

Dr Spencer and Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Dr Spencer and Partners on 20 August 2015. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. Specifically, we found the practice to require improvement for providing safe, effective, responsive and well-led services. We found it to be good for providing caring services. Consequently, it requires improvement for providing services for older people; people with long-term conditions; families, children and young people; working age people; people whose circumstances may make them vulnerable and people experiencing poor mental health.

Our key findings were as follows:

- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.

- We saw patients receiving respectful treatment from staff. Patients felt they were seen by friendly and helpful staff. Patients reported feeling satisfied with the care and treatment they received.
- The practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness.
- The practice acted upon best practice guidance to further improve patient care.
- The management and meeting structure ensured that appropriate clinical decisions were reached and action was taken.
- The practice appeared clean.
- Systems to ensure the appropriate management of medicines were lacking or not fully implemented.
- Adequate procedures for completing the required background checks on staff were lacking.
- A programme of repeated (full cycle) clinical audit which demonstrates learning and the effectiveness of any changes made was lacking.

Summary of findings

- Some patient feedback was that access to appointments was poor and getting through to the practice by phone was difficult. The wait for some advance release pre-bookable appointments was long.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure an appropriate system is in place for the safe use and management of medicines and medical consumables, including those used in an emergency.
- Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.
- Ensure there is a programme of repeated (full cycle) clinical audit which demonstrates learning and the effectiveness of any changes made. Ensure that all relevant staff are aware of the outcomes and learning of any audits completed.
- Take steps to reduce the waiting time for routine pre-bookable appointments and improve patients' access to the practice by telephone.

In addition the provider should:

- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited appropriately. Staff should be trained in relation to infection control processes and procedures.
- Ensure that the non-clinical staff yet to complete cardiopulmonary resuscitation (CPR) essential training do so.
- Ensure that all staff employed are supported and are receiving the appropriate supervision.
- Take steps to improve staff communication and the opportunities for staff to be involved in discussions about the strategic direction of the practice and to have their views considered.

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. There were incident and significant event reporting procedures in place and action was taken to prevent recurrence of incidents when required. The structure of management communications ensured that staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. The practice appeared clean and staff were adhering to infection control processes, but some staff had not recently completed infection control training. The medical equipment at the practice was fit for purpose and received regular checks for accuracy. However, systems to ensure that medicines, including those available in an emergency were managed appropriately were lacking. Systems to ensure that all the applicable staff employed at the practice received the relevant criminal records checks were lacking.

Requires improvement



Are services effective?

The practice is rated as requires improvement for effective services. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. Clinical audit was completed. However, there was no programme of repeated (full cycle) audit to demonstrate the effectiveness of any changes made. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working. Clinical staff were aware of the process to obtain patient consent and were informed and knowledgeable on the requirements of the Mental Capacity Act (2005). A system to ensure all staff received an appraisal of their skills, abilities and development requirements was in place. The practice was adequate at ensuring staff learning needs were met. However, there was a mixed response from staff on the level of supervision provided at the practice.

Requires improvement



Are services caring?

The practice is rated as good for caring services. On the day of our inspection we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Accessible information was provided to

Good



Summary of findings

help patients understand the care available to them. Patients told us they felt listened to and included in decisions about their care. They said they were treated with dignity and respect and were positive about staff behaviours.

Are services responsive to people's needs?

The practice is rated as requires improvement for responsive services. There were services targeted at those most at risk such as older people and those with long term conditions. The premises and services were adapted to meet the needs of people with disabilities including mobility issues. Some additional access to services for those who found attending in normal working hours difficult was available. The practice used a number of methods to ensure patients had access to resources and information. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience. At the time of our inspection, appointments, including those required in an emergency were available. However, there could be a considerable wait for routine pre-bookable appointments. The results of some patient feedback showed this and access to the practice by telephone was of concern to them.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led. The management and meeting structure ensured that clinical decisions were reached and action was taken. There was a process in place for identifying and managing risks and ensuring these were acted upon. There were named members of staff in lead roles and they demonstrated a good understanding of their responsibilities. The practice sought feedback from patients. Staff were supported by a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded and the practice was not yet safe and effective. Also, some staff felt disengaged from involvement in practice life and felt their views and opinions weren't considered.

Requires improvement



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 the care of older people because some of the processes and procedures at the practice were not safe, effective, responsive or well-led. However, the practice offered personalised care to meet their needs. Older patients had access to a named GP, a multi-disciplinary team approach to their care and targeted immunisations such as the flu vaccine. A range of enhanced services were provided such as those for patients with dementia and end of life care. The practice was responsive to their individual needs and offered home visits when needed.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions because some of the processes and procedures at the practice were not safe, effective, responsive or well-led. However, the practice provided patients with long-term conditions with an annual review to check their health and medication needs were being met. All newly diagnosed patients with diabetes were referred appropriately. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP and nurse leads for a range of long-term conditions.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people because some of the processes and procedures at the practice were not safe, effective, responsive or well-led. However, systems were in place for identifying and protecting patients at risk of abuse. There were six week post-natal checks for mothers and their children. Programmes of cervical screening for women over the age of 25 and childhood immunisations were available to respond to the needs of these patients. Appointments were available outside of school hours. A range of contraceptive and family planning services were available. The premises was suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) because some of the processes and procedures at the practice were not safe, effective, responsive or well-led. However, the practice offered online services such as appointment booking and repeat

Requires improvement



Summary of findings

prescriptions. There was additional out of working hours access to meet the needs of working age patients. There were extended opening hours with early opening every Tuesday from 7.30am and late opening until 7.30pm every Monday and 7.00pm every Tuesday. The practice was open every Saturday from 8.00am to 10.15am for pre-bookable GP appointments and healthcare assistant led health checks. Routine health checks were available for patients between 40 and 74 years old.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable because some of the processes and procedures at the practice were not safe, effective, responsive or well-led. However, patients with a learning disability received an annual health review. The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Staff knew how to recognise signs of abuse in vulnerable people and were aware of their responsibilities in raising safeguarding concerns. The practice tackled inequity by identifying and addressing the specific needs of patients and enabling their full access to services.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia) because some of the processes and procedures at the practice were not safe, effective, responsive or well-led. However, the practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Patients experiencing dementia also received a care plan specific to their needs and an annual health check. A mental health well-being worker was available at the practice twice each week and patients could be referred to them by the GPs and nurses. A nurse at the practice was qualified in the care needs of patients with mental health issues and there was a GP lead for those patients.

Requires improvement



Summary of findings

What people who use the service say

During our inspection, we spoke with 14 patients, reviewed 16 comment cards left by them and spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided.

Patients told us that the care and treatment they received at the practice was good. Patients said they felt staff were caring, respectful, helpful and friendly and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

The results of the national GP survey for 2015 showed that 78.6% of the 118 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%.

The friends and family test results from May 2015 showed that all four respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment. In July 2015, five out of the six respondents felt the same.

There was a mixed response among the patients we spoke with or who left comments for us on the appointments system and access to the practice. Some patients said access to appointments was reasonable. Others said access to appointments, including the wait for pre-bookable appointments was poor and getting through to the practice by phone was difficult.

Results from the national GP patient survey in 2015 showed that 55.7% of the 118 respondents felt their experience of making an appointment was good. This was significantly below average when compared to the rest of England (73.8%). When asked about getting through to the practice on the phone, 59.1% of respondents found this to be an easy experience. This was also significantly below average when compared to the rest of England (74.4%).

Areas for improvement

Action the service **MUST** take to improve

Ensure an appropriate system is in place for the safe use and management of medicines and medical consumables, including those used in an emergency.

Ensure that all applicable staff receive a criminal records check and that the required information is available in respect of the relevant persons employed.

Ensure there is a programme of repeated (full cycle) clinical audit which demonstrates learning and the effectiveness of any changes made. Ensure that all relevant staff are aware of the outcomes and learning of any audits completed.

Take steps to reduce the waiting time for routine pre-bookable appointments and improve patients' access to the practice by telephone.

Action the service **SHOULD** take to improve

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited appropriately. Staff should be trained in relation to infection control processes and procedures.

Ensure that the non-clinical staff yet to complete cardiopulmonary resuscitation (CPR) essential training do so.

Ensure that all staff employed are supported and are receiving the appropriate supervision.

Take steps to improve staff communication and the opportunities for staff to be involved in discussions about the strategic direction of the practice and to have their views considered.

Dr Spencer and Partners

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 second CQC inspector and a GP and a practice nurse acting as specialist advisers.

Background to Dr Spencer and Partners

Dr Spencer and Partners provides a range of primary medical services from its main premises at Burton Latimer Medical Centre, Higham Road, Burton Latimer, Kettering, Northamptonshire, NN15 5PU. There is also a branch surgery at Finedon Surgery, Regent Street, Finedon, Northamptonshire, NN9 5NB. We did not inspect the branch surgery on this inspection.

It is a training practice. The practice serves a population of approximately 13,080. The area served is less deprived compared to England as a whole. The practice population is predominantly white British. The practice serves an above average population of those aged from 40 to 49 and 60 to 74. There is a considerably lower than average population of those aged between 20 and 34.

The clinical staff team includes three male and two female GP partners, three nurse prescribers, three practice nurses, a healthcare assistant and a phlebotomist (specialised clinical support workers who collect blood from patients for examination). The team is supported by a practice manager, a deputy manager and 15 other administration, reception and secretarial staff.

Why we carried out this inspection

We inspected this practice as part of our new comprehensive inspection programme.

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

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.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 20 August 2015. During our inspection we spoke with a range of staff including three GP partners, three nurses, one healthcare assistant, the practice manager and members of the reception and administration teams. We spoke with 14 patients and two representatives of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff

Detailed findings

interacted with patients. We reviewed the practice's own patient survey and 16 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record

The staff we spoke with demonstrated an understanding of their roles in reporting incidents and significant events and were clear on the reporting process used at the practice. The senior staff understood their roles in discussing, analysing and reviewing reported incidents and events.

The weekly practice meeting was used for senior staff to review and take action on all reported complaints, incidents and events. The minutes of the meetings we looked at demonstrated this happened as and when required. The staff we spoke with who attended the meetings were all able to recount the details of recent incidents and events discussed. All staff directly involved in specific incidents and events said they were kept fully informed and updated of related discussions, learning and action points. Details of any discussions and decisions made in the meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff events.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and taking action on significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care. We looked at examples of how the procedure was used to report incidents and significant events relating to clinical practice and other issues. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at weekly practice meetings which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that through keeping each significant event report, the practice maintained a log of all incidents and events which included a record of the learning points, the action taken to prevent recurrence and the reviewed effectiveness of that action.

Safety alerts were reviewed by and distributed to the relevant staff by the practice manager. The staff we spoke with displayed an awareness of how safety alerts were communicated and told us they were receiving those relevant to their roles. They were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had safeguarding policies and protocols in place and one of the GP partners was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at or above the level specific to their roles.

We spoke with staff about the details of some recent safeguarding concerns raised at the practice. We found the practice response adhered to its own policies and protocols. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

From our conversations with staff and our review of training documentation we found that all nursing and reception staff were trained to be a chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The reception staff would act as a chaperone if nursing staff were not available. The staff in those teams we spoke with understood their responsibilities when acting as chaperones and a practice policy was in place to guide them in that role.

We looked at which staff had received criminal records checks. Following a decision made by the practice earlier in 2015, all new clinical and non-clinical staff employed from April 2015 were receiving the checks. For the GPs employed before April 2015, this was done using their professional registration and revalidation process and as part of NHS England's checks before adding them to the performers' list. As part of this process, the relevant bodies check the fitness to practise of each individual. We saw that four nursing staff had received a criminal records check. Two nurses, a healthcare assistant and a phlebotomist had not received a check. None of the non-clinical staff employed before April 2015, including the reception staff trained as a

Are services safe?

chaperone had received criminal records checks. Senior staff confirmed that risk assessments on why those staff did not require a criminal records check despite acting as chaperones had not been completed.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerator. All the medicines including those in the refrigerator were stored securely and were only accessible to authorised staff. However, the medicines cupboard was disorganised.

There was no system in place to record the amount and type of medicines (including vaccines) kept at the practice. This included the absence of an inventory of incoming and outgoing medicines and vaccines. Although all the vaccines we looked at were within their expiry dates, one of the other medicines we checked had expired. The practice staff took steps to dispose of this medicine immediately.

Records showed fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature. However, there was no policy which described the action for staff to take in the event of a potential failure. The nursing staff we spoke with gave mixed responses on the action they would take to keep refrigerated vaccines safe in the event of a refrigerator malfunction or power failure.

No controlled drugs were kept at the practice. The practice had systems in place to monitor the prescribing of controlled drugs. Staff were aware of how to raise concerns around these medicines with the controlled drugs accountable officer in their area.

All prescriptions were reviewed and signed by a GP before they were given to the patient. However, blank forms used for hand written and computer generated prescriptions were not tracked. Also, they were left unsecured in printers overnight. There was no process in place that would identify if a prescription form was missing or used inappropriately.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Cleanliness and infection control

We saw that the practice appeared clean. We saw there were cleaning schedules in place and the cleaning records we looked at demonstrated these were adhered to. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste.

The practice had a policy on infection control issues. From our conversations with staff and our review of documentation we found that only nursing and one administrative lead had received infection control training. Training records showed the practice excluded reception, administration and GP staff from infection control training. Senior staff confirmed that a risk assessment on why those staff did not require the training had not been completed.

Despite this, all the staff we spoke with were knowledgeable about infection control processes at the practice. The practice had a nominated lead and designated responsible individuals for infection control issues. The individuals were clear on their additional responsibilities and staff were clear on who the lead was.

A documented audit of cleanliness and infection control issues at the practice was completed in July 2015. However, some parts of the audit were not completed correctly and where action was required this was not always clearly recorded. However, we found this was a recording process issue as the practice appeared clean and staff were adhering to infection control procedures.

A Legionella risk assessment (Legionella is a bacteria that may cause Legionnaire's disease) completed at the practice in January 2015 identified the practice as low risk. However, from our conversations with staff and our review of documentation we found there was no regular monitoring and recording of water temperatures at the practice to ensure and demonstrate that the low risk was maintained.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw documentary evidence of the annual calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the

Are services safe?

equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and the relevant report was available to demonstrate this.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

We looked at six staff records. They contained evidence that the appropriate recruitment checks such as previous working references and photographic identification were undertaken prior to employment. All the checks were completed in line with the practice's own recruitment policy.

Any staff employed after April 2015 and four nursing staff had received a criminal records check. For the GPs this was done using their professional registration and revalidation process and as part of NHS England's checks before adding them to the performers' list. As part of this process, the relevant bodies check the fitness to practise of each individual. Two nurses, a healthcare assistant, a phlebotomist and all non-clinical staff at the practice employed before April 2015 including the reception staff trained as a chaperone had not received criminal records checks. A risk assessment to determine why this was not necessary had not been completed.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor certain risks to patients, staff and visitors to the practice. These included dealing with medical equipment and the health and safety (including fire safety) of the environment, staff and patients.

The staff we spoke with demonstrated a good understanding of their roles and responsibilities towards health and safety and fire safety among other things. Our

review of documentation showed these issues were part of the induction process and essential training requirement for all staff and that appropriate policies and risk assessments were available. Action was taken on all risk recommendations made by external contractors and safety services.

The weekly practice meeting was used for senior staff to review and take action on all reported risks, incidents and events. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff events.

Arrangements to deal with emergencies and major incidents

We saw that the practice had a disaster recovery plan in place. This covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate all clinical staff at the practice had completed cardiopulmonary resuscitation (CPR) training in January 2015. Most non-clinical staff were also up-to-date with the training with the exception of two administration staff. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. We found the equipment to be easily accessible to staff in an emergency situation. The drugs weren't stored with the equipment and were not easily accessible. To access these, staff would need to open two locked doors and a locked cupboard.

Documented checks on the contents were available. However, these checks were completed monthly at set times. There were no recorded checks following two recent emergency uses of the equipment in order that any used equipment or drugs could be replenished. All of the emergency drugs were within their expiry dates. However, an airway tube was beyond its expiry date. This was not detected by the checks staff documented.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and review for their condition.

The GPs told us they led in specialist clinical areas such as dermatology, diabetes and mental health and the nurses supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice had completed a limited number of clinical audits. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. The small number of audits completed at the practice were those related to the requirements of individual GPs' appraisal and revalidation. The programme did not include repeated (full cycle) audits to demonstrate the effectiveness of any changes made.

We looked at two audits; one relating to stroke patients prescribed aspirin and the other relating to untoward outcomes following minor surgery. We could not identify that the first audit was completed at the practice. The names on the audit were not current staff members. It was

unclear as to whether the audit was clinically discussed and if the practice approach had been reviewed and modified as a result. No repeat audit was available to demonstrate the effectiveness of any changes made. We could not identify the source or date of the second audit and were unclear about the findings and the recommendations made. There was also no repeat audit. There was a mixed response from staff about the culture in the practice around quality improvement. All of the nursing staff we spoke with said they were unaware of the content, outcomes and learning from any clinical audits completed at the practice.

The nurses we spoke with said that their clinical supervision (an activity that brings skilled supervisors and practitioners together in order to reflect upon their practice) by the GPs was insufficient. The GPs we spoke with said they were proactive in clinically supervising the nurses. We saw that dedicated slots were included in the appointments system for GPs to carry out that role. The nurses told us these weren't being used for that purpose very often.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was an outlier in one area of QOF (or other national) clinical targets. The number of Ibuprofen and Naproxen items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drug items prescribed was 53.47%. This was below the national average of 75.13%. We looked at the area of below national average performance during our inspection. We found the practice had investigated this by analysing the prescribing patterns of each member of the clinical team and had taken steps to rectify this. It achieved 95.5% of the total QOF target in 2014, which was above the national average of 94.2%. The performance for diabetes, hypertension and mental health related indicators was similar to the national average.

Effective staffing

Are services effective?

(for example, treatment is effective)

From speaking with staff and our review of documentation we found that staff received an appropriate induction when joining the service. Where applicable, the professional registrations of staff at the practice were up-to-date. All the GPs had been revalidated or had a date for revalidation and as part of this process, the relevant bodies check the fitness to practise of each individual.

We saw that a system of essential training (training that each staff member is required to complete in accordance with the practice's own requirements) was in place for staff. Our review of training records showed that most staff had completed most of the training within the required timescales.

Practice nurses and the healthcare assistant had job descriptions outlining their roles and responsibilities and provided evidence that they were adequately trained to fulfil these duties. For example, the relevant nurses were up-to-date with cervical cytology training.

From our conversations with staff and our review of documentation we saw that all staff had received an appraisal of their performance and competencies in the past year. We looked at some examples and saw that there was an opportunity for staff to discuss any learning needs. The staff we spoke with told us the practice was adequate in organising the required training to meet those needs.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and radiology results and pathology reports to be received electronically. These processes allowed for patients requiring follow up to be identified and contacted. A system was in place to ensure that in any GP's absence, the results were still reviewed and processed. All the staff we spoke with understood how the system was used and we saw this was working well.

The practice held multi-disciplinary team meetings to discuss the needs of complex patients. This included those with end of life care needs. Once each month the practice meeting was attended by the district nurses in addition to the usual practice staff to discuss palliative care (end of life) and other high level care patients. We saw that the issues discussed and actions agreed for each patient were recorded.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. We saw that all scanning at the practice was cleared on a daily basis.

Consent to care and treatment

Our review of training records showed that clinical staff at the practice had completed training in the Mental Capacity Act (2005). The clinical staff we spoke with demonstrated an understanding of the MCA and its implications for patients at the practice. From our conversations with them we found that patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. Clinical staff were also aware and demonstrated a good understanding of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

There was a practice process for documenting consent for specific interventions. The clinical staff we spoke with were clear on the process and when documented consent was required. We saw examples of documented patient consent for recent patient procedures completed at the practice.

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine

Are services effective?

(for example, treatment is effective)

health checks were also available for all patients between 40 and 74 years old. The practice had started its participation in this programme in April 2013. In the 28 month period from that date, 1,283 (21.6%) of the 5,926 eligible patients had received the check.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). There were nurse led clinics for patients with asthma, diabetes and chronic obstructive pulmonary disease (COPD) among others.

The practice maintained a register of all patients with learning disabilities. Of the 46 patients on the register, 23 had received a health check review in the 2014/2015 year. A further 12 patients declined their reviews. Of the 69 eligible patients on the dementia register in the 12 month period to July 2015, 46 had received their annual review. A further six patients declined their reviews. Any remaining patients did not respond to the invitations for their reviews.

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area and throughout the practice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. The practice had 2,459 patients aged over 65. Of those, 1,741 (70.8%) had received the flu vaccine in the 2014/2015 year.

Two nurses at the practice were trained to provide and carry out cervical cytology. They had both completed their update training. A system of alerts and recalls was in place to provide cervical screening to women aged 25 years and older. At the time of our inspection there was an 81.6% take up rate for this programme over the past five years (2,429 of 2,976 eligible patients).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of reception staff being helpful and courteous to patients attending the practice. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas. The results of the practice's own patient survey completed in December 2013 showed that of the 203 respondents, 91.6% felt the reception staff were helpful to extremely helpful. When asked about their confidentiality being protected, 91.1% of respondents said it was adequately to fully maintained.

We spoke with 14 patients on the day of our inspection, all of whom were very positive about staff behaviours and the good clinical care they felt they received. They said they felt treated with dignity and respect by staff at all times. A total of 16 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were caring, respectful, helpful and friendly and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The results of the national GP survey for 2015 showed that 73.7% of the 118 respondents felt the GPs at the practice were good at involving them in decisions about their care. The national average was 81.5%. The GPs were considered to be good at listening by 82.4% of patients who responded. The national average was 88.6%. Although both results were slightly below the national averages, the responses from patients on our inspection were wholly positive.

The 14 patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by 16 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive. Patients spoke of how understanding the clinical staff were.

Patient/carer support to cope emotionally with care and treatment

The results of the national GP survey for 2015 showed that 78.6% of the 118 respondents felt the GPs at the practice displayed care and concern towards them. The national average was 85.1%. The feedback we received during our conversations with 14 patients and review of the comments left for us by 16 patients was very positive about the care and concern shown by clinical staff at the practice.

All patients receiving palliative care were discussed monthly at the practice meeting. There was a GP proactive care lead (a GP with overall responsibility for the management of palliative patients' care). Recent patient deaths were discussed by the clinical team and staff were notified of these by email. From speaking with staff, we found there was no practice wide process for approaching recently bereaved patients. Each GP was responsible for approaching patients individually. The GPs we spoke with gave mixed responses on whether and how they made contact with the family of each deceased patient offering an invitation to approach the practice for support.

The senior staff we spoke with knew of the availability of a local counselling service (including bereavement counselling) and the practice referred patients requiring such support to them. A mental health trust well-being worker was based at the practice twice each week. Patients could access the service to obtain counselling and advice through referral from the GPs and nurses.

Patients in a carer role were identified where possible. The practice maintained a register of 118 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice or during their consultations with the GPs. The practice reviewed the register annually to ensure it was up-to-date. Staff told us those patients on the register had access to home visits

Are services caring?

including vaccinations at home if required. We saw information aimed at carers provided on the practice's website and displayed in the waiting area. This gave details of the local support available among other things.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 191 patients (1.5% of the practice's patient population over 18) were receiving such care. There was also a palliative care register of 16 patients at the practice with regular multi-disciplinary meetings to discuss those patients' care and support needs.

We saw that patients with diabetes received six to 12 month reviews at the practice depending on the severity of their condition. All newly diagnosed patients with type 2 diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition.

A nurse at the practice was qualified in the care needs of patients with mental health issues and there was a GP lead for those patients. A mental health well-being worker was available at the practice twice each week and patients could be referred to them by the GPs and nurses.

There were six week post-natal checks for mothers and their children. A range of contraceptive and family planning services were available at the practice.

The practice had a patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. From our conversations with two PPG members and our review of the group's 2014/2015 annual report, it was clear the group was engaged with the practice.

Tackling inequity and promoting equality

We found that staff at the practice completed equality and diversity training. We saw the premises and services were adapted to meet the needs of people with disabilities. All of the clinical services were provided on the ground floor and the practice had step free access to the main entrance. A working lift was provided to the first floor used only by practice staff. We found that the waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients and this included a baby changing area.

An external translation service was available to the practice. The translation service was provided on a face-to-face basis as opposed to by telephone. A signing interpreter was also available. However, due to the local patient population being predominantly from a white British background this was not frequently used by patients. There were male and female GPs in the practice and patients could choose to see a male or female doctor.

Access to the service

On the day of our inspection we checked the appointments system. The next routine bookable appointment to see one of the three GPs we checked was in 16 working days. However, more pre-bookable appointments (released seven days ahead) would be made available in that time. We saw that the appointments system was structured to ensure that the GPs were able to complete home visits every day. The system ensured that all urgent cases were seen on the same day and each GP was able to complete telephone consultations.

The practice was open from 8am to 6.30pm Monday to Friday. In addition to this, there was early opening every Tuesday from 7.30am and late opening until 7.30pm every Monday and 7.00pm every Tuesday. The practice was open every Saturday from 8.00am to 10.15am for pre-bookable GP appointments and healthcare assistant led health checks. The extended opening times provided some additional access to the practice for those who found attending in normal working hours difficult.

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests at the practice or online through the practice's website. There were also

Are services responsive to people's needs?

(for example, to feedback?)

arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on how to access the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

During our inspection, we spoke with 14 patients and read the comments left for us by 16 patients. There was a mixed response among those who commented on the appointments system and access to the practice. Some patients said access to appointments was reasonable. Others said access to appointments, including the wait for pre-bookable appointments was poor and getting through to the practice by phone was difficult.

Results from the national GP patient survey in 2015 showed that 60.6% of patients felt they didn't have to wait too long to be seen at the practice. This was slightly above average when compared to the rest of England (57.8%). Of the 118 respondents, 55.7% felt their experience of making an appointment was good. This was significantly below average when compared to the rest of England (73.8%). When asked about getting through to the practice on the phone, 59.1% of respondents found this to be an easy experience. This was also significantly below average when compared to the rest of England (74.4%).

Since this survey, in March 2015 the practice had redesigned the distribution of its appointments in an attempt to improve access to the practice. This followed the installation of two additional telephone lines and the allocation of an extra member of staff to answering

telephones for the first hour of each morning. However, after five months of the new system, patient feedback was still mixed and the wait for some pre-bookable appointments was long.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. During our inspection we saw there was a complaints procedure available and there were two designated responsible persons who handled all complaints in the practice. These were the non-clinical complaints manager and a GP partner. Those two individuals dealt with all aspects of complaints made to the practice with the support of the practice manager. The weekly practice meeting was used for senior staff to discuss and take action on all reported complaints.

We saw that information was available to help patients understand the complaints system. A leaflet containing information on how to complain was available from reception. An overview of the practice's complaints procedure was also available online. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with 14 patients, none of whom had ever needed to make a complaint about the practice.

We looked at the practice's records of complaints from April 2015 onwards. We saw examples of when the complainants were contacted to discuss the issues raised. As a result, the practice had agreed actions to resolve the complaints to their satisfaction. We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. The action and learning points for all the complaints received by the practice in the 2014/2015 year were documented in an annual review.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

From speaking with staff and our review of documentation, we found the practice had a vision contained within its statement of purpose to deliver a high standard of medical care and a commitment to patient needs. This was combined with ensuring safe and effective services and maintaining a motivated and skilled workforce.

The strategy for the 2014/2015 year was to focus on redesigning the appointments system and increasing the staffing levels to accommodate the changes. The weekly practice meeting attended by the GP partners and the practice manager was used to discuss, implement and monitor the strategy throughout the year.

Those staff not attending the practice meeting told us they did not feel involved in the discussions about the practice's direction and strategy. They said that without regular staff team meetings they didn't always have the opportunity to discuss relevant issues that affected them as staff and also their patients. Staff said that the monthly protected learning session was a limited opportunity for all staff discussion, but was more based around updates and important changes to procedure.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers supported by the practice manager. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. All of the policies and procedures we looked at during our inspection were reviewed and up-to-date. However, procedures and systems in relation to staff criminal records checks, medicines management and quality monitoring and improvement processes were not yet fully embedded at the practice at the time of our inspection.

The practice had arrangements for identifying, recording and managing risks. The weekly practice meeting was used for senior staff to review and take action on all reported risks, serious incidents, events and complaints. We looked at minutes of the meetings that demonstrated this

happened as and when required. Details of any discussions and decisions made in those meetings were made available to all staff through a range of team conversation with senior staff, update emails and other staff events.

The practice had a system in place for reporting, recording and taking action on significant events. From our conversations with staff and our review of meeting minutes we found that serious incidents and events were discussed at the weekly practice meeting which included discussion on how the incidents could be learned from and any action necessary to reduce the risk of recurrence. We saw that through keeping each significant event report, the practice maintained a log of all incidents and events which included a record of the learning points and action taken to prevent recurrence.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw there were nominated GP leads for safeguarding, dermatology, diabetes and mental health among others. There were also nurse led clinics for patients with asthma and chronic obstructive pulmonary disease and nominated leads for such things as infection control. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

Staff told us they knew who to go to in the practice with any concerns. All the staff we spoke with said they felt valued and well supported within their own staff groups. However, some staff said there were occasions and issues about which they felt there was a lack of communication and involvement with them. They said the time and opportunity for their views to be considered was limited.

From our conversations with staff and our review of documentation, we saw there was a schedule of meetings for senior staff and multi-disciplinary teams to attend. There was monthly protected learning at the practice for all staff to attend.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of seven members of which a core number met every other month. The PPG is a group of patients who work with the practice to discuss

Are services well-led?

Requires improvement 

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

and develop the services provided. We saw that through meetings or emails the group was able to communicate its views on a range of practice issues. We spoke with two members of the PPG who said the group had good and open working relationships with practice staff. They said the PPG was treated as a valuable resource by the practice. We saw the PPG was integral in developing the practice's last patient survey.

The practice had distributed its last patient survey around December 2013 and responses were received from 203 patients. The results showed that most respondents thought highly of the service they received with 80% stating it was good or excellent. In response to the survey, the PPG worked with the practice to develop priority areas set out in their annual report for 2014/2015. These included improving the telephone system and overall access to the practice. As a result, two additional telephone lines were installed and an extra member of staff was allocated to answering telephones for the first hour of each morning.

We saw a comments and suggestions box was provided in the waiting area for patients to use. Any comments and suggestions made were reviewed by the practice systems administrator. We looked at how the practice had made a recent change to assist patients in cancelling their appointments following a suggestion made in this way.

Management lead through learning and improvement

Some clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Some staff said the training was adequate but sometimes ad-hoc and that their clinical supervision was lacking. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. This was available for staff one Wednesday each month from 1.30pm to 3.30pm. For clinical staff, this included access to target days for learning on set topics.

From our conversations with staff and our review of documentation we saw that staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs and their professional development. There was a mixed response from the staff we spoke with about how proactive the practice was in organising the required training to meet those needs.

A system was in place for senior staff to review and act on all reported risks, incidents, events and complaints. The evidence we reviewed demonstrated that all incidents and events were discussed. This included discussion on learning from reported incidents.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: We found that the registered person had not protected people from the risks associated with the improper and unsafe use and management of medicines by means of the making of appropriate arrangements for the storing and recording of some medicines used for the purpose of the regulated activity. There was no system in place to record the amount and type of medicines kept. Policies and checks relating to medicines management, including items used in an emergency were insufficient. One medicine and a medical consumable were beyond their expiry dates. There was no process in place that would identify if a blank form for hand written and computer generated prescriptions was missing or used inappropriately. This was in breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date. Two nurses, a healthcare assistant, a phlebotomist and all non-clinical staff at the practice employed before

Requirement notices

April 2015, including the reception staff trained as a chaperone had not received criminal records checks. A risk assessment to determine why this was not necessary had not been completed.

This was in breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because systems designed to assess, monitor, mitigate risks to and improve the quality and safety of services for patients were lacking.

There was no programme of repeated (full cycle) clinical audit to demonstrate learning and the effectiveness of any changes made. Some clinical staff were unaware of the outcomes and learning from any clinical audits completed at the practice.

Patients reported that the waiting time for pre-bookable appointments was long and access to the practice by phone was difficult. The practice had not made appropriate improvements to the quality of service as a result of assessing and evaluating the information provided by service users.

This was in breach of Regulation 17 (2) (a), (b) and (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.