# Fronks Road Surgery

## Quality Report

Fronks Road Surgery
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Website:

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out a comprehensive inspection at Fronks Road Surgery on 03 November 2015. The practice was rated as inadequate overall. Specifically they were rated as good for caring services, and inadequate for safe, effective, responsive, and well-led services.

In particular, on 03 November 2015, we found the following areas of concern;

- Out of date policies and procedures in relation to published guidance and legislation to provide guidance and support to staff members.
- A lack of guidance and support for staff carrying out infection prevention and control procedures, including cleaning and environmental checks and audit.
- The management of patient safety and medicine alerts and the storage of medicines, including controlled drugs.
- A lack of monitoring and assessing the services provided at the practice including acting on patient feedback.
- Staff members were not receiving regular supervision and appraisal for their roles, including those responsible for dispensing medicines.
- Staff acting as chaperones had not received a disclosure and barring service check or a risk assessment as to why one was not necessary.

As a result of our findings at this inspection we took enforcement action against the provider and issued them with warning notices with a requirement to comply with them by 11 March 2016. These warning notices required the provider to make improvements in relation to the safety of patients, the governance systems in place at the practice and their supervision and appraisal staff.

As the practice was rated as inadequate overall they were also placed in special measures for a period of six months.

Following the inspection on 03 November 2015 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations and the warning notices that we issued.

# Summary of findings

The report of the November inspection was published in March 2016. The practice contacted us at the beginning of March 2016 to say that they had completed all the work in their action plan, and addressed all the failings set out in the warning notices. As a result, we agreed to bring forward our comprehensive inspection of the service. This inspection took place on 10 May 2016.

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

- Staff members knew how to raise concerns, and report safety incidents. The policy showed the practice complied with the requirements of the duty of candour. Safety information was recorded and any issues identified were shared with staff members within practice meetings.
- There was a named GP responsible for the dispensary, and all staff involved had now received appropriate training. Controlled drugs were stored in line with guidance.
- The practice had reviewed most of their policies and procedures and was in the process of bringing them all up to date.
- Most risks to patients were assessed and documented with the exception of monitoring and reviewing medicines, including those that were high risk.
- The practice had an effective system for the management of patient safety and medicines alerts.
- Patients received regular monitoring of their prescribed medicines but this was not always being consistently recorded in patient records.
- Patient care was provided to reflect best practice using recommended current clinical guidance.
- Staff carrying out chaperone duties had been trained for the role and had received a disclosure and barring service check.
- Data from the Quality and Outcomes Framework for 2014/15 was generally below local and national averages.
- Patient comments were positive about the practice during the inspection; we were told they were treated with consideration, dignity and respect. The practice had recently set-up and started to work with their patient participation group to seek and act on patient feedback.
- Information regarding how to complain was available on the reception notice board and in an easy to read format.
- The leadership structure at the practice was understood by all the staff members we spoke with. They told us they were supported in their working roles by the practice management. A staff supervision and appraisal process was now in place.
- There was now an improved quality improvement system in place including the use of clinical audits.
- Meeting arrangements for regular multidisciplinary team meetings for patients with palliative care or complex needs were in the process of being arranged on a regular basis.
- The practice reviewed patients discharged after hospital treatment and attending accident and emergency (A&E); to update treatment plans and record actions taken to reduce the risk of re-admission.
- Infection control procedures had improved but quality control checking processes taking place were not being recorded. An infection control audit had not been carried out in line with the practice policy.
- The practice had not developed consistent treatment plans for patients with complex needs and/or those seen by multiple healthcare agencies.
- The system of governance had improved but still required strengthening.

The areas where the provider must make improvement are:

- Act on patient feedback to improve patient satisfaction as highlighted in the national GP patient survey published in July 2016.
- Continue to develop the practice system for policies and procedures, to effectively keep them updated, reviewed, and compliant with the requirements. This must include ensuring patient records are updated and maintained.

The areas where the provider should make improvement are:

- Document and record the quality control checks performed by the infection control lead and carry out infection control audits in line with practice policy and guidance.
- Ensure the electronic patient record is used to record all patient care and treatment in the same way by all GPs.

# Summary of findings

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

**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?**

Good

The practice is rated as good for providing safe services.

- There was a system in place and staff members knew how to raise concerns, and report safety incidents. Incidents and lessons learned were shared with staff members in practice meetings.
- Although patients received regular monitoring of their prescribed medicines there was inconsistent recording of relevant information in patient records.
- When things went wrong patients received an explanation or an apology when appropriate. They were told about any actions to improve processes to avoid the same thing happening again.
- There was an infection control lead and both nurses had received recent role specific training in infection control.
- The practice had developed processes to keep patients and staff members safe and safeguarded from abuse. All staff members had received safeguarding training appropriate for their role.
- Most risks to patients were assessed and managed and these included premises and equipment. There were arrangements to manage patient safety and medicine alerts.
- There was a named GP responsible for the dispensary, and all staff involved had received appropriate training.
- The practice followed the guidance for the control of substances that were hazardous to health (COSHH). The safety of water at the practice was checked with legionella testing and an external specialist company was used for that purpose. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

**Are services effective?**

Requires improvement

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

- Data at the practice was analysed and reviewed at their monthly practice meetings to ensure staff members were aware of their quality outcome achievements.
- Patient care was provided in a way that reflected best practice and followed recommended current clinical guidance. However

# Summary of findings

there was a lack of consistency in the recording of care, treatment and management plans into patient records for those with long term conditions, to ensure staff working at the practice could understand patient treatment and care needs.
- Record keeping was not consistent in relation to patients with long term conditions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment in a primary care environment.
- There was evidence of clinical audit being used to improve patient outcomes.
- There was a system in place to ensure that staff received supervision and appraisals.
- Staff communicated with community, secondary, and social care to understand and meet people's needs.
- The practice reviewed patients discharged after hospital treatment and attending accident and emergency (A&E); to update treatment plans and record actions taken to reduce the risk of re-admission.
- Data available to us from 2014/15 showed patient clinical quality outcomes were below local and national averages. Data for 2015/16 was not compared however an improvement trend was noted for the first two months of 2016/17.
- Performance in the year 2014/15 for some mental health related indicators was lower than the national average.

**Are services caring?**

**Requires improvement**

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

- Data from the national GP patient survey reflected that the practice was below other practices locally and nationally for providing caring services. Since the last inspection there had been no action taken to improve patient satisfaction.
- On the day of the inspection we found that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients told us they were treated with compassion, dignity, respect, and were involved in decisions about their care and treatment.
- The practice identified patients who were carer's; the number identified was 60 showing the practice had recognised 1.3% of their patient population were carer's.

**Are services responsive to people's needs?**

**Requires improvement**

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

# Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients could request repeat prescriptions by email at the practice.
- A notice was displayed on the waiting room notice board about how to complain, and an information leaflet available for patients was easy to understand.
- The practice was adequately equipped to treat and meet patient's needs.
- Appointment times and availability were flexible to meet patient needs. Same day urgent appointments were always available. Home visits and telephone consultations were provided as needed.
- The practice had not responded to patient satisfaction rates as a result of the national GP patient survey. Data from the July 2016 survey reflected that the practice was performing lower than local and national averages in relation to access to the practice.
- Some of the GP consultation rooms in the upstairs part of the premises could not be accessed by all patients. The practice were aware of this and allocated patients with mobility issues to a room on the ground floor.

**Are services well-led?**

**Requires improvement**

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

- The practice had an aim to deliver high quality care and promote good outcomes for patients. Staff members told us the aims and objectives of the practice had been discussed during a recent practice meeting.
- As a result of the concerns identified at the last inspection, the practice had strengthened their governance systems and processes and had implemented an action plan for continued improvement.
- The majority of the issues from the last inspection had been actioned to a satisfactory standard.
- Staff members told us they were supported by GPs and the practice management.
- The practice had a number of policies and procedures to govern activity and these were readily accessible and discussed with staff.
- Information was shared with staff members about the learning from safety incidents. Improvements identified as a result of significant events were being actioned.

# Summary of findings

- The practice proactively sought feedback from patients. The practice was working in partnership with their patient participation group to gather and respond to patient feedback, but an action plan had yet to be developed and put in place.
- The practice sought feedback from their staff members during appraisals and practice meetings to support developments and improvements at the practice.

# 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 providing effective, caring responsive and well-led services and good for safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- All patients in this population group had a named GP.
- Older people at the practice were provided with urgent access to appointments, and longer appointments could also be requested. The practice offered home visits for those with limited mobility or enhanced needs.
- The practice held a register of patients that were carers from this population group, they were supported as carers with health checks and flu vaccination to protect their health.
- Information was shared with the out of hour's provider so that consistency of care could be provided.
- The practice provided a medicine dispensing service to patients that lived in a rural location away from local pharmacy provision. This meant patients could receive their treatment and medicine in the same place.
- The practice told us patients over the age of 65 were offered a flu vaccination every year with the offer of pneumococcal and shingles vaccines on the same day. Patients were also vaccinated opportunistically in consultations to save them returning for a dedicated clinic.
- The practice did not have a system in place to follow-up older people and review patients after hospital treatment or accident and emergency visits.
- End of Life (EoL) patients were reviewed with the local EoL team nurses on an ad hoc basis. The practice was in the process of arranging multidisciplinary team meetings to review all EoL patients regularly.

### People with long term conditions

Requires improvement

The practice is rated as requires improvement for providing effective, caring responsive and well-led services and good for safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patients in this population group had a named GP.
- The GP worked with relevant health care professionals for patients with complex needs.

# Summary of findings

- The practice delivered both the enhanced service and the local diabetic service for patients suffering with diabetes. The diabetic lead GP and practice nurse had both received relevant training and attended external and meetings when required.
- The practice provided an in-house blood taking service and echocardiography (ECG).
- Data for 2014/15 for patients with diabetes, on the practice register, who had received the appropriate blood tests in the preceding 12 months, was 60% which was lower than the local average of 72% and the national average of 77%.
- Data for patients for 2014/15 for patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 35% which was lower than the local average of 77% and the national average of 78%.
- Unverified data for 2015/16 for the first two months of 2016/17 inspection had improved to 77% in relation to blood tests and 76% for blood pressure readings for diabetics. The practice told us they had focused on diabetes to improve patient outcomes
- The nurse specialist held clinics for diabetic patients that had a diabetic care management plan on their records, along with asthma and chronic obstructive pulmonary disease (COPD). Decisions about care and treatment were recorded on a template by the nurses and the GPs. We found that the recording of the treatment plans by the GPs was inconsistent.

**Families, children and young people**

**Requires improvement**

The practice is rated as requires improvement for providing effective, caring responsive and well-led services and good for safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There was a process to identify and follow up children living in disadvantaged circumstances who were at risk.
- Immunisation rates were high for all standard childhood immunisations compared with local surgeries.
- The national quality performance data showed the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years at the practice was in line with local and national averages.
- Appointments were available outside of school hours.
- Patients were able to email the practice to order their repeat prescriptions.
- Staff members at the practice had access to a child protection policy for guidance and had received safeguarding training relevant to their role.

# Summary of findings

- There was child health surveillance, and a GP attended child protection forums.
- There was a policy regarding Gillick competence and permission to information share with parents/ carers if children under 16 attended the practice alone.
- Patients were unable to book appointments online.

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

Requires improvement

- The practice is rated as requires improvement for providing effective, caring responsive and well-led services and good for safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.
- Telephone consultations were available with GPs and nurses depending on the health issue.
- A range of health promotional services such as smoking cessation, weight management, health checks, and flu vaccination clinics were available for patients to access.
- Women's health and screening services that reflected the needs of this population group were provided.
- A range of health promotion was offered and displayed in the waiting/reception room for the benefit of patients.
- Working patients were able to request prescriptions via email however they were unable to book appointments online.

**People whose circumstances may make them vulnerable**

Requires improvement

The practice is rated as requires improvement for providing effective, caring responsive and well-led services and good for safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments for patients with a learning disability were available. There were 24 patients identified as living with a learning disability, these patients had been offered an annual learning disability check.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children, they were also aware of their safeguarding responsibilities. This included information sharing, documentation of safeguarding concerns and who to contact for advice.
- Information was shared with the out of hour's provider. This ensured continuity of care if seen outside the practice core hours.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccination.

# Summary of findings

- The practice could not evidence that treatment plans were in place to support people whose circumstances may make them vulnerable, to avoid unnecessary admissions to hospital.

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

Requires improvement

The practice is rated as requires improvement for providing effective, caring responsive and well-led services and good for safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice provided people experiencing poor mental health with information about how to access support and voluntary groups in leaflet format in the reception area.
- Patient records included next of kin and power of attorney details to ensure that relatives could be easily contacted and consulted to include them in any decisions if required.
- Clinical data for 2014/15 reflected that the practice was below the local and national averages for reviewing patients with dementia and some other types of mental health disorders. Comparisons made over the last two years reflected that performance was consistently low and we found little signs of improvement. In two particular health care indicators the practice had not reviewed any patients in a period of 12 months.
- However the practice performance during 2014/15 for patients at the practice with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 80% as compared with the local average of 91% and the national average of 90%.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 118 were returned. This represented a 50% return rate compared with a national return rate of 38%. We also compared the results from the GP national patient survey published in July 2016 to identify whether improvements in patient satisfaction had been achieved. 214 survey forms were distributed and 112 forms were returned and this represented a 52% return rate.

- January 2016 data showed 82% of patients found it easy to get through to this practice by phone compared to the local average of 74% and the national average of 73%. July 2016 data showed the practice at 86% compared with the local average of 71% and the national average of 73%.
- January 2016 data showed 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 78% and the national average of 76%. July 2016 data showed the practice at 80% compared with the local average of 84% and the national average of 85%.
- January 2016 data showed 74% of patients described the overall experience of this GP practice as good compared to the local average of 83% and the national average of 85%.

We spoke with three patients on the day of inspection they told us the practice met their needs and commented positively on specific areas of their care. Two of the patients told us the dispensing service was convenient. All three patients said they were satisfied with the care they received and thought staff members were caring and considerate. The patients also commented on the recent changes and improvements being made to the practice for example; new carpet in the waiting room. When we spoke with a health care professional from a local pharmacy and they told us that communication with the practice was always cordial and both the practice and the pharmacy worked for the benefit of patients care.

## Areas for improvement

**Action the service MUST take to improve**

- Act on patient feedback to improve patient satisfaction as highlighted in the national GP patient survey published in July 2016.
- Continue to develop the practice system for policies and procedures, to effectively keep them updated, reviewed, and compliant with the requirements. This must include ensuring patient records are updated and maintained.

**Action the service SHOULD take to improve**

- Document and record the quality control checks performed by the infection control lead and carry out infection control audits in line with practice policy and guidance.
- Ensure the electronic patient record is used to record all patient care and treatment in the same way by all GPs.

# Fronks Road Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to Fronks Road Surgery

Fronks Road Surgery is situated in Dovercourt, Harwich, and Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group. The practice holds a Personal Medical Services contract with the NHS.

There are approximately 4435 patients registered at the practice. The practice employs two full-time salaried male GPs and a part-time regular female locum GP. The GPs are supported by a part-time principal male GP that concentrates on administration at the practice. The GPs are supported by two nurses, a practice manager, a secretary, two trained medicine dispensers, and four further administrative and reception members of staff. Support staff members at the practice work a range of hours including full and part-time.

The practice opening hours are 8am to 6.30pm Monday to Friday. Consultations are held between 9am to 12noon and 2pm to 6.30pm daily. The practice is open all day and does not close for a lunch-time period. The practice has opted out of providing 'out of hour's' services to their own patients which is now provided by Care UK, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury. They hold directed enhanced services (DES); a DES is a service which requires an enhanced level of service provision above what is required under their core contracts. They hold a DES for; the childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations.

We previously carried out a comprehensive inspection at Fronks Road Surgery on 03 November 2015. The practice was rated as inadequate overall and placed in special measures. We also took enforcement action against the provider in order to achieve improvements.

## 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 practice had previously been inspected on 03 November 2015 and placed in special measures when we issued enforcement action. The latest inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. The practice had provided us with an

action plan which outlined the work and actions they would take to comply with the regulation breeches stated in the warning notices we had given them. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, secretary, practice manager, administrative assistants, and receptionists. We also spoke with three patients who used the service and a professional from a local pharmacy.
- Observed communications between staff members, patients, carers, and family members.
- Reviewed practice survey results where patients had shared positive views and experiences of the dispensing service.
- Reviewed staff records to check that; training, recruitment, and appraisals were undertaken appropriately.
- Reviewed practice policies and procedures.

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.

Good

# Are services safe?

## Our findings

**During the previous inspection we found:**

Patients were at risk because systems and processes were not in place. They lacked recent safeguarding training, infection control leadership, training, recording of checks undertaken and audit of documented checks. Practice policies, and processes had not been reviewed and did not meet current guidelines or legislation. There was no evidence that medicine and patient safety alerts had been acted on, or communicated to the appropriate staff members. Medicines were not stored at the correct temperature, or monitored and checked correctly to ensure their safety. Staff members employed to dispense medicines were not trained or given clinical support and oversight to ensure their competence and safety. Safety incidents and complaints had been recorded and investigated however they had not been communicated to staff members so safety lessons were not learned or reviewed to monitor for trends or themes.

**Safe track record and learning**

Safety within the practice was monitored using information from a range of systems including the reporting and recording of safety incidents.

- The practice manager led on recording safety incidents within the practice. Staff members told us they knew who they should report to if they became aware of an issue.
- The practice carried out investigations of safety incidents and shared any learning with staff members. This ensured actions taken to improve safety were embedded in the practice to minimise incident reoccurrence. We reviewed minutes of meetings held monthly where incidents had been discussed. We saw that those patients affected by incidents had received appropriate communication, in a timely fashion. One example was in relation to a patient that had received a life limiting diagnosis where the practice had identified communication issues between the practice and the patient and family. During the practice review of this incident the practice identified ways they could improve the communication in these circumstances to better support the patient and family.
- The learning from incidents had been reviewed and the learning shared with staff members to ensure improvements were put in place. The incident recording form endorsed 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).
- Safety alerts about medicines or patient safety were received by the practice, reviewed, shared with the staff team, and acted upon appropriately. When alerts required the review of patients' medicine or a change when indicated we found evidence this had been undertaken. The practice audited the safety alert reviews on a monthly basis to ensure that their system was effective.

**Overview of safety systems and processes**

The practice had procedures and policies to safeguard patients from abuse, which included:

- A policy that reflected current relevant legislation and local requirements, that was accessible to all staff members and outlined who to contact about safeguarding concerns.
- There was a GP lead for safeguarding at the practice and GPs and nurses had achieved level 3 training. GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure patients were safe from abuse. Staff members had received training relevant level to their role.
- Chaperones were available for patients during consultations; there was a notice in the waiting room that advised patients they were available. Staff who acted as a chaperone had received training for the role and 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).
- Appropriate standards of cleanliness and hygiene were seen and there was a practice nurse led for infection control.
- Clinical waste was disposed of appropriately and stored securely until it was collected.

Good

# Are services safe?

- Medicines were stored securely in the dispensary, at the correct temperature, and were within their expiry date and this included controlled drug storage and documentation. Records showed medicines requiring cold storage were kept in refrigerators maintained and monitored daily in line with the practice cold chain procedure. Staff members knew what action to take in the event of temperature failure.
- Staff members employed to dispense medicines received clinical supervision and competency checks to maintain the safe provision of the dispensing service.
- We found that patients on prescribed medicines, including those taking high risk medicines, were receiving reviews in line with guidance. However the GPs did not record this in the electronic patient record system in the same place, this could make it difficult for GPs to locate the records on the system.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and were tracked through the practice in accordance with national guidance.
- Arrangements for emergency medicines, and vaccinations, in the practice and dispensary kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance.

We reviewed four sets of personnel files and found 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'.

Test results for cervical screening were reviewed by clinical staff and all the samples sent for cervical screening were followed up to check they had received a result. The practice also followed-up women who were referred to other healthcare professionals as a result of abnormal test results.

**Monitoring risks to patients**

- Procedures were in place to monitor and manage risks to patient and staff safety. There was a current health and safety poster and a policy available which identified local health and safety representatives.
- Electrical equipment in use at the practice had been checked to ensure it was safe to use and the practice held a service and maintenance contract to confirm it was working properly through regular testing by an external company. The premises and equipment at the practice were appropriate for patients and adequately maintained.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Staff members knew how to act and keep people safe in the event of a fire.
- There was a plan to monitor the number and mix of staff members needed to meet patients' needs. The practice manager told us annual leave and staff sickness was factored into their planning.
- The practice demonstrated their understanding of the control of substances that were hazardous to health (COSHH). Documentary evidence was seen to support this.
- The safety of water at the practice was checked with regular legionella testing undertaken by the infection control lead. (legionella is a term for a particular bacterium which can contaminate water systems in buildings).

**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 could be used to alert staff should an emergency arise.
- Staff had received basic life support training and knew the location of the emergency equipment and medicines, which we checked and were in date. There was oxygen with masks for adults and children and a defibrillator on the premises. There was also a first aid kit and accident book available.

The practice had an up to date business continuity plan in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff members and connected utility services.

Requires improvement

# Are services effective?

(for example, treatment is effective)

## Our findings

**During the previous inspection we found:**

Data showed patient monitoring was low in comparison with other GP practices locally and nationally. Staff members had not received appraisals or been included in any plans for the future regarding the practice service provision. There was no multidisciplinary work with community healthcare professionals and professionals providing end of life care in a formal meeting format. When conversations with other healthcare professionals took place treatment changes or suggestions were not evidenced by documenting in patients records.

**Effective needs assessment**

The practice clinicians had access on their computer desktops to guidelines from the National Institute for Health and Care Excellence (NICE) and used them to inform, and develop care and treatment. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. This enabled clinical staff to understand clinical risks and gave them a clear, accurate and current picture to keep patients safe.

- The practice clinical staff had access to up to date clinical guidelines from NICE and information from medicine on their computer desktops.

**Management, monitoring and improving outcomes for people**

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 recently published data from 2014/15 showed the practice had gained 49% of the total number of points available and this was 43% below other practices in the local area and 46% below the national average. The practice exception reporting was 4% which was 4% below the local CCG practices and 5% 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 an outlier for QOF and (or other national) clinical targets.

We spoke with the practice about whether improvements to their overall QOF performance had been achieved for the year 2015/16. We were told that although they had improved their procedures, it was unlikely that this would be demonstrated in the data for 2015/16 due to the time between our last inspection and the year end for data collection. The practice was awaiting the 2015/16 verified data to review whether any improvements had been achieved.

Performance for diabetes related indicators for the year 2014/15 were below the local and national average;

- The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 60% which was lower than the local average of 72% and the national average of 77%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 35% which was lower than the local average of 77% and the national average of 78%.

We did not compare the unverified data for the year 2015/16 on the day of the inspection, although for the first two months of 2016/17 we found that data had improved to 77% in relation to blood tests and 76% for blood pressure readings for diabetics. The practice told us that they had focused more on this area of healthcare to achieve improved outcomes. Staff were involved throughout the practice to ensure that the coding of patients was correct and that patients were contacted directly, and invited in for clinical reviews.

Performance for mental health related indicators for 2014/15 reflected that;

- None of the patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed treatment plan documented in their record, in the preceding 12 months as compared with the local and national average of 88%.

Requires improvement

# Are services effective?

## (for example, treatment is effective)

We did not compare the unverified data for the year 2015/16 on the day of the inspection, although for the first two months of 2016/17 we found that data had improved to 28%.

Performance for patients with a diagnosis of dementia for 2014/15 reflected that;

- None of the patients diagnosed with dementia.

We did not compare the unverified data for the year 2015/16 on the day of the inspection, although for the first two months of 2016/17 we found that data had improved to 18%.

Other data included;

- 80% of patients at the practice with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months compared with the local average of 82% and the national average of 90%.

We spoke to the practice about their improvement plan in relation to QOF performance. We were told that this was work in progress and although some improvements had been made we found that the practice needed more time for this to be demonstrated in the clinical data collected.

The practice carried out clinical audits to identify where they might improve.

One such audit related to diabetic patients to ensure they were improving patient outcomes and meeting local contract targets. We saw evidence that the practice had exceeded the target they were set and a specialist in diabetes from a local hospital had attended the practice and praised them on the improvements to patient outcomes.

Another audit related to cervical screening to ensure that staff members were carrying out this role effectively in order to keep inadequate samples to a minimum. The audit showed that staff members providing this screening procedure, were delivering and taking adequate samples.

The practice audited patient safety and medicine alerts on a monthly basis to ensure new patients that registered after an alert had been received, had their care and treatment reviewed if required.

We found that the practice also participated in local health audits with other local practices.

**Effective staffing**

Staff had received training, and had the skills, local knowledge, and experience, to deliver effective care and treatment.

- The practice had an induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, fire safety, and maintaining safety and confidentiality.
- Nurses that administered vaccinations and took samples for the cervical screening programme had received specific training; this included a regular audit to verify competence. Staff that administered vaccinations had access to on-line resources and discussed practice performance at team meetings.
- We saw appraisals were used by management to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last six months.
- The training that staff had received included: safeguarding, basic life support skills and confidentiality. Staff members were able to access e-learning training modules and in-house training.

**Coordinating patient care and information sharing**

The information needed to plan and deliver care and treatment was available and accessible to clinical staff members through the practices' patient record system and their intranet system.

- This included; medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available for staff member to print out for patients.
- When the clinicians referred patients to other services they shared relevant information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients. Staff members worked together in the practice and with other health and social care services and service providers to

Requires improvement

# Are services effective?

## (for example, treatment is effective)

understand, assess, and plan ongoing care and treatment for patients. This included when patients were referred to other services, or discharged from hospital.

**Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance set out in their policy.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.
- When mental capacity to consent to care or treatment was unsure, clinicians assessed patient's capacity and, recorded the outcome of the assessment.

**Supporting patients to live healthier lives**

Patients who needed extra support were identified at the practice and their needs assessed.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services.
- The practice's uptake for cervical screening was 85% which was above the local average of 83%and the national average of 82%. There was a procedure in place to contact patients to remind them if they had not attended for their cervical screening test.
- The practice also encouraged patients to attend other national screening programmes. We found that bowel and breast cancer screening were in line with the local and national averages. Data for females screened for breast cancer in the past 36 months was 82% as compared with the local average of 74% and the national average of 72%. For patients aged 60 - 69 screened for bowel cancer within six months after invitation the practice achieved 57% as compared with the local average of 57% and 55% nationally.
- Childhood immunisation rates for the vaccinations given were higher compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 97% to 100%.

Patients had access to appropriate health assessments and clinical checks. These included new patient health checks, NHS health checks for people aged 40 – 74 and senior health checks. Appropriate follow-up appointments were made for any issues raised during health assessments and long term condition reviews.

Requires improvement

# Are services caring?

## Our findings

**During the previous inspection we found:**

Data showed that patients rated the caring aspects of service provision satisfaction as below average in comparison with other practices in the local area.

**Kindness, dignity, respect and compassion**

During the inspection we saw that reception staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was respected and maintained by the provision and use of curtains that encircled examination couches.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. The patients we spoke with told us it was a family orientated practice and all the staff members were extremely helpful.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk recognised when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

The three patients we spoke with said they were more than satisfied with the services provided at the practice and felt they met their needs. This did not align with the GP survey data we reviewed. We compared the results from the national GP patient survey published in January 2016 and July 2016;

In relation to the GPs at the practice;

- January 2016 data showed 77 % of respondents said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%. July 2016 data showed the practice at 76% (CCG average of 87%, national average of 89%).
- January 2016 data showed 79% of respondents said the GP gave them enough time (CCG average 86%, national average 87%). July 2016 data showed the practice at 79% (CCG average 86%, national average 87%).
- January 2016 data showed 90% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%). July 2016 data showed the practice at 92% (CCG average 95%, national average 95%).
- January 2016 data showed 70% of respondents said the last GP they spoke with was good at treating them with care and concern (CCG average 83%, national average 85%). July 2016 data showed the practice at 65% (CCG average 85%, national average 85%).

In relation to the nurses and receptionists;

- January 2016 data showed 94% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%). July 2016 data showed the practice at 87% (CCG average 90%, national average 91%).
- January 2016 data showed 87% of respondents said they found the receptionists at the practice helpful (CCG average 86%, national average 86%). July 2016 data showed the practice at 88% (CCG average 87%, national average 87%).

We compared this data with that available at the previous inspection and found that the data was similar. Although these results were lower in some of the areas measured as compared against other local practices and national results, the practice told us they discussed them regularly with staff members in the practice meetings. However since the last inspection the practice could not show us any actions they had taken to improve. We were told that they had recently started working in partnership with their newly developed patient participation group to support them in identifying ways to improve these results for the future.

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

During the inspection three patients told us they felt involved in the decision making process during the care and treatment they received. They also told us they felt supported by staff and given sufficient time during consultations to make decisions about the choice of treatments available to them.

Results from the national GP patient survey for January 2016 and July 2016 showed satisfaction scores for GPs and for nurses.

Requires improvement

# Are services caring?

- January 2016 data showed 77% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%. July 2016 data showed the practice at 75% (CCG average of 85% and national average of 86%).
- January 2016 data showed 62% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%). July 2016 data showed the practice at 62% (CCG average 81%, national average 82%).
- January 2016 data showed 86% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%). July 2016 data showed the practice at 84% (CCG average 85%, national average 85%).

The data for GPs showed no improvement although nurse data was comparable to other CCG and national averages. We were shown that data was discussed with staff members and their patient participation group. During the recent patient participation group meeting we were told members had been asked to support the practice to improve survey results. However since the last inspection the practice could not evidence any actions taken to improve the feedback.

Reception staff members told us they had access to translation services for patients who did not have English as their first language.

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

Notices in the patient waiting room told patients how to access support groups and organisations if they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities. Currently the practice had identified 1.3% of their population as carers.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP.

Requires improvement

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**During the previous inspection we found:**

Accessibility of the facilities had not been considered for all patient needs. For example there were no extended hour's access for working patients, and the practice premises had not been adjusted or risk assessed to ensure accessibility for all patients.

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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered access to patients from 8am through to 6.30pm with face to face and telephone consultations.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when needed.
- Translation services were available at the practice if needed.
- The practice had identified 24 patients living with a learning disability; all these patients had been offered an annual learning disability health check.

**Access to the service**

The practice opening hours were 8am to 6.30pm Monday to Friday. Consultations were held between 9am to 12noon and 2pm to 6.30pm daily. The practice was open all day and did not close for a lunch-time period. The practice had opted out of providing 'out of hour's' services to their patients which was now provided by Care UK, another healthcare provider. Patients could also contact the NHS 111 service to obtain medical advice if necessary.

- The GP consultation rooms were on the first floor of the practice premises, thus they were not accessible for all patients. We were told patients unable to access the first floor of the building could be seen in the nurse treatment rooms on the ground floor. There was a patient toilet available on the ground floor.
- Results from the national GP patient survey published in January 2016 and July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than CCG and national averages. Examples included;
- January 2016 data showed 65% of patients that responded were satisfied with the practice's opening hours compared to the CCG average of 77% (national average 78%). July 2016 data showed the practice at 63% (local average 77% and national average 78%).
- January 2016 data showed 82% of patients that responded said they could get through easily to the surgery by phone compared to the CCG average of 74% (national average 73%). July 2016 data showed the practice at 86% (CCG average 71%, national average 73%).
- January 2016 data showed 69% of patients that responded said they always or almost always see or speak to the GP they prefer compared to the CCG average of 78% (national average of 76%). July 2016 data showed the practice at 46% (CCG average 61%, national average 59%).

The comparison of the data reflects that there had been no improvement in most areas except for getting through to the surgery by phone. This was confirmed by patients we spoke with on the day of inspection who told us they were able to obtain an appointment when they needed one.

The practice had not identified any areas for improvement or implemented an action plan although they had discussed the data with their staff members and told us they had asked the patient participation group to identify areas they could improve.

**Listening and learning from concerns and complaints**

The practice had a system to manage complaints and concerns.

- Their complaints policy had been recently reviewed and recognised guidelines for GPs in England and local CCG requirements.
- The practice manager was the designated staff member that led and managed complaints.

Requires improvement

# Are services responsive to people's needs?

## (for example, to feedback?)

We saw there was information available to help patients understand their complaints system for example; a complaints leaflet available and a notice in the reception area. We looked at two complaints received in the last 12 months and found they had been dealt with in an honest timely manner as described in their policy. Experiences learnt by the practice from concerns or complaints had been acted on and carried out to improve patient care. Complaints were a standing item on the practice meeting's agenda, staff members told us they felt included and could learn from understanding concerns or complaints received by the 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

**During the previous inspection we found:**

The practice did not have a clear vision and strategy for the future. Staff members we spoke with were unclear about their responsibilities in relation to the future. Staff members did not understand how to access and use the policies and procedures to govern activity. Most policies and procedures found were over three years out of date and had not been reviewed to ensure they met current guidance and legislation. The practice did not monitor the quality of their service or share performance with staff members. Feedback had not been gathered from patients or staff members.

**Vision and strategy**

The practice mission statement was prominently placed in the reception area to demonstrate to patients and visitors their vision and strategy. It expressed their commitment to provide high quality care to all users of their services and advocated best practice in the delivery of their services. They aimed to be considerate and responsive to the needs of patients, and to offer an open channel of communication to maintain standards and consistency in the level of the service they provided.

The practice charter was displayed in the reception area and informed patients what they could expect from the surgery and the clinical staff.

**Governance arrangements**

The practice had an overarching governance framework of practice specific policies and procedures which supported the delivery of their strategy. Since the last inspection the practice had taken some steps to make the required improvement and considerable attention had been given to strengthening the governance systems in place at the practice and this had resulted in on-going improvement.

- Practice specific policies were in the process of being reviewed by the practice manager when we visited. Staff members showed us they knew how to access the practice policies and had recent training to ensure they could do this.
- We found some policies had not been reviewed by the clinicians to ensure they reflected current practice, for example; the repeat prescribing policy did not provide sufficient guidance for staff members when producing repeat prescriptions. It did not provide enough guidance regarding the results of tests performed to inform prescribing and repeat prescription supply decisions.
- The practice staff members had a comprehensive understanding of the practice performance which they discussed at the monthly meeting with all staff members to support them to improve their patients care and outcomes.
- Most risks were well managed, and actions were taken to improve patient care. The practice documented them, identified the level of risk and put steps in place to mitigate those risks. They were then reviewed and monitored. However we found that medicine reviews were not being recorded consistently, infection control monitoring had not been recorded and there had been no infection control audit undertaken.

**Leadership and culture**

The GPs in the practice had local experience, capacity and capability to lead the clinical care and treatment at the practice. The GPs were visible in the practice and staff members told us they listened to them and supported their views on any improvement suggestions. The registered manager encouraged a culture of openness and honesty and was aware and complied with the requirements of the 'Duty of Candour'. The practice had arrangements and knew how to deal with notifiable safety incidents when they arose.

- Patients affected by a safety incident received an honest explanation with an apology when it was appropriate.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the openness within the practice. We were also told by staff members that they felt confident to raise any topics and felt supported when they did.
- Staff members said they felt respected, valued and supported, particularly by the practice management.

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

- The practice encouraged and valued feedback from patients, the public and staff. The practice had conducted a survey of their dispensing patients to

# Are services well-led?

Requires improvement

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

assess their satisfaction levels of the system in use. The results were very positive and showed 96% of patients surveyed were confident and satisfied with the current service provision.

- The practice told us they had discussed the national GP survey results however they had not responded to or identified areas where they might improve and there was no action plan in place for improvement.
- The practice had recently set-up a patient participation group (PPG) and held their first meeting. During this meeting they discussed the issues from the inspection undertaken in November 2015 and the GP survey. They had asked the PPG members to support the practice with areas to improve going forward.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management. Staff told us since the previous inspection they felt involved and encouraged to improve the running of the practice.
- We saw positive improvement in most areas identified as a result of the last inspection. During this inspection we found the staff members and GPs were enthused by the positive changes and improvements that had been made in the last six months and were motivated to continue with the changes and actions to improve patient outcomes for the future.

**Continuous improvement**

- There was learning and improvement within the practice since the previous inspection. They had initiated work with their patient participation group (PPG) to help them improve patient satisfaction. The practice now shared any issues or concerns and quality/ performance with all staff members during regular staff meetings. The staff members told us they now felt more included and had received training and appraisals that helped them feel appreciated and respected. The infection control lead had been booked on extra training and was in the process of embedding new processes and procedures into the arrangements to keep people safe.

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<br>Maternity and midwifery services<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Regulation: 17 Good Governance**<br>• Some of the practice policies had not been updated and reviewed to reflect current clinical guidance and to support staff at the practice.<br>• The care and treatment provided to patients was not consistently recorded or complete in some patient records.<br>• The practice did not have an effective system in place to act on patient feedback for the purpose of evaluating and improving services.<br>**This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** |