that patient satisfaction was below or similar to local and national averages. 340 surveys were distributed and 111 were returned, a 33% completion rate.

- 69% respondents found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 65% respondents said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 64% respondents described the overall experience of their GP surgery as good (CCG average 82%, national average 85%).
- 50% respondents said they would recommend the practice to someone new to the area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 completed comment cards. The practice told us they had invited patients to complete the cards and had displayed them for two weeks prior to our attendance. All but one of the comments were positive about the service. They told us staff were good at explaining issues to patients and supporting them with their needs.

We spoke with two patients during the inspection. They told us the staff were helpful and they could get appointments especially for children at short notice. They were happy with the clinical care they received since there was greater consistency with the GPs available.

Areas for improvement

Action the service MUST take to improve

- Ensure patient safety and medicine alerts are actioned in a timely and appropriate manner.
- Review and act on low levels of satisfaction reported by patients in the GP national patient survey.

Action the service SHOULD take to improve

- Ensure the findings of the infection prevention control audit inform cleaning provision.
- Revisit issues previously identified in significant events, meetings and concerns to check learning has been embedded into practice.
- Act on the findings in the A&E audit to reduce the prevalence of patient attendance.
- Identify more patients who are carers and provide them with support and guidance.

Dipple Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dipple Surgery

The practice is situated in a purpose built health centre located on a main road with parking facilities. It occupies the east wing of the premises with a neighbouring surgery, sharing the patient waiting area, patient toilets and a staff kitchen.

Dipple Surgery is part of a large organisation called Malling Health (UK) Limited. Malling Health (UK) Limited is a separate legal entity but operates under the umbrella of IMH. IMH have a range of primary care sites throughout the UK providing GP services, walk in centres and urgent care centres. Resources are shared across their sites.

The practice has a patient population of approximately 4470 patients and they hold an Alternative Provider Medical Services (APMS) contract. Their clinical team consists of a full time GP working Monday to Thursday, a regional medical director (management position within Malling Health (UK) Limited) working Monday, Tuesday and half day Wednesday, one locum GP who works a Thursday and Friday and a further locum GP who works on a Friday. The locum GPs are contracted for a further three months. This arrangement ensures two GPs see patients daily.

The clinical team have both female and male GPs. They are supported by a pharmacist who undertakes clinical reviews of patient records, a nurse prescriber who undertakes clinical assessments, a practice nurse and health care assistant. The clinical team is supported by an administrative team overseen by a deputy practice manager and the area manager. The area manager is assisting the deputy manager in fulfilling the practice manager role three days a week.

The practice is open and appointments are available between 8am and 6.30pm Monday to Friday. Extended surgery hours are offered on a Tuesday morning when the surgery opens at 7.30am and on Wednesday it closes at 8pm and on Thursday evenings at 7pm.

The practice does not provide out of hours care but direct their patients to the NHS 111 service. Out of hours care is provided by IC24 who are commissioned by Basildon and Brentwood Clinical Commissioning Group (CCG).

The practice has high levels of deprivation amongst children and older people. The life expectancy of the male and female patients within the area is also lower than the CCG and the national averages.

The practice has a website detailing opening times, online services, health information and how to access local services.

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. We carried out an announced visit on 14 September 2016. During our visit we:

- Spoke with a range of staff (the area manager for Malling Health (UK) Limited, the deputy practice manager, regional medical director and lead onsite GP, administrative team, GPs, locums, practice nurse and healthcare assistant) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. This had been revised following the practice's last inspection and was more comprehensive. The practice had recorded five incidents within their significant incidents log since May 2016. These related to staff/patient health and safety and administrative processes. We reviewed the entries and found detailed investigations had been conducted and risks identified and addressed. We reviewed the clinical meeting minutes for September 2015 and December 2015 and saw significant incidents were listed on the agenda. The minutes of the meeting were shared with staff unable to attend the meeting to ensure learning was disseminated amongst the practice team. However, we found issues previously identified had not been revisited to check learning had been embedded into practice.

We asked the practice how they managed patient safety alerts such as Medicines and Health Regulatory Agency (MHRA notifications were generated by the Department of Health Central Alerting System). The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. They told us these were received by a member of the practice administrative team (non-clinical) and disseminated to the clinical team. Where appropriate they conducted a search on the patient record system to identify those patients who may be adversely affected by the alert. Where patients were affected this was brought to the attention of the clinical team who conducted patient reviews. However, searches were not being revisited to ensure information was appropriately actioned.

We found improvements were still required as the practices monitoring of patient safety and medicines alerts were not effective. For example;

- We found 18 patients on a combination of interacting medicines contrary to an alert and potentially causing potential muscle damage.
- We found seven patient's on repeat prescriptions for an anti-sickness medicine that may cause neurological side effects.
- We asked about the most recent safety alert which required actioning within 48 hours. The practice told us none of their patients were affected and the clinicians confirmed they had read the alert. However a search of the patient record system showed two patients were potentially affected and their care had not been reviewed, as required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Clinical and administrative staff had received training in safeguarding children and vulnerable adults. The practice safeguarding policy had been revised since our earlier inspection and now contained clear guidance for staff.
- A notice in the waiting room advised patients of the chaperone policy. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 and the premises were clean and tidy. The practice nurse prescriber was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken but these had not been used to inform the frequency of cleaning rooms and equipment. The practice staff at risk of exposure to blood and body fluids had all been appropriately immunised against Hepatitis B.
- There were effective arrangements in place for managing medicines, including emergency and high risk medicines and vaccinations, in the practice. We checked the medicine fridge temperature readings and found medicines were being stored at the recommended temperature ranges. Prescription stationery was securely stored and a register maintained of their usage. One of the nurses had qualified as an Independent

Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.

- We reviewed four personnel files including clinical and administrative team. We found the files had appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Risk assessments had been undertaken. For example; risks to staff that were pregnant. There was a health and safety policy available and a poster displayed in the reception office with key information.
- The practice had conducted an annual fire risk assessment on 14 January 2016. The plan identified a number of risks where actions were required. The practice had followed up on these and ensured the appropriate actions had been taken to mitigate risks to staff and the public such as the installation of smoke alarms. The practice had also conducted a subsequent reassessment in June 2016. The staff told us they felt more confident in their procedures since our last inspection. For example, how they would assist a patient with limited mobility during an alarm. The practice conducted regular fire alarm checks, the last was held on 1 August 2016. Fire extinguisher equipment had been checked in January 2016 and the staff had undertaken training in fire safety and had a fire safety lead warden.
- All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been serviced in May 2016 to ensure it was working properly. The practice had a variety of other risk assessments and equipment in place to monitor safety of the premises, including a legionella assessment; dated June 2016 (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 that enough staff was on duty. The clinical and administrative team would always try to cover for planned and unplanned absence. In the event this was impractical, locum clinical staff would be employed.

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 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 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 fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed to ensure emergency contact numbers for staff were current and specific fast track actions required to be taken for each event.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had designated forums to discuss clinical practice and changes in policies and guidance, such as National Institute for Health and Care Excellence (NICE). All members of the clinical team, GP practice nurses and health care assistants were invited to the monthly clinical meetings.

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, published in 2014/2015 showed the practice achieved 96% of the points available, which was above the national and local averages. However, the practice was an outlier for their higher than average prescribing of hypnotic medicines.

The QOF data also showed;

- The practice performance for diabetes related indicators was similar to the local and national average. For example the percentage of patients with diabetes on their register, who had their blood sugars checked and were less than 64mmol/mol in the preceding, 12 months, was 73% in comparison with the local average of 74% and the national average of 78%.
  - The percentage of patients with hypertension having regular blood pressure tests was 79% just below the local average of 82% and the national average of 84%.
  - Performance for mental health related indicators were similar to the national averages. For example. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 88% the same as the national average and above the local average of 86%.
  - Performance for patients diagnosed with dementia whose care had been reviewed face to face in the preceding 12 months was below the national average with 74% below the local average of 87% and the national average of 84%.

The practice acknowledged improvements were required following the commission's last inspection. They shared their overall QOF performance data for 2015/2016, this data is currently unpublished and unverified. This showed the practice achieved 363 points out of a possible 435 for clinical performance and 123 points out of 124 points for their public health data. Overall they achieved 87% of the total number of points available. This was a reduction on the previous year. The practice exception reporting rate remained at 11%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

We found the practice had previously had high exception reporting in respect of;

- Depression at 20.2% above the CCG average and 7.7% above the national average
- Rheumatoid arthritis the practice had 10.2 % exception reporting above the CCG average and 4.6% above the national average.

The practice told us they had revised and reduced their exception reporting under the direction of their new regional medical director. Previously they had seen this as an administrative duty and not appreciated the potential clinical consequences of removing a patient from calculations. For example, a patient's exclusion may result in an absence of medical review reminders being sent to clinicians. We reviewed their data and saw that exception reporting for depression was significantly lower in 2015/2016. We also found that patient care was being regularly reviewed to ensure the accuracy of patient records and that appropriate reviews had been undertaken.

The practice had completed two repeat clinical audits since our last inspection. These identified patients with undiagnosed diabetes and reviewing patients with high platelets an indicator for cancer. These were selected to assess standards of care provided to patients and to identify where they might make improvements. The results of the audits were shared with the clinical team and enhanced awareness and had improved clinical

Good

Are services effective?

(for example, treatment is effective)

performance. The practice medical director had also undertaken reviews of GP clinical consultations providing objective oversight on the quality of clinical assessments and care.

The practice had a higher than the national average number of emergency admissions for ambulatory care sensitive conditions per 1000 population. The practice had 17.89 compared to the local average of 11.88 or the national average of 14.6 per 1000 of the population. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension. The practice told us they had conducted an audit on the number of patients who had attended A&E during core hours. We reviewed the report and found it lacked a conclusion regarding what action they would take to reduce the prevalence.

Effective staffing

The practice had addressed staff training needs. We found they had the necessary skills, knowledge and experience to deliver effective care and treatment.

- The practice had introduced an induction programme for newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured that staff received role-specific training and relevant updates. Staff administering vaccinations, taking samples for the cervical screening programme and providing diabetic care had received specific training which had included an assessment of competence. Staff who administered vaccinations told us they stayed up to date with changes to the immunisation programmes through annual update training and attendance at the CCG time to learn sessions.
- Staff had access to appropriate online and face to face training to meet their learning needs and to cover the scope of their work. Staff told us of monthly clinical meetings where external specialists attended in chosen areas to improve the knowledge of the clinical team.
- Staff received an annual appraisal and these were scheduled in advance.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness, dementia awareness and learning disability training. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

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 and medical records. We found the practice had revised their management of clinical pathology results to ensure their timely and appropriate actioning. We checked medical records and hospital results and found both were being processed in a timely and appropriate manner.
- Information such as NHS patient information leaflets were available.
- The practice shared relevant information with other services. We found the practice had special notes recorded on the patient system to ensure appropriate information was shared with partners. There were systems established to ensure referrals were progressed in the absence of the initiating member of the clinical team.
- Whilst the practice did not participate in multidisciplinary meetings, they tasked their partner health and social care services through their patient record system. They were establishing stronger working relationships and frequently spoke directly with them.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

- The practice nurses were confident in ensuring appropriate consent was obtained for vulnerable groups such as children in care or under the care of foster parents.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. The practice provided support to patients regarding weight management, smoking and alcohol cessation.

The practice had a lower than local and national average of new cancer cases. They told us they encouraged their patients to attend national screening programmes. This was supported in the data from the National Cancer Intelligence Network. It showed the practice had locally and nationally comparable results for the screening of their patients. For example;

- The practice's uptake for the cervical screening programme for 25- 64year old women within their target assessment period was 78% which was in line with the local and national average of 82%.
- The practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 74% which was above the local average of 69% and the national average of 72%. Their screening rates for women within the same age band for attendance within six months of their invitation were the same as the local average of 71% and comparable with the national average of 73%.
- The practice uptake for screening persons aged 60-69 years of age for bowel cancer within six months of their invitation was 46% which was below the local average of 54% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 99% and five year olds from 91% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice were looking at their patient registration procedures as a means of identifying health needs and promoting health checks and other relevant services.

Requires improvement

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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 completed comment cards. These were overwhelmingly positive about the staff and service they received.

Results from the National GP Patient Survey, published in July 2016 showed patient satisfaction rates were below average for patients being treated with compassion, dignity and respect and their experiences of consultations with GPs and nurses. For example:

- 72% respondents said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%. This rating was lower than the previous survey where 75% of the patients believed the GPs were good at listening to them.
- 64% respondents said the GP gave them enough time (CCG average 84%, national average 87%). This was a 2% improvement on the previous survey.
- 89% respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%). There was a 2% reduction when compared to the earlier survey.
- 68% respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%). This was the same as in the earlier survey.
- 83% respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%). This was a 6% improvement from 77% on the previous survey findings.
- 79% respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 87%). This was a 2% improvement on the earlier survey.

We asked the practice what action they had taken in response to their previous National GP Patient Survey results, published in January 2016. The practice told us they had not specifically addressed the results of the earlier survey.

The practice had completed an in-house survey of 24 patients looking at patient awareness of services. They had identified that patients had a lack of awareness of the website and the services provided for patients, whilst some patients had requested clinical provision already being provided such as family planning, older people services and weight management. The practice recognised the need to improve information to patients on services. They were producing patient information packs but these had not been finalised.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey, published in July 2016 showed patients' responses were below the CCG and national averages relating to their involvement in planning and making decisions about their care and treatment.

For example, 57% respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%. Patients reported a 10% reduction in their satisfaction since the January 2016 survey.

However, in some areas improvements were evident. For example:

- 60% respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%). There had been an 8% improvement in patient's satisfaction.
- 84% respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%). This was an 11% improvement on the previous survey in January 2016.

The practice had appointed a permanent male and female GPs in response to concerns raised in the earlier GP national patient survey. The practice told us they were encouraged by the improved patient ratings. They felt

Requires improvement

Are services caring?

confident that as the new GP's became more established patient satisfaction with the clinical team would improve. There was no other action plan in place to address patient feedback, other than the employment of additional GPs.

Staff told us that translation services were available for patients who did not have English as a first language. We saw a notice was displayed in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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, where it had been Read coded. The practice had reviewed all carers following their previous inspection. They currently had identified 14 patients who were carers which was 0.3% of the patient population. The practice accepted this was a low percentage and were conducting work to identify more patients who may benefit from additional support. The practice told us, that despite asking patients, many did not disclose their caring responsibilities or that they appreciated they were entitled to benefits. Patients identified as carers had been spoken to and offered health checks and flu vaccinations.

Staff were informed if any patients had died. They checked to ensure the information has been appropriately shared with agencies and partners. At the time of our inspection the practice were revising their signposting of information services for patients who had suffered bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice acknowledged difficulties some patient experienced in accessing timely appointments. In response;

- The practice operated extended opening hours on a Tuesday morning and Wednesday evenings.
- Telephone appointments were offered daily for patients unable to attend the surgery.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Flu vaccinations were administered during home visits where appropriate.
- Patients could book appointments and order repeat prescriptions online. Electronic prescribing had been recently introduced enabling patients to have their medication dispensed at their elected pharmacy.
- Same day appointments were available for children and those with serious medical conditions and enquiries on the day.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and translation services available. The practice had a hearing loop to assist patients with hearing impairments.
- Phlebotomy services were provided at the practice.
- The practice provided a walk in clinic on Tuesday from 8am to 12noon.
- The midwife attended weekly, every Wednesday.
- A counselling service "Therapy For You" attended weekly on a Wednesday, patients could self-refer.
- A social prescribing team attended to provide social and financial advice to patients.

Access to the service

The practice was open and appointments were available between 8am and 6.30pm Monday to Friday. Extended surgery hours operated on a Tuesday morning, from 7.30am and Wednesday till 7.30pm and. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Four online GP appointments were available each day and released four weeks in advance and on the day appointments were available.

We checked when the next available appointments were with the clinical team. We found improvements had been made with the availability of appointments. Appointments were available with the healthcare assistant for the next day. Appointments were available with the prescribing nurse and the GP the following week.

Results from the National GP Patient Survey, published in July 2016 showed that patients' satisfaction with how they could access care and treatment were below local and national averages. In some areas patient satisfaction scores had declined or remained similar to the previous published survey results in January 2016, such as;

- 69% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 69% of respondents said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).

The practice told us they had not prepared an action plan in direct response to the low satisfaction rates. The practice had undergone a number of changes since their last inspection including changes to their clinical team. These changes were of a recent nature and there had been insufficient time elapsed to see whether this had a bearing on patient satisfaction. However, improvements were evident in relation to patients being able to speak or see their preferred GP. Previously in January 2016, 31% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%). In the July 2016 survey, 69% of patients reported being able to see or speak with their preferred GP in comparison to the local average of 71% and the national average 73%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information leaflets were displayed within the waiting area to help patients understand the complaints system. These included information on how to access advocacy services and how to appeal the practices finding, if the patient disagreed with the outcome.

The practice had introduced a comments and concerns book. This was reviewed by the practice deputy manager and area manager. We read the comments which were positive on the service patients received from the practice team.

The practice had received four written complaints since February 2016. The practice encouraged their reception staff to record verbal complaints. The recorded complaints related to staff conduct, waiting times to contact the surgery and a delay with prescriptions. We looked at two of four complaints and found the practice had acknowledged the patients concerns, investigated them and advised the complainant of the action they were proposing to take.

Where concerns had been raised relating to the conduct of staff we checked the staff personnel files. We found the practice had followed their procedures. The allegations had been investigated or decisions made in a timely way enabling learning to be identified and the matters resolved.

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 patient charter setting out patients' rights and also their responsibilities. Their objective was to improve the health of the local population and the wider area and take patient comments and suggestions into account in the planning of new services.

Since our last inspection the practice had appointed an onsite Regional Medical Director to lead the practice and implement a strategy for improvement. They were supported by a full time salaried GP, locum doctors on six monthly contracts and a pharmacist in addition to the established nursing team.

Governance arrangements

Dipple Surgery is part of a large organisation called Malling Health (UK) Limited. Malling Health (UK) Limited is a separate legal entity but operates under the umbrella of IMH. IMH have a range of primary care sites throughout the UK providing GP services, walk in centres and urgent care centres. Resources were shared across their sites.

Previously we found the practice had no overarching governance framework which supported the delivery of the strategy and good quality care. There had been a complete absence of structures and procedures in place that supported the local delivery of services. However, this had been actively addressed and we were told by staff spoken with that the recent appointment of the onsite regional medical director had been well received by both staff and patients. This appointment was initially a strategic position to oversee improvements within Malling Health (UK) Limited. However, it had been necessary to provide stability to the Dipple Surgery clinical team and therefore the role had adapted to provide onsite accessible clinical and managerial leadership to the staff.

Since July 2016 we found that changes were evident, policies were in place and operating relating to the management of high risk medicines. Skills profiles had been conducted on the clinical team and included in the introductory patient newsletter and monthly clinical discussions were becoming established.

Staff spoken with told us that they had confidence and direction under the new regional medical director and administrative leadership. Their absence of training had been addressed and their roles defined. Where there was an absence of skills of knowledge this was highlighted and appointments proposed. For example; the coding of clinical records.

Clinical care was no longer fragmented. Clinicians were aware of risks to patients and accepted collective responsibility for patients, ensuring timely medication reviews and referrals and test results were actioned appropriately. Clinical and administrative audits were in place or being established to inform and monitor quality and to make improvements. However, these were in their infancy and needed time to be embedded. For example; the management of medicine alerts remained inconsistent and immediate improvements were required to ensure they were actioned in a timely and appropriate manner.

There were arrangements for identifying and recording risks (such as fire and infection prevention control). Although these were now in place the practice had not acted on the findings of the infection prevention control audit to inform cleaning schedules.

Leadership and culture

The practice had previously lacked leadership and had experienced a high turnover within their clinical team. We found this had been addressed. The practice had appointed the onsite regional medical director providing visible and effective clinical leadership. We found them to be informed, committed and inclusive in their management style with a simple objective to improve the practice.

The regional clinical director had acknowledged the experience and specialisms within the clinical team and produced literature for both staff and patients to understand services and proposed changes. Staff told us they no longer operated in silos with limited understanding of each other's roles and had a better understanding how best to complement one another.

Regular meetings had been introduced for the administrative, nursing and wider clinical teams. We reviewed practice meeting minutes from 11 July 2016, these were detailed and informative. Actions from the previous meeting were reviewed to ensure completion or progression.

Monthly clinical meetings were held with a standard agenda, but they were in their infancy. We reviewed the

Are services well-led?

Requires improvement

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

notes of their last meeting held on 6 September 2016. This was well attended by the clinical and administrative team. The minutes did not follow the published agenda unlike the previous meeting minutes of 30 August 2016. However, significant incidents had been discussed and actions identified.

We had previously found that significant incidents were not thoroughly investigated. Patients did not consistently receive an explanation of the events with their verbal and/or written apology. This had changed. The practice had introduced a new system for recording their significant incidents to ensure sufficient detail and analysis was captured and acted upon. The provider was aware of and complied with the requirements of the Duty of Candour.

Training for both administrative and clinical staff was promoted and supported. Clinicians benefited from two weeks study leave a year for their CPD, opportunities to attend time to learn sessions and access to online training resources. Staff were enthusiastic and encouraged by the recently introduced lunch time clinical meetings providing staff with an opportunity to develop and improve practice and services to patients.

Overall, staff reported a more inclusive environment where they could discuss concerns and approach GPs in the knowledge they would be supported with issues. They told us they felt valued and that their opinions and experiences mattered.

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

- The practice acknowledged that patients had reported low levels of satisfaction in the GP patient survey. They told us they were listening to their patients and focusing on improvements to ensure they were performing similar to practices within their CCG and in line with national averages. However there was no improvement plan in place.
- Following the January 2016 inspection of the practice, a number of the PPG members had left the service. However, we spoke to a remaining patient who reported significant improvements in the engagement and response they now received from the practice. They told us their PPG were committed to the practice and represented patients both within the surgery and at the wider joint practice PPG meeting with the neighbouring surgeries in the Dipple Medical Centre. They commented on the commitment and professionalism of the administrative team and stated they had been disappointed by the January 2016 inspection findings. However, since then they had seen significant improvements in the standard of care received by patients. They were encouraged by the appointment of two permanent GPs and improvements in the availability of appointments. They told us how they had been supported when they raised concerns with the practice regarding the management of patient medicines and these had been acted upon.
- Previously we found the practice had not included their staff in discussions relating to their plans for the practice. However, following the inspection the practice had improved engagement with their staff and patients and invested in expanding their clinical team.
- The practice also gathered feedback from staff through appraisals. Staff appeared more confident and spoke positively about the practice and one another. They told us they now felt invested in. They said issues previously raised with management for actioning had now been addressed. For example, the installation of fire safety equipment as specified under their action plans and the redecoration of clinical rooms.

Continuous innovation

Dipple Surgery (Malling Health UK Limited) is part of a large organisation, IMH operating multiple primary care sites across the UK. This enables them to benefit from access to a wide pool of resources including specialists. However, stability within their clinical team should be regarded as critical to establish and maintain clinical standards and promote safe practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The practice failed to review and act of the findings of the GP national patient survey to improve patient experience of the service.** **This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Ensure the proper and safe management of medicines through the timely and appropriate actioning of safety information.** **This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**