

Harbour Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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 Harbour Medical Practice on 18 January 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Staff were aware of current evidence based guidance. Staff did not always have up to date training to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients told us they found it difficult to make an appointment with a GP of their choice which meant they did not always have continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure that all practice specific policies and procedures are up to date, reviewed regularly and adhered to. To include, policies for monitoring prescribing of high risk medicines and systems for reviewing test results and medicines reviews.

Summary of findings

- Ensure that all staff have received training required for their roles (including safeguarding and Mental Capacity Act 2005) and central training records are kept up to date.
- Conduct regular checks and carry out a health and safety risk assessment to ensure the premises is safe to use.

The areas where the provider should make improvement are:

- Take steps to improve the results for quality and outcomes framework in areas where they are lower than average. For example, for patients with poor mental health and patients with dementia.

- Continue to improve patients' satisfaction with access to appointments, getting through to the practice by phone and helpfulness of the receptionists.
- Build on the work undertaken so far to identify carers within the practice in order to increase the number of carers known to the practice and help ensure they receive appropriate support.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Risks to patients were assessed and well managed with the exception of workplace assessment of the premises.
- Not all staff had received training on safeguarding children and vulnerable adults relevant to their role and safeguarding policies were out of date.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

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

- Results from the Quality and Outcomes Framework were mixed, with some comparable to and some lower than local and national averages. For example; 67% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months, which was lower than the clinical commissioning group (CCG) average of 92% and the national average of 90% and the percentage of patients with hypertension having regular blood pressure tests was 78% which was in line with the CCG average of 75% and the national average of 82%.
- Clinical audits demonstrated quality improvement.
- Not all staff had received training in information governance, equality and diversity, Mental Capacity Act 2005 (MCA 2005) and safeguarding.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Summary of findings

- End of life care was coordinated with other services involved and the practice held a list of patients in need of 'special care' which included those receiving palliative care and vulnerable patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- The practice provided annual reviews and flu vaccines at home for those unable to attend the practice.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- There was a clear leadership structure and staff felt supported by management. The practice held regular governance meetings.

Summary of findings

- There were policies and procedures in place to govern activity. However, the practice would benefit from a complete policies review of as some were out of date.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice participated in the unplanned admissions and proactive care services to help prevent patients from being admitted to hospital unnecessarily and from losing their independence.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible
- There was a weekly exercise class for older people available at the practice.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For

Requires improvement



Summary of findings

example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 80% compared with the CCG average of 83% and the national average of 78%.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- From the sample of documented examples we reviewed 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.

Appointments were available outside of school hours and the premises were suitable for children and babies.

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice was open until 8.30pm on Tuesdays to improve access for patients who found it difficult to attend during working hours.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable and the practice held a list of patients in need of 'special care' which included those receiving palliative care and vulnerable patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement



Summary of findings

- The practice results for the management of patients diagnosed with dementia were lower than local and national averages. For example 67% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 81% and the national average of 84%.
- The practice carried out advance care planning for patients living with dementia.
- The practice results for the management of patients with poor mental health were lower than local and national averages. For example, 67% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months, which was in line with the CCG average of 92% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was lower than local and national averages. Of the 253 survey forms which were distributed, 127 were returned. This represented 2% of the practice's patient list.

- 69% of patients who responded described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 89% and the national average of 85%.
- 71% of patients who responded described their experience of making an appointment as good compared with the CCG average of 89% and the national average of 85%.

- 59% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients commented that they had experienced recent improvements in accessing appointments.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Harbour Medical Practice

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 practice manager specialist adviser.

Background to Harbour Medical Practice

Harbour Medical Practice is situated in the coastal town Eastbourne, East Sussex and operates from:

Harbour Medical Practice

1 Pacific Drive

Sovereign Harbour North

Eastbourne

East Sussex

BN23 6DW

The practice provides services for approximately 6,800 patients living within the local area. The practice holds a general medical services (GMS) contract with NHS England for the provision of primary care services. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.) The practice has larger numbers of patients aged 65 and older compared to the national average. Deprivation is low when compared to the population nationally.

As well as a team of two GP partners and two salaried GPs (three male and one female), the practice also employs an

advanced nurse practitioner, two practice nurses, two health care assistants and a sonographer. A practice manager and a business manager are employed and there is a team of receptionists and administrative clerks.

Harbour Medical Practice is open between 8.30am and 6.30pm on weekdays and appointments are available from 8.30am to 6.30pm Monday to Friday with extended hours appointments available on Tuesdays from 6.30pm to 8.30pm. Between 8am and 8.30am calls were diverted to an out of hours service. There is a duty GP each day available for phone appointments and urgent face to face appointments according to patient need. Routine appointments are bookable up to four weeks in advance. Patients are able to book appointments by phone, online or in person.

There are weekly midwifery and health visitor clinics along with a regular ultrasound service all run by the practice. The practice has an onsite operating theatre and provides a vasectomy service for NHS patients in East Sussex.

Separate organisations providing mental health, smoking cessation, podiatry, physiotherapy, acupuncture, osteopathy and a lymphoedema nurse all rented rooms from the practice and provided services to local people.

Patients are provided with information on how to access the duty GP or the out of hours service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 January 2017. During our visit we:

- Spoke with a range of staff (the practice manager and the business manager, GPs, nursing and administrative team) and spoke with patients who used the service. The administration team were asked to complete questionnaires.
- Reviewed an anonymised 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.

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.

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 on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- When things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a delay in paperwork meant that a referral to secondary care was not actioned for 12 days. The practice subsequently reviewed their referrals policy to ensure all referrals to other health and social care providers were actioned on the same day.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice did not have sufficient systems, processes and practices in place to minimise risks to patient safety.

- There was a lead member of staff for safeguarding who attended safeguarding meetings when possible or provided reports where necessary for other agencies. However, the practice safeguarding policies were out of date.
- GPs interviewed demonstrated they understood their responsibilities regarding safeguarding children and

vulnerable adults relevant to their role all GPs were trained to child protection or child safeguarding level three. However, other staff had not received appropriate on safeguarding appropriate to their role. For example, four of the five staff whose files we checked, had not received any safeguarding training. The practice told us they were currently updating all of their policies and sent us an up to date safeguarding policy for vulnerable adults within 48 hours of our inspection along with a training schedule.

- A notice in the waiting room advised patients that chaperones were available if required. All reception and administration staff were able to act 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 observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, not all staff had received infection control training. For example, three of the five staff whose files we checked had not received infection control training relevant to their role. The practice provided us with a training schedule within 48 hours of our inspection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes 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

Are services safe?

to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams. However, the practice did not always have a thorough system in place for safe prescribing of some high risk medicines. For example, patients prescribed a high risk medicine had not received medicines reviews in accordance with national guidelines. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support for this extended role. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The policy for recruitment required updating as it was generic and not specific to the practice.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place 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). However, the practice had not undertaken a workplace risk assessment of the premises and the premises electrical safety certificate had expired in November 2015.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients and staff were trained to provide cross cover so that each role could be covered by multiple staff.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 had systems 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 85% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. This was an improvement on the previous year (2014/2015) when the practice results were 78%. The exception reporting for the practice was in line with the CCG and national averages (13% compared to 12% in the CCG and 10% nationally). (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).

Data from 2015/2016 showed:

- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 80% compared with the CCG average of 83% and the national average of 78%.

- The practice results for the management of patients with poor mental health were lower than local and national averages. For example, 67% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months, which was in line with the CCG average of 92% and the national average of 90%.
- The practice results for the management of patients diagnosed with dementia were lower than local and national averages. For example 67% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 81% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the local and national averages achieving 78% in comparison with the CCG average of 75% and the national average of 82%.

The practice told us they were seeking to improve their less favourable results and had employed a clinical administrator whose role was to help improve QOF performance.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of appropriate repeat prescribing of a medicine used to prevent nausea and vomiting improved on the second cycle.

Effective staffing

There was some evidence to show that staff had the skills and knowledge to deliver effective care and treatment, however the evidence was not sufficient in all areas.

- The practice had an induction programme for newly appointed staff was out of date and not relevant for all roles. The practice told us they had plans to develop a new, more appropriate induction programme.

Are services effective?

(for example, treatment is effective)

- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. The practice did not have a reliable system in place to record training needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff could access ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. However, not all staff received training in information governance, equality and diversity and safeguarding.

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 and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice kept a list of

patients in need of 'special care' which included those receiving palliative care and vulnerable patients. Information such as advance care planning and preferred place of care were included. The list was shared with relevant health and social care colleagues and updated by the GPs to ensure the practice was caring for these patients appropriately.

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 (MCA 2005). However, not all staff had received MCA 2005 training.
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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. However, on the day of inspection we found consent forms were not always filed in the patients' records. The practice provided evidence that the missing forms had been added to the patients' records within 48 hours of our inspection. The practice raised a significant event in relation to this.

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 uptake for the cervical screening programme was 77%, which was similar to the clinical commissioning group (CCG) average of 75% and the national average of 73%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening

Are services effective?

(for example, treatment is effective)

test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 70%, which was in line with the CCG average of 73% and national average of 73%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 63%, which was better than the CCG average of 60% and the national average of 58%.

Childhood immunisation rates met the national 90% target for all of the four indicators for under two year olds. Childhood immunisation rates were comparable to clinical commissioning group (CCG) and national averages for five year olds. For example 95% of five year olds received measles, mumps and rubella (MMR) dose one compared to the CCG average of 95% and the national average of 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Patients could be treated by a clinician of the same sex.

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

We spoke with eight patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the GP partners and the nursing team and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 94% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 86% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 94% of patients who responded said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 93% of patients who responded said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 100% of patients who responded 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%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 74% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

Are services caring?

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

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. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 36 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A weekly exercise class for older people was available at the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice provided annual reviews and flu vaccinations at home for those unable to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice was open until 8.30pm on Tuesdays to improve access for patients who found it difficult to attend during working hours.
- The practice participated in the unplanned admissions and proactive care services to help prevent patients from being admitted to hospital unnecessarily and from losing their independence.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included interpretation services.
- An electronic display screen in the waiting room advertised information about the practice and local health and social care services.
- The premises was purpose built and well equipped for need.
- Reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

- The practice considered and implemented the NHS England accessible information standard to ensure that disabled patients received information in formats that they could understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open between 8.30am and 6.30pm on weekdays and appointments were available from 8.30am to 6.30pm Monday to Friday with extended hours appointments available on Tuesdays from 6.30pm to 8.30pm. There was a duty GP each day available for phone appointments and urgent face to face appointments according to patient need. Routine appointments were bookable up to four weeks in advance. Patients were able to book appointments by phone, online or in person.

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

- 65% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 48% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 71% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 89% and the national average of 85%.
- 89% of patients who responded said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 43% of patients who responded described their experience of making an appointment as good compared with the CCG average of 77% and the national average of 73%.
- 35% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

Patients told us on the day of the inspection that they were rarely able to get appointments when they needed them and found it difficult to get through to the practice by phone due to lengthy waiting times. The practice was in the

Are services responsive to people's needs?

(for example, to feedback?)

process of reviewing their phone system and system for patient access to appointments and had conducted their own patient survey in November 2016 to further analyse patients' needs. A new phone system was currently being trialled and the practice had introduced an online appointment booking service. Patients told us they often had to wait up to an hour to see their GP and they were only told how long they would be waiting if they asked at reception.

The practice had a system to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on a poster in the waiting room and in leaflets available from the reception desk.

We looked at 29 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency with dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice employed a regular GP locum, due to complaints about lack of continuity of care from a bank of locums.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area and on the practice website and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values. However, these were not regularly monitored and required review.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Some practice specific policies were implemented and were available to all staff. However, some of these were out of date or not specific to the practice and required updating. For example, the policy for recruitment was generic and not specific to the practice.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- 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 told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice managers were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice held and kept records of a range of multi-disciplinary meetings including meetings with palliative care colleagues, district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- The practice held regular whole practice meetings as well as weekly clinical meetings and monthly meetings for separate staff groups.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice ran a popular annual staff away day which involved team building activities.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG also attended annual flu clinics and shared changes made by the practice as a result of suggestions by the PPG on a notice board in the waiting room and in a quarterly newsletter. For example, the practice introduced text message appointment reminders as a result of PPG feedback.
- The NHS Friends and Family test, complaints and compliments received.
- The practice had gathered feedback from staff through staff surveys, quarterly training days, staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice told us they were keen to recruit an additional GP, as partner or an employee, in order to improve patient access to appointments. However, as the post had yet to be filled, the practice had secured regular GP locum cover for one day per week to give patients continuity of care. The practice told us they were considering different ways of meeting patient need and were in the process of recruiting an advanced nurse practitioner as well as an additional health care assistant.

The practice was in talks with another local GP practice to employ a shared pharmacist.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The practice was unable to demonstrate that systems were in place to ensure that the premises were safe to use.</p> <p>The practice could not demonstrate that all staff had received training appropriate to their job role.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice could not demonstrate that a thorough system was in place to ensure that all appropriate policies were up to date and adhered to.</p> <p>This was in breach of Regulation 17(1) & (2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>