Sheppey Healthy Living Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sheppey Healthy Living Centre on 20 June 2017. Overall the practice is rated as requires improvement.

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

- We found there was a system for reporting and recording significant events. However, the management of incidents was not consistently timely and some incidents lacked investigation, analysis and learning to support improvements. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice did not have defined and embedded systems and processes to minimise risks to patient safety. There was an absence of management oversight and a reliance of the professionalism of individuals to recognise and respond to risks.
- We found improvements were required to ensure the consistently safe prescribing and monitoring of medicines.
- In 2015/2016 the practice achieved 97% of the points available under the Quality and Outcome Framework.
- Clinical audits demonstrated quality improvement and were scheduled to be repeated to check changes had been embedded into practice.
- The practice provided a range of services in partnership with health and social care services to meet the needs of their patient population. For example, an external organisation attended the practice weekly to assist vulnerable and homeless patients.
- Information about how to complain was available. We saw the practice responded in a timely and appropriate manner to concerns raised but needed to strengthen their recording systems.
- The practice had an induction process in place and staff had received appraisals and training but the staff records were not always reflective of this.

Summary of findings

The areas where the provider must make improvement are:

- Ensure all that is reasonably practical is done to mitigate the risks to patients, through the timely actioning of safety alerts and proper and safe management of medicines.
- Ensure systems or processes are established and operating effectively to assess, monitor and improve the quality and safety of the services through embedding governance, improving the recording, investigation and learning from significant incidents and complaints and maintain securely records of training and appraisal for their staff.

The areas where the provider should make improvement are:

- Ensure cleaning documents are reflective of actions undertaken.
- Ensure appropriate emergency medicines are available.
- Ensure the practice retains evidence of staff reviews and appraisals conducted.
- Improve the identification of carer's
- Ensure an effective complaints system operates to evidence the management of verbal complaints.
- Conduct a patient need assessment to ensure services are accessible e.g. for patients with hearing or sight impairments.
- Immediately alert the GP that a home visit request has been received.
- Ensure a policy is in place for patients who repeatedly fail to attend appointments and ensure the practice follows up on their care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- We found there was a system for reporting and recording significant events. However, the management of incidents was not consistently timely, some incidents lacked investigation, analysis and learning to support improvements. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology.
- The practice did not have defined and embedded systems, processes and practices to minimise risks to patient safety. There was an absence of management oversight and a reliance on the professionalism of individuals to recognise and respond to risks.
- We found improvements were required to ensure the consistently safe prescribing and monitoring of medicines.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. They followed up on children who failed to attend for their immunisations or hospital appointments.
- The practice had arrangements in place to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- In 2015/2016 the practice achieved 97% of the points available under the Quality and Outcome Framework.
- Staff were aware of and could evidence how they used current evidence based guidance to inform their work.
- Clinical audits demonstrated quality improvement and were scheduled to be repeated to check changes had been embedded into practice.
- Staff had the skills, knowledge and received support to deliver effective care and treatment. They had received appraisals but some files were not reflective of this.
- The practice worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable with others for several aspects of care. The practice had responded to patient feedback on their nursing team and had made changes to improve the delivery of the service.
- We received 33 comment cards from patients who all commented positively on the service they received. They told us staff were helpful and the GPs listened to them.
- Information for patients about the services available was accessible and they worked with translation services where appropriate.
- Patients told us they were consistently treated with kindness and respect by all practice staff.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice provided a range of services in partnership with health and social care services to meet the needs of their patient population. For example, a charity organisation attended the practice weekly to assist vulnerable and homeless patients.
- The practice understood and took account of the needs and preferences of patients. These were reflected within the patient record and care plans.
- Patients we spoke with said they were able to get appointments and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. We saw the practice responded in a timely and appropriate manner to concerns raised but needed to strengthen their recording systems.

Are services well-led?

Requires improvement

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

- The practice partners and their executive manager spoke regularly about their vision and strategy to deliver high quality care and promote good outcomes for patients. However, this had not been formally shared with the staff so they may understand their responsibilities in relation to it.

Summary of findings

- Staff told us they enjoyed working at the practice and felt supported by management. The practice had policies and procedures.
- We found an absence of governance frameworks to support the delivery of good quality care. For example, the practice did not have arrangements to ensure the appropriate actioning of safety alerts to improve safe care.
- The practice had an induction process and staff had received appraisals and training.
- The provider was aware of the requirements of the duty of candour. They promoted a culture of openness and honesty. However, we found their records of significant incidents lacked detail, analysis and learning to inform their practice.
- The practice listened to feedback from staff and patients and acted on it to improve the delivery of the service.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for safe and well led services and good for providing effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- Patients had access to a 24hour blood pressure monitoring system and a portable ECG machine to assist housebound and elderly patients to have an annual health review and assist with a timely diagnosis in their own homes.
- Housebound patients received flu immunisations within their homes.
- We sampled patient records and found appropriate care plans were in place and medicine reviews had been conducted for patients' resident in care homes.
- The practice offered home visits for patients who were unable to attend the practice.
- The practice worked with health and social care services to coordinate patient care in accordance with their wishes.
- The practice followed up on older patients discharged from hospital and ensured that their care needs were being met.
- Older patients were signposted to support services to help them access information and services and maintain their health and independence for as long as possible.
- Phlebotomy services were provided to patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for safe and well led services and good for providing effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice conducted opportunistic screening for patients who may have long term health conditions.
- Nursing staff had lead roles in long-term disease management such as diabetes and chronic obstructive pulmonary heart disease.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that they received appropriate care.
- For patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for safe and well led services and good for providing effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances or failed to attend for their immunisations or secondary care appointments.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided sexual health screening and services.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider is rated as requires improvement for safe and well led services and good for providing effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Appointments were available to make online, in person or on the phone.
- Telephone consultations were available.
- The practice conducted opportunistic screening and health checks on patients vulnerable to poor health.
- Information was available to patients on promoting self-care and management.

People whose circumstances may make them vulnerable

Requires improvement

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

rated as requires improvement for safe and well led services and good for providing effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice did not have a register of patients living in vulnerable circumstances including homeless people or those with dependency on alcohol or drugs. The practice told us they would revise how they identified and supported this population group.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. A charity organisation attended the practice weekly to support homeless and vulnerable patients and their families around housing, education and employment, and their mental health and wellbeing.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for safe and well led services and good for providing effective, responsive and caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice monitored repeat prescribing for patients receiving medicines for mental health needs.
- The practice coordinated care with multi-disciplinary teams in the case management of patients, including those living with dementia.
- Patients could access talking therapies at the surgery.
- The practice screened and assessed patients with poor mental health including dementia.
- The practice worked with support groups and organisations signposting services and providing information to patients experiencing poor mental health.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages in most areas. 271 survey forms were distributed and 119 were returned. This represented a response rate of 44% and 4% of the practice patient list.

- 82% of respondents described the overall experience of this GP practice as good compared with the local CCG average of 82% and the national average of 85%.
- 76% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 91% of respondents stated their last appointment they got was convenient. This was comparable with the local CCG average 91% and the national average 92%.

However, only 69% of respondents said they would recommend this GP practice to someone who has just moved to the local area. Whilst this compared with the local CCG average of 73% it was below the national average of 78%. The practice told us they had made a number of changes in response to the survey to improve how they delivered the service.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Some patients reported difficulties obtaining appointments. However, all 33 patients commented on the good service they received from staff at the practice, stating they were always helpful and friendly.

We spoke with five patients during the inspection. All five told us they had noticed an improvement in the service they received. They told us the practice was clean and tidy and they spoke highly of the professionalism and kindness shown to them by both the reception staff and clinical team.

Areas for improvement

Action the service MUST take to improve

- Ensure all that is reasonably practical is done to mitigate the risks to patients, through the timely actioning of safety alerts and proper and safe management of medicines.
- Ensure systems or processes are established and operating effectively to assess, monitor and improve the quality and safety of the services through embedding governance, improving the recording, investigation and learning from significant incidents and complaints and maintain securely records of training and appraisal for their staff.

Action the service SHOULD take to improve

- Ensure cleaning documents are reflective of actions undertaken
- Ensure appropriate emergency medicines are available.
- Ensure the practice retains evidence of staff reviews and appraisals conducted.
- Improve the identification of carer's
- Ensure an effective complaints system operates to evidence the management of verbal complaints.
- Conduct a patient need assessment to ensure services are accessible e.g. for patients with hearing or sight impairments.
- Immediately alert the GP that a home visit request has been received.
- Ensure a policy is in place for patients who repeatedly fail to attend appointments and ensure the practice follows up on their care.

Sheppey Healthy Living Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a GP specialist adviser and CQC assistant inspector.

Background to Sheppey Healthy Living Centre

Sheppey Healthy Living Centre is located on the Isle of Sheppey, an island off the northern coast of Kent, England in the Thames Estuary. It has high levels of unemployment and deprivation. Both men and women have lower levels of life expectancy than the national average.

Sheppey Healthy Living Centre is managed by Minister Medical Group a GP partnership. They provide services to 2700 patients. The practice has three regular sessional locum GPs (one female and two male GPs). There are two practice nurses both female who work Tuesday and Thursday. The healthcare assistant is also female and works on Monday performing phlebotomy and health checks. The practice has a clinical pharmacist to support medication reviews.

The practice is situated in shared premises and there is disabled access and car parking available on site. The practice is open between 8.30am and 6pm Monday to Friday. Appointments are from 8.40am every morning till 11.50 and afternoon surgery starts at 3pm and finishes at 6pm. In addition to pre-bookable appointments that may be booked up to four weeks in advance, urgent appointments are also available for patients that need them.

Med Doctor an out of hour's health provider manages enquiries from patients who contact the surgery between 8am to 8.30am and 6pm to 6.30pm and when they are closed evenings and weekends.

The practice had a comprehensive website detailing opening times, staffing and services. It could be translated and included screening tools and practice aide memoirs to support patients who were carers or experiencing bereavement.

The practice is registered for providing treatment of disease, disorder and injury and diagnostic and screening procedures. They do not have a registered manager and are intending to add maternity and midwifery to their regulated activities.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations. We carried out an announced visit on 20 June 2017. During our visit we:

- Spoke with a range of staff (reception staff, executive manager, GP partners and nursing team) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We reviewed the management of three incidents, including the management of clinical results and accessing mental health crisis care. We found the documents lacked details of the incidents, actions taken and learning identified. It was not evident who had recorded the incident and conducted the analysis or been present for the discussion of the incident. Despite this, it was evident where the practice found things went wrong with care and treatment; patients were informed of the incident as soon as reasonably practicable, received appropriate support, truthful information and a written apology.

We spoke with members of the practice team who were aware of the incidents and the outcomes. On reviewing a sample of practice meeting minutes we found significant incidents and complaints had been referred to and key learning shared.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- 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. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and would escalate concerns to a senior member of staff or with the lead GP. GPs were trained to child safeguarding level three and in the protection of vulnerable adults. There was a lead member of the clinical staff for safeguarding children and adults. However, we found the practice had not identified any adult patients as vulnerable on their patient record system. This was despite high levels of deprivation and patients disclosing dependency on alcohol and drugs.
- The practice told us they followed up on children who failed to attend the practice for their immunisations and secondary care appointments.
- Notices were displayed throughout the practice to advise patients that chaperones were available if required. Administrative staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We found the premises to be clean and tidy. The executive manager told us they conducted regular checks on the cleaning to ensure standards were maintained.
- The practice had an overarching cleaning schedule defining tasks to be completed daily, weekly and monthly. However, we found daily cleaning records were no longer completed and therefore they were unable to evidence when, where, what and how items had been cleaned.
- We spoke to the practice nurse who shared responsibly with the other practice nurse for leading on infection prevention control. They had undertaken additional training to perform the role and told us of additional cleaning they conducted to mitigate risks.
- We reviewed the last annual infection control audit. Areas for improvement had been identified, action plans were place and tasks had been progressed. However, the documentation did not reflect where actions had been completed such as the installation of washable floors in consultation rooms and staff training on the management of needle stick injuries.

We found insufficient arrangements in place for the proper and safe management of medicines. For example, we asked the practice how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information

on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and it was left with the clinician to actions. We asked the clinicians about a recent safety alert from 2017 relating to contraceptive implant they were not aware of the guidance. However, they told us they were aware of a recent medicine alert relating to the treatment of epilepsy and bipolar disorder in order to prevent migraine headaches. We confirmed they had no patients receiving the medicine but the practice was unable to evidence searches undertaken on their patient record system.

We checked the patient records to ensure an historical medicines safety alert from August 2012 relating to conflicting medicines had been actioned. We found three out of 34 patients who were receiving the medicine contrary to guidance placing them at risk of muscle damage. The practice did not have systems or processes in place to identify these patients or others who may be adversely affected by alerts and ensure there were aware and had mitigated the risks.

We reviewed the practice prescribing policy. It specifically outlined the monitoring requirements of high risk medicines. We found appropriate monitoring of patients receiving Lithium a medicine sometime used in for patients experiencing poor mental health. However, we found inconsistent monitoring practices for patients in receipt of the other medicines. For example;

- We found 27 patients being prescribed a medicine used for patients at risk of developing harmful blood clots that may contribute towards conditions such as a stroke or heart attack. We sampled seven of 27 patient records and found six patients did not have an appropriate blood ration recorded in their record over the past 12 months. Their prescribing policy states patient should have this checked within 12 weeks, in the absence of a result the practice should contact the anti-coagulation clinic or patient. Prescribing in the absence of this information places patients potentially at risk of intravenous bleeding or stroke. The GP partner told us they had identified the risks to patients and escalated their concerns to Swale Clinical Commissioning Group. However, they had continued to prescribe contrary to their policy and guidance.
- We found six patients were being prescribed a disease-modifying anti-rheumatic drug (DMARD); and reviewed all of the patients care. This medicine may be prescribed for rheumatoid arthritis. The practice policy stated a patient's blood tests should be conducted within three months. We found one of the six patients last recorded blood, kidney function and liver function were recorded in November 2016. They were last issued their prescription for this medicine in June 2017. This placed the patient at risk of renal failure and risk of infection and cirrhosis of the liver. We found appropriate tests had been conducted for the other five patients on the medicine but this had required the GP to contact secondary care providers to access the patients' blood results.

We also checked the practices monitoring of patients in receipt of a medicine used to control the heart rate of patients at risk of stroke. Three patients were being prescribed the medicine and we checked all three. We found two patients were being appropriately monitored but the third patient had failed to have their thyroid checked since February 2015. Guidance suggests thyroid checks for patients should be within 12 months. Without appropriate monitoring the patient is placed at risk of over active or under active thyroid. This may cause a deterioration of the patient's health and may result in loss of vision, depression and weight gain. In response to our findings the practice confirmed they would revisit safety alerts and guidance and review their prescribing practice to identify and redress risks to patients.

We checked the practices system for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We checked three patients records all resident in care homes to ensure they were receiving appropriate medicine reviews, and they had. We also reviewed patients on four or more medicines and reviewed ten patient records and found nine had received appropriate face to face medicine reviews.

We found the practice were aware of their overall prescribing behaviour. Whilst they were not an outlier under the Clinical Commissioning Group they had high prescribing for a medicine used for pain and chronic disease management and were actively reviewing patient

care to improve prescribing practice. Swale CCG had high reported prescribing for benzodiazepines and the practice were actively monitored patients on benzodiazepines and trying to reduce their dependency of the medicine.

We found blank prescription forms and pads were securely stored but there was no system to monitor their use. Staff told us prescriptions which were not collected after a couple of months were shredded and registered on the patient system. The clinician not informed and therefore may not follow up with the patient to check on their well-being. We checked their prescriptions and found all were recent.

The practice nurses conducted immunisations. Patient Group Directions had been authorised by the practice executive manager and adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three personnel files for a locum GP, practice nurse and member of the administrative team. We found appropriate recruitment checks had been undertaken for the staff prior to their employment. For example, we found proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications. Members of the clinical team were registered with the appropriate professional body and had received appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy dated January 2017 and a risk assessment had been conducted in May 2017. They had appropriate action plans in place and they were being progressed.
- The practice had a fire risk assessment dated June 2016; this was scheduled to be revised again in July 2017. We found the fire equipment in use had been inspected and was in good working order. Staff had received fire safety training in March 2017 and practised evacuation procedures.
- 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). Regular monitoring was conducted on the buildings water supply.
- 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 building empty.
- All electrical and clinical equipment had been checked and calibrated in June 2017 to ensure it was safe.
- Staff told us they covered for colleagues planned and unplanned absences and staff were trained in performing one another's roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff told us how they responded to incidents under the guidance of the practice management.
- Staff received basic life support training annually.
- The practice had access to a defibrillator and oxygen accessible on the premises with adult and children's masks. A first aid kit and accident book was available.
- We checked the practices emergency medicines and found the medicines we checked were in date and stored securely. The practice did not have hydrocortisone contrary to good practice. This medicine is used for patients who may suffer a severe asthma attack and for severe or reoccurring anaphylaxis.
- The practice had a business continuity plan in place, dated July 2016. It covered major incidents such as power or IT failure or building damage and included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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 shared guidance to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We looked at a sample of 15 patient records for diabetes, chronic obstructive pulmonary disease and hypertension. We found all the patients were being treated in accordance with current guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, above the local clinical commissioning group (CCG) average of 2.4% and the national average by 1.7%.

The practice achieved an exception rate of 7.5%. This was 1.6 points below the local CCG average and 2.3 points below the England average. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed the practice achieved all the points available for the following areas of clinical care:

- The management of patients with long term conditions such as, asthma, epilepsy, hypertension, chronic kidney disease and rheumatoid arthritis.
- The care of patients with learning disabilities.
- Palliative care patients.

Improvements could be made in provision of care for patients with poor mental health. The practice achieved 92% of the points available. However, they achieved full points for their care of patients with dementia and depression.

There was evidence of quality improvement including clinical audit:

- We reviewed three clinical audits all showing improved outcomes. For example; the practice had conducted an audit on their use of Dexa scan. **DEXA (DXA) scans are used to measure bone density and assess the risk of bone fractures.** They are often used to help diagnose bone-related conditions, such as osteoporosis, or assess the risk of developing them. The audit identified improvement could be made and reviewed and amended the care and treatment being provided to their patients in line with guidance. The practice had planned to conduct a secondary audit to check compliance and embedded learning.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with diabetes, administering vaccines and taking samples for the cervical screening programme. Staff who administered vaccines could also demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, conversations 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 pursing further education such as a diploma in management and support for revalidating GPs and nurses. However, whilst we found staff had received an appraisal or they were scheduled to be conducted, not all staff files were reflective of this. For example, the practice nurse had received an appraisal in October 2016 but the practice had not retained a copy within their records.

Good

Are services effective?

(for example, treatment is effective)

- 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. We checked the management of pathology results and these were up to date and there were no documents awaiting review from external parties. We found information was shared between services, with patients' consent using a shared care record.

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 on going care and treatment. The practice was unable to hold regular multidisciplinary meetings due to poor attendance from partner services. We reviewed meeting minutes from five of their meetings and saw patient care was reviewed and decisions and actions were followed during subsequent meetings. The practice told us they assessed and coordinated on an individual basis with partner services. We found appropriate care plans were in place.

We reviewed the practice system for the management of cancer referrals on the two week wait. We found they were timely and appropriate and that patients were being seen by secondary care.

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.

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.

The practice's unqualified QOF data for 2016-2017 showed 82% of eligible women had received cervical screening.

Childhood immunisations were carried out in line with the national childhood vaccination programme. The Immunisation data for 2016-2017 showed 93% of eligible 2years old had been fully immunised and 96% of the eligible children had received Meningitis C and MMR vaccinations. We found 97% of eligible five year old children were fully immunised receiving diphtheria, tetanus, Pertussis and polio.

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

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we found 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke to five patients and they told us that the reception staff were polite, helpful and tried to accommodate their requests. They felt the doctors listened to then and were respectful to them and their wishes.

The practice had actively advertised their patient participation group but had been unsuccessful recruiting to the forum. However, they benefitted from a few patients who regularly spoke to them regarding patient concerns and attended the Clinical Commissioning Group forums. We spoke to patients, they told us the practice was caring and listened to their concerns, reflected on them and responded professionally.

Results from the national GP patient survey, published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs. For example:

- 83% of respondents said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 83% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 95% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 82% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average 83% and the national average of 85%.

The practice was below or comparable with the local and national average for its satisfaction scores on consultations with their nurses. For example:

- 83% of respondents said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 84% of respondents said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 96% of respondents said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 84% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average 92% and the national average of 91%.

The practice was above the average for satisfaction scores on the service received. For example;

- 90% of respondents said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

We spoke with two care homes. Both told us the GPs were polite and caring when attending to their resident's needs. The practice had also received positive responses to the NHS Friends and Family Test with 72% of their patients who completed the survey stating were extremely likely or likely to recommend the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt listened to and involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views. However, results from the national GP patient survey,

Good

Are services caring?

published in July 2016 showed patients satisfaction levels were below local and national averages for their involvement in planning and making decisions about their care and treatment with their GP. For example:

- 73% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 69% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 79% and the national average of 82%.

Patients reported higher levels of satisfaction with the nursing team. For example;

- 85% of respondents said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 77% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 87% and the national average of 85%.

The practice had reviewed the survey findings and reflected on them. The practice told us they had revised how they were delivering services and a GP partners conducted regular reviews of clinical notes to ensure service were delivered appropriately.

The practice told us they believed improvements had been embedded since the survey and they had increased the nursing team with the appointment of the healthcare assistant to try and deliver a more supportive and responsive service for their patients. This was supported in the comments we received from patients on the day of our inspection, who spoke highly of the nursing team.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. The practice told us they provide services to those seeking asylum and the surgery used their nominated translator to assist.
- Staff told us many of their patients had poor levels of literacy and therefore they would explain information to them and write in down so they many refer to it later to assist their understanding.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were displayed and available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice worked with a charity organisation supporting homeless and vulnerable patients and their families aroundhousing, education and employment, and their mental health and wellbeing. They also signposted patients to other relevant support and volunteer services.

The practice did not have a carer's policy but had identified 16 professional and non-paid carers, 0.6% of their patient list. The practice acknowledged this as an area for development. The practice had appointed a carers' co-ordinator to help ensure that the various services supporting carers were coordinated and effective. They were meeting with the carer's forum to discuss their identification and management of carer's and ensure they were providing appropriate support and access to services.

Staff told us that if families had experienced bereavement, their usual GP contacted them. The practice sent a sympathy card where they had confirmed with the family contact that this was deemed to be appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had an awareness of their patient population and tried to tailor services to meet their patient's needs.

- There were longer appointments available for patients with a learning disability and those with complex needs.
- Appointments could be booked on line, by phone or made in person.
- Telephone appointments were available.
- The practice operated electronic prescribing where patients may elect to have their medication dispensed from their preferred pharmacy.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. The practice had a list for patient wishes and they held early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. The practice maintained a register of their wishes.
- Same day appointments were available for all children under five years of age and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients registered with the practices online system received text reminders for their test results.
- Patients had access to a 24hour blood pressure monitoring system and a portable ECG machine to have an annual health review and assist with a timely diagnosis in their own homes or at the surgery.
- Patients were able to receive travel vaccines available on the NHS and patients were referred to other clinics for vaccines available privately.
- The practice did not have a hearing loop, explaining they currently had no patients registered with a hearing or sight impairment. However, they were reviewing the needs of their registered patients.
- The practice was based on the first floor and had lift access.
- The practice provided seasonal clinics for flu vaccinations.
- A primary care counselling service attended the practice weekly providing talking therapies.
- Physiotherapy, dermatology and women's health could all be accessed in house and minor surgery and ultrasound scanning could be accessed at Minister Medical Centre which is the providers other practice located under 3minutes away and 10minutes by car.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were from 8.40am every morning till 11.50 and afternoon surgery starts at 3pm and finishes at 6pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. Med Doctor covered the practice when closed, between 8am to 8.30am and 6pm to 6.30pm and during evenings and weekends.

The practice told us their next available appointment prebookable appointment with the GP was within a week. Appointments were available with the practice nurse team on the day of our inspection.

The practice reception team told us they did not actively monitor and follow up with patients who failed to attend appointments. We asked the practice how many appointments had been missed within the last three months. Patients had failed to attend 103 appointments. The practice did not have a policy in place to manage patients who repeatedly failed to attend appointments and ensure they followed up on their care.

The GPs said they reviewed all discharge information received and contacted patients as appropriate to follow up on their individual needs.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example;

- 71% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 73% of respondents said they could get through easily to the practice by phone compared to the local CCG average of 64% and the national average of 73%.
- 83% of respondents said they were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 80% and the national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 91% of respondents said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 76% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 70% of respondents said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

The practice had a single phone line into their service. The practice had been unsuccessful at securing additional lines to enable the timelier answering of calls. However, patients told us on the day of the inspection that they were able to get appointments with the GP and nurses when they needed them.

The practice told us they had shared their practice mobile telephone number with health and social care professionals to enable them priority access to the practice and clinical team.

The practice had a system to assess:

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

The practice told us they recorded all requests on the day and shared the record with the GP. The GPs would triage each call to assess the patient's clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We found complaints information was available for patients to understand the complaints system.

The practice had recorded one complaint within the last 12 months relating to staff conduct. We reviewed the documentation and found the practice responded appropriately showing openness and reflecting on the delivery of their service. Learning had been identified and acknowledged by the staff member.

The practice staff told us they tried to resolve complaints at the time of reporting. They told us they would record verbal complaints but were unable to show evidence of this. The practice complaints policy, dated July 2016 defined the capturing of verbal complaints. The practice confirmed their staff were not completing the documentation and they were unable to confirm where verbal complaints were being recorded or evidence how they had responded. We spoke to two care homes prior to the inspection and tracked through their concerns. We found no record of their complaint being recorded but staff were aware of them and the care home had confirmed they had responded to them in a timely and professional manner.

The practice reviewed their written complaints to identify themes and report on learning to improve their practice.

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 was owned and managed by Minster Medical Group a GP partnership. The practice partners and executive manager had discussed their vision to offer their patients a wide range of high-quality services targeted to best meet their needs.

The practice did not have a business plan, but told us they were intending to formalise their strategy. Staff we spoke with told us the GP partners were committed to providing a service to their community and they had confidence in them and supported them in doing so.

Governance arrangements

We found an absence of systems and processes established and operating effectively to support the consistent delivery of good quality care. For example; the practice shared safety alerts for GPs to action individually but did not revisit these to ensure all patients potentially at risk had been identified appropriately reviewed and the risks mitigated. Their practice systems failed to assist in the timely identification of incomplete records. For example; for their cleaning systems or personnel files.

We found there was a staffing structure and although some staff were new to their role the practice were encouraging and supporting them to develop within the organisation and lead on key areas.

There was an understanding of the practices performance in respect of the Quality Outcome Framework and prescribing practices against local and national targets. We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they needed to strengthen their systems by building on their skills and experience, to ensure the practice provided consistent high quality care. The GP's led on clinical areas such as substance misuse and women's health and the practice nurses on chronic obstructive pulmonary disease.

The provider was aware their duty of candour but we found the practice could improve their timely recording, investigation, analysis and learning from incidents 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).

Staff spoke highly of the GP partners and told us they were approachable and always took the time to listen to members of staff. We saw a culture of openness and honesty operated and the practice provided honest accounts of incidents and verbal and written apologies where appropriate. However, they did not always acknowledge and celebrate good practice where they had managed incidents well. The records at the practice were not always comprehensive and did not include written records of verbal interactions as well as written correspondence.

We reviewed minutes from multi-disciplinary meetings. We found patient care was reviewed and decisions and actions were revisited at subsequent meetings to ensure they were progressed.

Staff told us the practice management spoke with them regularly. Formal staff meetings were held quarterly. We reviewed four sets of practice meeting minutes from March 2016 to March 2017. They covered a range of issues from staffing, training, safeguarding, complaints and significant incidents, policies and practice performance.

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

The practice welcomed feedback from patients and staff. Patients told us they listened and responded to feedback and were committed to improving the service.

The practice reviewed patient feedback in the national GP patient survey and the NHS Friends and Family Test. However, they did not have a patient participation group (PPG) despite continual efforts to attract patients to the forum. They appreciated feedback they received from individual patients on concerns and questions patients had shared with them. Patients and the local care homes we spoke to told us the practice management had always been receptive and responsive to concerns ensuring an explanation was given and the issue was resolved as soon as practicable.

Staff told us they supported one another and spoke daily informally with the practice management and clinician team. The practice sought and acted formally on feedback through staff meetings, appraisals, discussions and events.

Are services well-led?

Requires improvement

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

The staff told us they were fortunate to have supportive colleagues and they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practical to mitigate the risks to patients, through the timely actioning of safety alerts and proper and safe management of medicines. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure systems or processes are established and operating effectively to assess, monitor and improve the quality and safety of the services through; embedding governance, improving the recording, investigation and learning from significant incidents and complaints and maintain securely records of training and appraisal for their staff. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.