

# St. Andrew's Medical Practice

## Quality Report

St Andrew's Lane, Spennymoor, Co Durham, DL16  
6QA

Tel: 01388 817777

Date of inspection visit: 11 January 2018

Website: [standrewsmedicalpracticespennymoor.nhs.uk](http://standrewsmedicalpracticespennymoor.nhs.uk) Date of publication: 21/02/2018

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?

Requires improvement



Are services effective?

Good



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

**This practice is rated as Good overall.** (Previous inspection 28 June 2016 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at St Andrew's Medical Practice on 11 January 2018. We inspected this service as part of our comprehensive inspection programme.

At this inspection we found:

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice had recently reviewed the appointment system and were able to provide 13% more appointments than the year before. The skill mix of the clinical staff had been enhanced to free up GP time.
- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the duty of candour.
- There was a focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

We saw one area of outstanding practice:

- The practice ran a dedicated nurse led weekly drop in clinic for teenagers. This was funded by the practice and was also available to patients who were not registered with the practice. The service provided targeted support to teenagers including matters relating to sexual health and drug and alcohol abuse.

The areas where the provider **must** make improvements as they are in breach of regulations are; (See Requirement Notice Section at the end of this report for further detail).

- Ensure care and treatment is provided in a safe way to patients

The areas where the provider **should** make improvements are:

- Review Standard Operating Procedures to ensure they are fit for purpose and reflect current practices.
- Review the management of controlled stationery having due regard to national guidance.
- Carry out a risk assessment for staff who had not received a Disclosure and Barring Service (DBS) check.
- Review the arrangements in place for infection control.
- Introduce a system to ensure patient safety alerts have all been followed up and actioned where appropriate.
- Assure themselves that patients know how they can complain to the Parliamentary Health Service Ombudsman (PHSO).

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General 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	Good	
People with long term conditions	Good	
Families, children and young people	Good	
Working age people (including those recently retired and students)	Good	
People whose circumstances may make them vulnerable	Good	
People experiencing poor mental health (including people with dementia)	Good	

# St. Andrew's 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 member of the CQC medicines team.

## Background to St. Andrew's Medical Practice

St Andrew's Medical Practice is registered with the Care Quality Commission to provide primary care services. The practice provides services to around 11,000 patients from two locations;

- St Andrew's Lane, Spennymoor, Co Durham, DL16 6QA
- Byers Green Surgery, Green Rise, Byers Green, DL16 7PL

We visited only the main surgery at St Andrew's Lane as part of this inspection. The practice had recently consulted with patients and staff and put together a business case regarding the closure of Byers Green Surgery. The practice is under used by patients, there were only 84 consultations at this location in the last year. We did not visit this location as part of this inspection.

St Andrew's Medical Practice is situated in a purpose-built building with full disabled access. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

The practice is currently registered as a GP partnership with CQC. Although there is still a partnership in place none of

the partners currently registered with CQC at the practice are working there. We advised that the registration for the practice was now incorrect and that they would now be required to add and remove the partners as appropriate.

The practice has four GP partners (three male and one female), all of whom work full time. There are four advanced nurse practitioners, whole time equivalent (WTE) 2.2, an advanced paramedic practitioner (WTE 1), two practice nurses (WTE 1.66), and three healthcare assistants (WTE 2.32). There is a practice manager and assistant practice manager. There are 11 (WTE 9.08) staff who undertake administration duties and three dispensing staff (WTE 1.15). The practice trains Foundation level (F2) doctors. An F2 is a qualified doctor spending 4 months in a GP practice (undertaking a medical training programme which forms the bridge between medical school and specialist/general practice training).

The opening times at St Andrew's Medical Practice are from 8am Monday to Friday; on Mondays the practice closes at 7:30pm and Tuesday to Friday at 6pm. Consulting times are 8:30am to 11:15am, 2pm until 4:30pm or 3pm until 5:30pm and on Monday evenings until 7:30pm.

Byers Green is open Tuesday and Friday mornings 10:30am to 11:30am, the consulting times are the same, a GP provides appointments on a Tuesday and an advanced nurse practitioner on a Friday.

The practice provides late evening, weekend and bank holiday appointments;

they are part of the local GP federation of GP practices who work together to provide appointments with GPs, nurses or health care assistants outside of their normal working hours. Patients can contact the practice reception team to arrange appointments. When this service is not provided patients requiring urgent medical care can contact the out of hours provided by the NHS 111 service.

## Detailed findings

The practice is part of NHS Durham Dales and Sedgefield clinical commissioning group (CCG). The practice provides services based on a Personal Medical Services (PMS) contract agreement for general practice.

Information from Public Health England placed the area in which the practice is located in the fourth most deprived decile. The income deprivation score for the practice was

26 compared to the CCG average of 30 and the national average of 24. In general, people living in more deprived areas tend to have greater need for health services. Average male life expectancy at the practice is 79 years which is the same as the national average. Average female life expectancy at the practice is 82 years compared to the national average of 83 years.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. They had safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all clinical staff, new administration staff and staff who acted as chaperone. (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). However, there was no risk assessment as to why some of the administrative staff had not received a DBS check.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There were systems in place to manage infection control; however they were not completely effective. There was confusion over who was the infection control lead on the inspection day. An infection control audit had been carried in conjunction with the NHS North of England Commissioning Support Unit. There were some policies in place for hand washing, waste management and safe use of sharps but no overarching infection control policy which encompassed, for example, who

was the infection control lead, reporting of notifiable infections and handling of specimens. The policies we were shown had a review date of October 2014 and had not been reviewed since. There was evidence of staff vaccinations but no central register of this.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The practice had not used locum GPs for over a year. The practice had looked at the skills mix in the practice and employed new clinical staff to alleviate pressure on GPs and to increase appointment capacity. New staff included advanced nurse practitioners and an advanced paramedic practitioner; they brought new skills to the practice such as paediatric and out of hours care experience.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters to secondary care included all of the necessary information. The GPs met every morning to discuss and peer review referrals. They showed us data

# Are services safe?

from the local clinical commissioning group (CCG) which showed that referrals for the practice had reduced by 12% (April to September 2017 compared to the same period in 2016).

## Safe and appropriate use of medicines

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not always keep people safe.

- The dispensary had standard operating procedures, SOPs, (these are written instructions about how to safely dispense medicines) that were readily available, however, the procedures provided on the day of inspection were not version controlled and had no date of review. Multiple SOPs were written for the same procedure which was confusing for staff. After the inspection the practice provided more up to date SOPs however they were not version controlled, some were duplicated and were not in line with the practice's current way of working. We also found that not all dispensary staff had signed the procedures; therefore the practice could not ensure their understanding.
- The practice had signed up to the Dispensing Services Quality Scheme, and there was a named GP who provided leadership to the dispensary team. Staff had the relevant level of dispensary training and had annual appraisals.
- The practice did not have a formal process in place to check medicines were within their expiry date. This was contrary to dispensing guidance. However, all medicines we checked were in date. Expired and unwanted medicines were disposed of in line with waste regulations.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). However, there was no procedure to set out how they would be managed. The practice did not keep a running balance of controlled drugs or undertake regular stock checks; contrary to good practice guidance
- The practice kept a near miss log (a record of dispensing errors that have been identified before medicines have left the dispensary). These near misses were discussed within senior team meetings; however, dispensary staff were not involved in these meetings. Dispensary staff told us they had weekly meetings in addition to this with

the lead GP however these had not happened for some time due to appointment pressures within the practice. Staff could not provide us with any meeting minutes after 2013.

- All prescriptions were signed by a GP before they were given to patients and there was a system in place to support this. There was a system in place for the monitoring of high risk medicines and we saw how this kept patients safe.
- Staff told us how they managed review dates of repeat prescriptions, however, we reviewed 12 records and found seven prescriptions were overdue a review, with one dating back to January 2015.
- The practice offered a home delivery service however staff did not always follow the practice policy. For example, the policy states 'record in delivery book' however this book was not in place at the time of inspection.
- The practice nurse and health care assistants administered vaccines, however, these were not in line with legal requirements or national guidance. For example, none of the PGDs (Patient Group Directions) has been signed by the healthcare professionals or countersigned by an authorised person. There were no PSDs (Patient Specific Directions) in place for when health care assistants administered vaccines.
- Blank computer prescription forms were tracked through the practice, however, they were not stored in accordance with the minimum requirements set out in national guidance. Although prescriptions were kept in an office which could be locked, they were not in a locked cabinet inside this room.

## Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.



## Are services safe?

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following a complaint regarding the baby clinic held at the practice, the service was reviewed and the timing of it changed and more structured appointments offered which benefitted patients.
- There was evidence of patient and medicine safety alerts being shared with staff. However, the practice could not demonstrate a system for how they ensured they were all actioned and followed up.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Guidance was available on the practice shared computer system. There were regular meetings and teaching sessions.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- All patients had a named GP. The practice had produced care plans for older patients who were frail or vulnerable. This included a full assessment of their physical, mental and social needs. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. They ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. The practice had recently carried out a data quality project to ensure the registers were complete. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- The practice achieved diabetes ++ status for their community specialist diabetes service. This service enabled patients with complex diabetes to be monitored in the practice. One of the GPs and a practice nurse had received extra training to deliver this service with input from the consultant diabetologist and diabetic specialist nurse.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%, for example, the uptake rate for children aged 2 for measles, mumps and rubella (MMR) was 97%.
- The practice had recently employed two more advanced nurse practitioners who were experienced paediatric nurses. This increased capacity for appointments for children and improved the skills of the existing clinical team by shared learning.

### Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was the same as the target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

### People whose circumstances make them vulnerable:

- Annual learning disability checks were offered to all patients with a learning disability over the age of 14.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice's multi-disciplinary meetings (MDT) included discussions regarding the needs of vulnerable patients where appropriate and a specific GP was tasked with additional support for those patients.

### People experiencing poor mental health (including people with dementia):

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was above the national average of 84%.

# Are services effective?

## (for example, treatment is effective)

- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 98% compared to the national average of 91%.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The most recent published Quality Outcome Framework (QOF) results, 2016/17, showed the practice achieved 99.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 98.7% and the national average of 95.5%. The overall exception reporting rate was 14.2% compared with a national average of 9.9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) We discussed the high exception rate with the lead GP and saw this was audited appropriately.

- The practice had achieved 100% of the points available for 18 of the 19 QOF clinical indicator groups.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group was higher than the national average at 1.43 compared to 0.98. The practice was aware of this and a two cycle audit had been carried out to look at the reasons for this. Following the audit, reductions were seen in antibiotic prescriptions per consultations (average number per month April to October 2017 was 23%, but from November to December 2017 was 19%).
- The practice used information about care and treatment to make improvements. We saw clinical audit activity, all of which was relevant and demonstrated improvement in patient care. There were eight audits of which two were two cycle audits. For example, there

was an audit carried out which looked at the prescribing of a medication used to lower blood glucose levels in patients with type 2 diabetes. At the first cycle in 2016, 74% of patients were initiated the correct dosage. At the second cycle in 2017, 80% of patients were initiated on the correct dosage. The 20% of patients who were did not receive the correct dosage were reviewed and medication corrected. Another audit was planned in the next 12 months to monitor this.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision. A full programme of appraisals had recently been carried out for all staff by the assistant practice manager and one of the GP partners. Staff told us this had been useful to put forward ideas and suggestions on a one to one basis.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment. The practice had, in the last six months, reviewed the methods of handling incoming mail. Three members of staff had been trained to deal with this under the supervision of the GPs. An audit of this process was planned.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. Care plans of those patients who needed one

# Are services effective?

(for example, treatment is effective)

had recently been reviewed. The GPs shared this work between them and contacted each patient. The advanced paramedic practitioner updated these care plans regularly during patient visits. These were also shared with relevant agencies.

- 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.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.

- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

The practice monitored the process for seeking consent appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- There were 28 Care Quality Commission comment cards completed by patients prior to the inspection. Of which there were 24 wholly positive cards; comments included excellent and very good care and helpful staff, GPs were named individually as being caring and giving good care. The four negative cards there included some positive comments, but three mentioned that it was difficult to get past reception to obtain an appointment with a GP.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 247 surveys were sent out and 108 were returned. This represented about 1% of the practice population. The practice scores were comparable with the local and national scores for consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 89%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 96%.
- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 88%; national average - 86%.
- 90% of patients who responded said the nurse was good at listening to them; (CCG) - 95%; national average - 91%.

- 85% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 94%; national average - 91%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 327 patients as carers (3% of the practice list).

- The practice made referrals to the local carers association when they identified a patient as a carer. Carers were offered an annual health check.
- Staff told us that if families had experienced bereavement, the GP contacted them. This was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice also sent a bereavement card to the family.

Results from the National GP Patient Survey showed patients mostly responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results regarding patients being involved with decisions about their care were lower than local and national averages:

## Are services caring?

- 85% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 85%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.

- 73% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.

The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. They took account of patient needs and preferences.

- The practice understood the needs of their population and tailored services in response to those needs. There were extended opening hours, telephone appointments, online services such as repeat prescription requests and advanced booking of appointments.
- Specialist clinics were provided, including minor surgery.
- The practice held open flu immunisation days where patients could receive their immunisation and could also see the GP for any outstanding assessments, for example medication monitoring or dementia review.
- The practice was the only one in the locality which provided a travel immunisation service that included vaccination against yellow fever. Patients registered from the local area for this as a private patient.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, housebound patients who required a blood test had this taken by the district nurse.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits. The introduction of an advanced paramedic practitioner had brought benefits for the care of the housebound.

- Advanced nurse practitioners employed by the local federation of GPs carried out a Vulnerable Adults Wrap around Service (VAWAS) which supported the practice patients in residential homes.
- A wheelchair was stored on the premises to assist frail patients who may find it difficult to walk from the car park.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team, including palliative care nurses, to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- 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. Records we looked at confirmed this.
- The practice had recently re-structured the baby clinic following feedback from patients. It was now more structured to suit patients appointment needs.
- There was a dedicated nurse led weekly drop in clinic for teenagers. This was funded by the practice and was also available to patients who were not registered with the practice. The service provided targeted support to teenagers with needs including matters relating to sexual health and drug and alcohol abuse.

#### Working age people (including those recently retired and students):

- The needs of this population group 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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.



# Are services responsive to people's needs?

## (for example, to feedback?)

- A new weekly patient advisory service was to be introduced in the practice from January 2018 which was funded by the local job centre, to give psychological advice to enable patients to achieve short or long term goals of returning to employment.

People whose circumstances make them vulnerable:

- Any patients with special needs or disabilities had this recorded on their clinical record so that help could be offered.
- Patients with learning difficulties were offered an annual health check. This included ensuring that where appropriate the patients had received other screening checks such as cervical and bowel screening.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The mental health link worker and counsellors worked regularly from the practice.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was generally lower than local and national averages. 247 surveys were sent out and 108 were returned. This represented about 1% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 83% and the national average of 80%.
- 54% of patients who responded said they could get through easily to the practice by phone; CCG – 76%; national average – 71%.

- 68% 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; CCG – 76%; national average – 76%.
- 58% of patients who responded described their experience of making an appointment as good; CCG – 76%; national average – 73%.

We discussed the lower scores with the practice management team who explained that a new appointment system had been introduced in April 2017 which was close to when the survey was carried out. The new appointment system was to alleviate pressure on the GP appointments and had proven unpopular with some patients. We spoke with six patients on the inspection day who told us that the appointment system had improved significantly since it was first introduced and they found it now much easier to obtain an appointment.

The practice had been able to increase available appointments over the last year by 13%, GP availability increased because the advanced paramedic practitioner and advanced nurse practitioner appointments were dealing with more routine appointments.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The complaint policy and procedures were in line with recognised guidance. Thirty two complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way.
- However, in examples of responses to complaints we looked at, the letter from the practice made no reference to how the patient could complain to the Parliamentary Health Service Ombudsman (PHSO). The specific leaflet for patients who wanted to complain also did not contain the PHSO information.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, a complaint was recorded as a significant event; this led to some changes to the medication procedures in the practice.



# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

The practice management team had the capacity and skills to deliver high-quality, sustainable care.

- The team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The partners in the team were all relatively new to the practice. They were working towards moving the practice forward and making improvements. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The management team at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- When the partners were carrying out the triage of appointments they worked in the open office at computer terminals with the receptionists; clinicians and the reception staff found this enhanced team working within the practice.

### Vision and strategy

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

- They had a business development plan which covered the period 2016 to 2021. It had recently been updated to reflect the change in the management team.
- The practice wanted to achieve a period of stability and have a chance to deliver their services and to make improvements on what they had achieved so far.
- They wanted to focus on staff development which would in turn improve services for patients.
- They were identifying areas of growth such as the travel clinic services which they provided.
- The practice developed their vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received appraisals in the last year. Appraisals had all been carried out by the assistant practice manager and a GP partner. Ideas and suggestions from these appraisals had resulted in a practice development meeting.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. They identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were responsibilities, roles and systems of accountability to support governance and management.

- Staff were clear on their roles and accountabilities, for example in respect of safeguarding.
- Generally structures, processes and systems supported good governance and management and were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- However, some policies and procedures such as standard operating procedures for the dispensary were out of date and others were not comprehensive, for example, the infection control policy.

# Are services well-led?

Good 

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

## Managing risks, issues and performance

There were processes for managing most risks, issues and performance.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.
- However, in some areas of the practice, such as the dispensary, the management of risks could be improved.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful.
- The practice used information technology systems to monitor and improve the quality of care.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

- However, the practice registration with CQC was incorrect, it had not been kept up to date when partners had left or joined the practice.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The patient participation group had been established for 15 years. There were approximately 10 members. They met every quarter. A member of the group had assisted the practice with their website, re-designed the practice leaflet and produced a regular newsletter for patients. The group had advised the practice regarding the content of the electronic noticeboards in the reception area.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice, for example the partners had improved the patient appointment system.
- The practice were considering employing a pharmacist to assist with medicines management.
- The practice planned to become a training practice in the future.

A new weekly patient advisory service was to be introduced in the practice from January 2018 which was funded by the local job centre, to give psychological advice to enable patients to achieve short or long term goals of returning to employment.

## 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><b>How the regulation was not being met</b></p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:</p> <p>Medication reviews were not consistent. Some of the annual reviews were not up to date.</p> <p>Patient Group Directions did not comply with legal requirements as none were signed by the healthcare professional or an authorised person.</p> <p>The practice could not provide us with the appropriate (Patient Specific Direction) paperwork to meet legal requirements.</p> <p>This is a breach of Regulation 12 (1)(2) (g) of the Health and Social Care Act (Regulated Activities) Regulations 2014. Safe care and treatment (2) (a) (g) (h)</p>