

Dr D A Williams & Partners

Quality Report

Mace Avenue,
Braintree,
Essex,
CM7 2AE

Tel: 01376 347100

Website: www.blandfordmedicalcentre.co.uk

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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

Good



Are services safe?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 25 August 2016 we carried out a comprehensive inspection at Dr D A Williams & Partners. Overall the practice was rated as requires improvement. The practice was found to be good in providing effective and caring services. However, they required improvement in providing safe, responsive and well-led services.

A requirement notice was issued to the provider for safe care and treatment and poor governance. The concerns related to infection control audits that were not in line with guidance, the system for acting on patient safety and medicine alerts was not effective, the learning from significant events was not routinely being discussed and learning had not been embedded into practice procedures and the practice did not have a system of quality improvement in place to assess and monitor the services provided or to act on high exception reporting. The full report for the August 2016 inspection can be found by selecting the 'all reports' link for Dr D A Williams & Partners on our website at www.cqc.org.uk.

As a result, we carried out a focused inspection of the practice on 15 June 2017 to establish whether the required improvements had been met. We found adequate improvements had been made; overall the practice is rated as good.

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

- The practice had reviewed their data from the national GP patient survey and acted on patient suggestions to improve patient satisfaction.
- The practice had appropriate policies and procedures in place that were reviewed annually.
- The patients we spoke with on the day of the inspection said they found it difficult to book an appointment and contact the practice by telephone. However the practice had reviewed their telephone system to help improve patient satisfaction.
- The practice had worked with their participation group to make improvements related to patient feedback.
- Staff understood their roles and responsibilities and how these contributed directly to improving patient experiences of the service and the practices performance.

Summary of findings

- The practice had conducted an infection control audit which was monitored by the infection control lead who had received adequate training to carry out the role.
- Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) were accessible to relevant staff members and in line with national guidance.
- The system for managing patient safety and medicine alerts was effective, appropriate action was taken and recorded.
- The governance at the practice ensured that risks to patients and staff were identified and mitigated.
- Exception reporting was assessed and monitored to improve performance.
- Significant events were cascade to all staff members however learning from such events were not always documented.
- The practice had identified 87 patients as a carer which was 0.5% of their patient list.
- The business continuity plan was up to date and reviewed regularly.

- Prescription forms for use in computers were recorded and tracked through the practice, however individual prescription pads were not being tracked.
- All non-clinical staff received safeguarding training for children and vulnerable adults.
- Staff were aware of patient confidentiality during private conversations.

Action the service SHOULD take to improve:

- Continue to monitor and act upon patient satisfaction data.
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.
- Ensure blank prescriptions are tracked in accordance with national guidance.
- Ensure that the learning from significant events is recorded.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had an effective system in place to record and report safety concerns, incidents and near misses. Incidents and significant events were shared with all staff members.
- The practice had a log of significant events which showed that staff were aware of situations that required them to highlight concerns further.
- The practice had been tracking boxes of prescription paper however they had not been tracking individual prescription serial numbers. On the day of the inspection the practice was made aware of methods and we were told by the practice manager that they would begin to track them.
- Medicine alerts were reviewed and acted upon in a timely manner.
- Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) were accessible to all staff members, signed and dated.
- The practice had undertaken an infection control audit which had identified areas of improvement which we found had been actioned. We found the practice to be clean and tidy on the day of the inspection.
- Non-clinical staff had relevant safeguarding training.

Are services responsive to people's needs?

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

Requires improvement



- July 2016 data from the national GP patient survey showed patients reported high levels of dissatisfaction with the practices appointment availability and their telephone system. The practice had promoted the national surveys to monitor patient satisfaction.
- They had not conducted any internal survey to monitor patient satisfaction whilst implementing change.
- The practice had reviewed feedback from the survey results and had discussed with their patient participation group (PPG) on how to improve satisfaction.
- The practice had implemented, reviewed and changed their telephone system.
- The practice had monitored their non-attendance figures to help alleviate appointment availability.

Summary of findings

- Seven patients we spoke with on the day were unhappy with the telephone system however two said they had seen an improvement since our last inspection.

Are services well-led?

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

- The practice had a clear vision and strategy policy, their business plan was practice specific and relevant to their organisation.
- The practice had policies and protocols to guide their staff. We reviewed a mix of clinical and non-clinical policies and found them to be reviewed annually, updated and aligned to current practice.
- The process for monitoring quality of care was governed by an oversight in performance. We found that the practice regularly monitored their Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice) data as well as their exception reporting (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). The practice had monitored their performance and reduced their exception reporting figures for patients with long term conditions.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The provider had resolved the concerns for effective, caring and responsive services identified at our last inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People with long term conditions

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

- The provider had resolved the concerns for effective, caring and responsive services identified at our last inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Families, children and young people

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

- The provider had resolved the concerns for effective, caring and responsive services identified at our last inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Working age people (including those recently retired and students)

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

- The provider had resolved the concerns for effective, caring and responsive services identified at our last inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The provider had resolved the concerns for effective, caring and responsive services identified at our last inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

People experiencing poor mental health (including people with dementia)

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

- The provider had resolved the concerns for effective, caring and responsive services identified at our last inspection on 25 August 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. These results were used during the previous August 2016 inspection, they showed the practice were comparable with the local and national averages in some areas and lower in other areas. 250 survey forms were distributed and 109 were returned. This represented a response rate of 44%.

- 91% of patients said the last appointment they got was convenient. This was comparable than the CCG average of 93% and the national average of 92%.
- 14% of patients found it easy to get through to this practice by phone compared with the CCG average of 63% and the national average of 73%.
- 63% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 76% and the national average of 78%.

- 42% of patients usually get to see or speak to their preferred GP compared with the CCG and national average of 59%.
- 43% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

We spoke with seven patients during the inspection. Patients said they were happy with the care they received however all the patients we spoke to said they found it difficult to contact the practice via telephone and to book an appointment.

The practice had received 497 responses to the NHS Friends and Family test from January 2017 to May 2017. 80% of the patients stated they were extremely or likely to recommend the practice. 18.6% of patients were neither likely or unlikely to recommend the practice and 1.4% would not recommend the surgery, the practice had found it was due to their appointment availability and telephone system.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to monitor and act upon patient satisfaction data.
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.
- Ensure blank prescriptions are tracked in accordance with national guidance.
- Ensure that the learning from significant events is recorded.

Dr D A Williams & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr D A Williams & Partners

Dr D A Williams & Partners which is also known as Blandford Medical Centre is part of Mid Essex Clinical Commissioning Group and is a large surgery in the town of Braintree Essex. Blandford Medical Centre provides general medical services to approximately 17,760 registered patients. The practice provides parking with an onsite car park. There are good transport links in the locality.

- The practice operates from a single location: Mace Avenue, Braintree, Essex, CM7 2AE.
- Services provided include: a range of clinics for long term conditions, health promotion and screening, childhood vaccinations and minor surgical procedures.
- The practice have a dispensary within the building.
- The practice has six GPs (three male and three female). Two of which were GP trainers that provide support for doctors who were training to become GPs.
- The all-female nursing team consists of four prescribing nurses and one practice nurse.
- The practice has one male and one female healthcare assistant.
- The non-clinical team comprises of a practice manager, assistant practice manager and 20 reception and administrative staff.

- The practice opens between 8am and 6.30pm Monday to Friday. Appointments are offered from 8am to 12.40pm and from 3pm to 5pm Monday to Friday. Emergency appointments are available from 12pm to 6pm daily.
- On evening, weekends and bank holidays out of hours care is provided by Primecare, another healthcare provider. This can be accessed by patients dialling 111.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.
- Braintree town is the seventh least deprived area of the population for Essex.

Why we carried out this inspection

We carried out a focused follow up inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This service was previously inspected on 25 August 2016 and overall they were rated as requires improvement. The practice received a good rating for providing effective and caring services and requires improvement for providing safe, responsive and well-led services. As a result the practice was issued with a requirement notice in relation to safe care and treatment and good governance. The inspection was planned to check whether the provider had made the necessary improvements and whether they meet the legal requirements and regulations associated with the Health and Social Care Act 2008. We looked at the quality of the service to provide a rating under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 15 June 2017. During our visit we:

- Spoke with a range of staff (practice manager, GPs, and reception team) and spoke with patients who used the service.
- Reviewed an anonymised sample of patient records.

- Reviewed survey comments 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 responsive to people's needs?
- Is it well-led?

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

Are services safe?

Our findings

What we found at our previous inspection in August 2016

The practice was rated as requires improvement for providing safe services. The practice had limited systems in place to record and report safety concerns, incidents and near misses. Lessons learnt were not shared locally or nationally. Prescription stationery was kept securely at all times and only accessible to authorised staff; however the issuing of prescription forms was not being recorded. There were limited processes in place to ensure patient safety and medicines alerts were actioned and recorded in a timely way. Patient Specific Directions (PSDs) and Patient Group Directions (PGDs) were stored electronically but some were not signed by the clinical staff at the practice. There was an infection control check list but no evidence the practice undertook infection control audits.

What we found at this inspection in June 2017

Safe track record and learning

We reviewed the system the practice had in place to ensure that incidents and significant events were recorded, investigated and reviewed in a comprehensive way. The practice told us that staff were aware of their responsibilities to raise concerns, or knew how to report incidents or near misses. The practice had received ten incidents from May 2016 to May 2017, we found that staff members had reported incidents promptly and the practice had dealt with them efficiently.

- We found incidents and significant events were discussed at the time of the event and then again at quarterly meetings. We saw evidence of lessons learned in the majority of incidents.
- Staff spoken with told us learning from safety concerns was circulated via meeting minutes after every quarterly meeting. The lead of each team attended the meeting and cascaded lessons learnt to the team.
- We looked at significant event analysis in detail; we found that the recording and analysis of all events had demonstrated a clear account of what had happened. In two out of the ten events we reviewed we found actions taken and lessons learnt were not documented. Eight events had clearly documented lessons learnt and

actions taken. We saw evidence where improvements had been implemented into the practice. For example, we saw that additional information booklets were made available to staff as a result of a vaccination incident.

The practice had an effective system in place to distribute Medicines and Healthcare Regulatory Agency alerts (MHRA). This alert system provided a range of information on medicines and healthcare products to promote safe practice. The MHRA alert was received by the practice manager, the alerts were sent to the GPs to action. Previously the practice had not kept an account of whether the alerts were checked and actioned by the clinical team, at this inspection the practice showed us when an MHRA alert had been received, checked and actioned. We reviewed two MHRA alerts from February 2016 and May 2017 and found that the practice had monitored and actioned them appropriately.

Overview of safety systems and processes

Systems, processes and practices were in place to keep people safe and safeguarded from abuse;

- The practice had appointed a healthcare assistant as infection control clinical lead and had provided additional training for this role. There was an infection control protocol in place and staff had received training. There was an infection control check list and we saw evidence that the practice undertook the infection prevention audits. On the day of the inspection the practice was visibly clean and tidy.
- Prescription forms for use in computers were securely stored and there were systems in place to monitor the use. They were kept securely at all times and only accessible to authorised staff and were being recorded. We were shown a policy to support this. We asked the practice if they had tracked individual prescription pads and they told us they did not. On the day of the inspection the practice manager told us they would begin to track them
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Staff had access to the hard copies and electronic copies. PGDs were authorised by an appropriate person and signed by the relevant practice staff. Patient specific prescriptions or directions from a prescriber were produced appropriately.

Are services safe?

- Non-clinical staff had relevant safeguarding training. On the day of the inspection staff were able to highlight specific concerns surrounding safeguarding and knew who to refer safeguarding issues to.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage which was reviewed and updated with current internal and external contact details.

Arrangements to deal with emergencies and major incidents

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in August 2016

The practice was rated as requires improvement for providing responsive services. Patients told us that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment. The practice had responded to low patient satisfaction data about accessing the practice by phone. A new telephone system had been introduced to respond to this feedback and the effectiveness was being monitored. Feedback from patients spoken with reported that access to a named GP and continuity of care was not always available although survey data showed the practice was in line with local and national averages.

What we found at this inspection in June 2017

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday and closed at weekends. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was mixed when compared to the local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the local of 72% and national average of 76%.
- 14% patients said they could get through easily to the surgery by phone compared to a local average of 63% and a national average of 73%.
- 42% patients said they always or almost always see or speak to the GP they prefer compared to the local and national average 59%.
- 91% of patients said the last appointment they got was convenient compared to a CCG average of 93% and a national average 92%.
- 71% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the local average of 63% and the national average of 65%.

As a result of the national GP patient survey data the practice had restructured their appointment system and introduced additional telephone lines, they had:

- Reviewed their appointment system and found that patients preferred booking same day appointments therefore they had changed their pre-bookable appointments to four weeks in advance and added extra appointments throughout the day.
- Reviewed their patient population and changed the appointment system to reflect the needs of their patient population.
- Promoted the use of their online booking tool. One patient we spoke with on the day found the online booking system useful as they didn't have to wait in a queue on the phone.
- Embedded the new telephone system, reviewed and improved it. The telephone lines now placed patients into a holding queue and gave them an estimated time scale for their wait. The practice said their changes were ongoing and they would continue to monitor their patient satisfaction however they had not conducted any internal surveys to monitor patient satisfaction.
- Flexible appointment systems were used to accommodate staff sickness which allowed nurses to take some of the doctor's workloads for example when seeing minor ailment patients so that the doctor could review other patients.
- Promoted national patient satisfaction surveys such as the friends and family test to monitor patient satisfaction.
- Worked closely with their PPG to discuss issues surrounding appointments and telephone system. These were evidenced in the March 2017 PPG meeting minutes.
- Reviewed patient satisfaction, the results highlighted increased amount of members of staff answering the phone, highlighted peak times and added additional support to answer telephone lines.

The practice used the friends and family survey as a method of monitoring their performance. We reviewed the last four months of friends and families test results. The practice had received 497 responses to the NHS Friends and Family test, of which 80% of the patients stated they were extremely or likely to recommend the practice. 1.4% said they were extremely unlikely to recommend the practice as it was difficult to book an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

We spoke with seven patients on the day of the inspection and found that they were happy with the care they received at the practice however all the patients felt that getting an appointment over the phone and appointment availability

was difficult. At the time of the inspection the next routine bookable appointment was a month away, although emergency appointments were available for the following day.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in August 2016

The practice was rated as requires improvement for providing well-led services. There was no evidence of a written business plan or strategy. The system of governance in place at the practice needed strengthening in relation to the identification and mitigation of risks to patients. Practice specific policies were available to all staff however some were outdated and not did not align with current practice. The systems for enabling the provider to assess and monitor the quality of care by having oversight of performance were not effective in all areas. For example the practice had high exception reporting rates in relation to some clinical indicators for patients with long term conditions and this had not been identified and was not being addressed by the practice.

What we found at this inspection in June 2017

Governance arrangements

The practice had reviewed their governance arrangements since the August 2016 inspection which supported the monitoring of performance and the delivery of strategy and good quality care. The improved arrangements and procedures in place ensured:

- That specific policies were available to all staff, the seven policies we reviewed were a mix of clinical and administration policies, they were in date, regularly reviewed and aligned with current practice.
- The practice had implemented a routine processes to ensure patient safety and medicines alerts were actioned in a timely way, discussed and changes agreed and embedded.

- Patient Specific Directions and Patient Group Directions were authorised in writing by an appropriate member of the management team and were regularly reviewed and updated. Relevant clinical staff were aware of procedures relating to PSDs and PGDs.
- The practice had implemented an effective system to track prescription stationery through the practice to mitigate potential risks.
- Infection control audits were up to date and carried out by an external company. The practice had appointed an infection control lead who had role specific training and allocated time to carry out infection control duties.
- Significant events were regularly reported and had been cascaded to staff via quarterly practice meetings and evidence was seen where improvements had been embedded into practice procedures. When we spoke to the administration team they were able to tell us recent significant events and knew where they could find information regarding significant events easily.

Previously we found the practice were unaware of their high exception report levels however since the previous inspection the practice monitored clinical performance by conducting regular reviews of their QOF data and exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw examples of where the practice had improved their exception reporting by monitoring and reviewing their patients.

The practice told us they waited before they exception reported patients on their registers to allow patients time to have their reviews. They had also been conducting reviews on patients opportunistically. They found this had improved their level of exception reporting.