

# Long Clawson Medical Practice

## 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

<b>Overall rating for this service</b>	<b>Requires improvement</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Good</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Requires improvement</b> 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Long Clawson Medical Practice on 4 May 2016. Overall the practice is rated as requires improvement.

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

- The practice had a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However the annual review did not include dispensary significant events.
- Most risks to patients were assessed and well managed, with the exception of those relating to legionella, COSHH and medicine collection sites.
- Data from the Quality and Outcomes Framework (QOF) showed the practice had an overall rating of 97.2% compared with a national average of 94.7%. Exception reporting was 1.5% which was higher than the CCG and national average.
- Clinical audits were driving improvements to patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 100% of patients who responded to the January 2016 GP patient survey would recommend the practice to someone new to the area. 99% of patients described their overall experience of the surgery as good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said urgent appointments were available on the same day.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. For example, legionella, COSHH, medicine collection sites,
- Implement a robust policy for legionella
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.
- Ensure blank prescriptions pads and printer stationary are handled in accordance with national guidance.

In addition the provider should:

- Ensure all significant events including those from the dispensary are recorded and discussed at practice clinical meetings.
- Ensure the safeguarding register is reviewed and updated.
- Improve and embed the practice system for the management, monitoring and improving outcomes for people
- Have a system in place to ensure all staff receive appraisals. For example, dispensary manager, reception and administration staff
- Ensure staff are aware how to use the hearing loop for patients who had difficulty in hearing and that it is fit for use.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Requires improvement



- The practice had a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However the dispensary events were not discussed at clinical team meetings and were not included in the annual review of significant events to ensure themes and trends were identified and lessons learned communicated widely enough to support improvement.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we saw that the safeguarding register needed updating to ensure that it only included current safeguarding and not historical concerns that had now been resolved. The management team told us this was because of a software problem in the EMIS electronic patient computer system. It was noted, however, that the practice could identify some of current and historical concerns. However meeting minutes were not detailed enough to ensure the system was robust.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, legionella, COSHH and medicine collection sites.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the practice had an overall rating of 97.2% compared with a national average of 94.7%. Exception reporting was 1.5% which was higher than the CCG and national average. Exception reporting was undertaken by the partners at the practice. On the day of the inspection and supporting evidence received the partners were able to demonstrate a clear rationale for clinically appropriate exception reporting based upon national guidance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of some appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

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

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example, open access surgeries were available every weekday morning. The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments are for working patients who could not attend during normal opening hours.
- 100% of patients who responded to the January 2016 GP patient survey would recommend the practice to someone new to the area.
- Patients said urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice engaged with the wider community. They had held a Patient Participation Group (PPG) Health fair in October 2014 and had another one planned for October 2016. This was in conjunction with the annual influenza immunisations and there were exhibitors there in preventing illness and promoting healthy lifestyles.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, legionella, COSHH and medicine collection sites.
- The practice had a system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However the dispensary events were not discussed at clinical team meetings and were not included in the annual review of significant events to ensure themes and trends were identified and lessons learned communicated widely enough to support improvement.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we saw that the safeguarding register needed updating to ensure that it only included current safeguarding and not historical concerns that had now been resolved. The management team told us this was because of a software problem in the EMIS electronic patient computer system. It was noted, however, that the practice could identify some of current and historical concerns. However meeting minutes were not detailed enough to ensure the system was robust.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.2% of the total number of points available, with 11.2% exception reporting which was 1.5% above CCG average and

Requires improvement



# Summary of findings

1.9% above national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception reporting was undertaken by the partners at the practice. On the day of the inspection and supporting evidence received the partners were able to demonstrate a clear rationale for clinically appropriate exception reporting based upon national guidance.

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review. For example, home visits to include the recent safety alert information.
- All staff had received inductions but not all staff had received regular performance reviews.

# 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 provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of older people.

There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients make up 9% of practice population which was 1% above the national average.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, the percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 77.5% which was 6.7% below the CCG average and 6.1% below the national average. Exception reporting was 6.7% which was 1.9% above the CCG average and 2.9% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 90.3% which was 1.3% above the CCG average and 0.5% the national average. Exception reporting was 22.6% which was 7.8% above the CCG average and 11.5% above national average.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 97% of patients over 75 had received a health check.
- The practice work with a multi-disciplinary team. An integrated care social worker was based in the practice once a week to identify patients with complex medical needs and social difficulties that are at risk of admission and require a higher level of support.
- The practice have a medicine delivery service for patient who find it difficult to get to the practice.
- The nursing team offer near patient INR testing, complex wound dressing and leg ulcer services.
- The practice have their own audiology machine for hearing checks.

Requires improvement



# Summary of findings

- The practice engaged with the wider community. They had held a Patient Participation Group (PPG) Health fair in October 2014 and had another one planned for October 2016. This was in conjunction with the annual influenza immunisations and there were exhibitors there in preventing illness and promoting healthy lifestyles.
- The practice had launched the Biodose medicine management system for patients registered with the practice and lived in a care home. It is a monitored dosage system which includes liquid medicines as well as tablets and further reduces the risk of medication errors for patients with complex drug regimens or those with dementia or mental health issues.

## People with long term conditions

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of people with long-term conditions.

There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients registered at the practice had a named GP. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data showed that outcomes for patients with long term conditions were mixed. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86.9% which was 1.9% below the CCG average of and 3.2% below the national average. Exception reporting was 9.8% which was 4.2% above CCG average and 4.6% above national average.
- The practice uptake for diabetic retinal screening in 2015/16 was 78.2% which was above the national average of 77.9%.
- The practice uptake for abdominal aortic aneurysm screening was 79% which was below the CCG average of 82%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that

Requires improvement



# Summary of findings

includes an assessment of asthma was 76.2% which was 1.8% above the CCG average and 0.9% above the national average. Exception reporting was 17.4% which was 4.8% above the CCG average and 9.9% above national average.

- Opportunistic influenza vaccinations are given by the practice, in addition to set clinics. In 2015/16 the practice uptake for under 65's at risk was 43.2%, which was comparable with the CCG average.

## Families, children and young people

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of families, children and young people.

There were, however, some examples of good practice.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Open access clinics are available every weekday morning.
- We saw positive examples of joint working with midwives and health visitors.
- The practice have a young person's leaflet and information board in the waiting area.
- There were systems in place 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 A&E attendances.
- To coincide with the Health Fair organised by the practice and PPG in October 2014 the practice engaged with local primary schools to raise awareness of healthy lifestyles and hosted an art competition titled 'healthy eating & keeping healthy'. The practice plan to hold another Health fair in October 2016.
- Childhood immunisation rates for the vaccinations given were below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 91% and five year olds from 91% to 98%.
- The practice's uptake for the cervical screening programme was 82.7%, which was comparable to the national average of 82.7%.
- The practice offer a full range of contraception services, including coil fitting which are available along with cytology and immunisations. These could be accessed through open surgery, booked appointment or very often opportunistically by the nursing team.

Requires improvement



# Summary of findings

- The nursing team engaged with local youth groups to talk about sexual health and contraception.
- The practice uptake for national breast screening was 82.2 which was above both the CCG of 81.7% and national average of 80.5%.

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of working-age people (including those recently retired and students).

There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 52% of patients aged 40-74 years of age and eligible for health checked had received one in the last 12 months.
- The national uptake for bowel screening was 62% which was below the CCG average of 64% and above the national average of 60%.
- The practice website is being re-launched to coincide with the national PPG awareness week in June 2016. The new website will also promote the PPG Health Fair planned for October 2016 where all members of the local community are welcome. This will offer BP & cholesterol checks, healthy eating advice, counselling advice, NHS listening booth, physiotherapy, exercise groups along with many tables promoting other local voluntary organisations.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

**Requires improvement**



# Summary of findings

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 83% of patients with a learning disability had received a review in the last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provide support Dove Cottage Day Hospice. This is a hospice which provides palliative day care to those people living in NE Leicestershire, Rutland and SE Nottinghamshire.
- The PPG had produced practice guides for local and national support groups to provide patients with information on who to contact for support

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

The provider was rated as requiring improvement for safe and being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

There were, however, some examples of good practice.

- 100% of patients with a mental health problem had received a review in the last 12 months,
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- 96% of patients with Dementia had received an annual medication review in the last 12 months.

Requires improvement



# Summary of findings

- Only 72.5% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 83% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 93% compared to a CCG average of 96% and national average of 88%.
- The practice had one care home in which all the patients had dementia. The practice work closely with the care staff to input into the advanced care planning of these patients. They are discussed at the practice multi-disciplinary team meetings and are visited weekly with any additional home visits as requested.
- The practice had launched the Biodose medicine management system for patients registered with the practice who lived in a care home. It is a monitored dosage system which includes liquid medicines as well as tablets and further reduces the risk of medication errors for patients with complex drug regimens or those with dementia or mental health issues.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing well above average compared to local and national averages. 235 survey forms were distributed and 117 were returned. This represented a 50% return rate.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87%, national average 85%).
- 99% described the overall experience of their GP surgery as good (CCG average 84%, national average 85%).

- 100% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Two patients had written an extra comment in respect of the difficulty in parking and long waits to be seen in the open access clinic. All the comments cards we reviewed told us that the service was excellent with time given to listen. Treated by professionals with compassion and understanding. Staff were caring and helpful and treated patients with dignity and respect.

## Areas for improvement

### Action the service MUST take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision. For example, legionella, COSHH, medicine collection sites,
- Implement a robust policy for legionella
- Ensure recruitment arrangements include all necessary employment checks for all staff and are in line with Section 3 of the Health and Social Care Act 2008.
- Ensure blank prescriptions pads and printer stationary are handled in accordance with national guidance.

### Action the service SHOULD take to improve

- Ensure all significant events including those from the dispensary are recorded and discussed at practice clinical meetings.

- Ensure the safeguarding register is reviewed and updated.
- Have a system in place to ensure all staff receive appraisals. For example, dispensary manager, reception and administration staff.
- Improve and embed the practice system for the management, monitoring and improving outcomes for people
- Ensure staff are aware how to use the hearing loop for patients who had difficulty in hearing and that it is fit for use.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

# Long Clawson 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, a member of the CQC medicines team and a practice nurse specialist adviser.

## Background to Long Clawson Medical Practice

Long Clawson Medical Practice situated in the Vale of Belvoir. It has 6,300 patients and covers at least 40 villages in the surrounding area. The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG).

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

At the Long Clawson Medical Practice the service is provided by two GP partners (male) and five salaried GPs (four female and one male), one practice manager, two practice nurses, one health care assistant, one phlebotomist in addition to dispensary, receptionist and administration staff. The practice also has two apprentices.

The practice has three locations registered with the Care Quality Commission (CQC):-

Long Clawson Medical Practice, The Surgery, The Sands, Long Clawson, Melton Mowbray, Leicestershire. LE14 4PA

The Stackyard Surgery, 1 The Stackyard, Croxton Kerrial, Grantham, Lincolnshire. NG32 1QS

Woolsthorpe Surgery, Woolsthorpe by Belvoir, Grantham, Lincs. NG32 1LX

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which is in the process of being redeveloped. The new website will be launched in conjunction with National Patient Participation Group week in June 2016. The present website enabled patients to find out a wealth of information about the healthcare services provided by the practice.

The location we inspected on 4 May 2016 was Long Clawson Medical Practice, The Surgery, The Sands, Long Clawson, Melton Mowbray, Leicestershire. LE14 4PA

Long Clawson Medical Practice is open between 8.00am and 6.30pm. The practice has an open access clinic from 8am to 11am every day with appointments with a GP, nurse, health care assistant and a phlebotomist. GP appointments are available from 4pm to 5.50pm Monday to Friday. Telephone consultations and home visits are also available on the day.

The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments are for working patients who could not attend during normal opening hours.

Long Clawson Medical Practice had a dispensary which was open Monday to Friday 8am - 6.30pm and on Saturday morning 9am - 12 midday for collection services and dispensing of urgent items. We noted that the dispensary

# Detailed findings

premises were shared between the practice dispensary staff and staff from the Long Clawson Pharmacy which operates independently from the same building. The pharmacy is registered with the General Pharmaceutical Council and is licensed to sell 'over-the-counter' medicines to the public.

The dispensary provides prescription medicines only for patients who are registered at the practice and live more than one mile away. They have a medicines delivery service in place for patients registered with the practice. The dispensary also has three medicine collection points in the surrounding villages of Stathern, Harby and Hose.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 4 May 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Staff we spoke with described incidents they had reported and we saw evidence that they had been discussed in clinical and nurse meetings. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an injection used for MRI scans.
- We reviewed minutes of meetings where significant events were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a late referral for 2 week wait appointment.
- The practice carried out a significant event review to ensure themes and trends were identified from the significant events within the practice but had not included the significant events from the dispensary. We spoke with the practice manager and we were told that the process for discussing all significant events to include the dispensary would be reviewed and updated. Significant events would also be discussed at meetings and included in the yearly review. Since the inspection we have received from the practice an updated significant event template and policy.
- The practice had a system in the dispensary where serious medication incidents could be raised as significant events and near-miss dispensing errors were recorded. This meant that themes and trends could be identified and monitored. We observed that incidents relating to medicines were discussed at monthly pharmacy departmental meetings. However we saw no evidence that they formed part of the dispensary staff annual assessment of competence or that they were discussed more widely in the practice at clinical

meetings so that appropriate and necessary actions were taken. Since the inspection the practice have added dispensary significant events as a standing item on their clinical meeting agenda.

### Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to Level 2. We saw that the safeguarding register needed updating to ensure that it only included current safeguarding and not historical concerns that had now been resolved. The management team told us this was because of a software problem in the EMIS electronic patient computer system. It was noted, however, that the practice could identify some of current and historical concerns. However meeting minutes were not detailed enough to ensure the system was robust. The management team also told us they would endeavour to try to arrange for the software problem to be corrected.
- A notice in the waiting room and consultation/ treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection

## Are services safe?

control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- We saw that the practice had two areas to store Control of substances hazardous to health (COSHH) substances. One of these areas was in a boiler room. We spoke with the management team in regard to the safety and efficacy of these substances in this room. We were told they would complete a risk assessment of this area.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary. We saw records showing that all dispensary staff had received appropriate training and held qualifications in line with the requirements of the DSQS (Dispensary Services Quality Scheme, a national scheme that rewards practices for providing high quality services to patients of their dispensary).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a system in place for the management of high risk medicines. The practice monitored a number of drugs under a shared care protocol e.g. medicines used in Rheumatology and included an audit to ensure practice was in line with national guidance.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- Records showed that dispensary fridge temperatures were checked daily within the dispensary which ensured medications was stored at the appropriate temperature to remain effective and safe. Dispensary staff were able to describe the actions to take in the event of a fridge failure.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- Processes were in place to check medicines in the dispensary were within their expiry date. All the medicines we checked were in date and stored appropriately, we saw that the dispensary was secure and access controlled.
- We saw that blank prescription forms were handled by dispensary staff in accordance with national guidance and that serial numbers were recorded on receipt into the practice. However, serial numbers of blank forms given to GPs for use in their consulting rooms were not recorded. We also observed that blank prescription forms were kept in unlocked printers in the GP consulting rooms. Since the inspection the practice have informed us that they are in the process of putting a new system in place to address this.
- Systems were in place to ensure all repeat prescriptions were signed before the medicines were dispensed and handed out to patients. Dispensary staff were aware of how to identify when a medication review was due and explained that they would alert the relevant GP before issuing the prescription if the review was out of date.
- The surgery offered a medicines delivery service to patients. We saw evidence of an SOP to describe this activity that reflected the process described by staff and which ensured that security and patient confidentiality was maintained.
- We reviewed seven personnel files and found that there were inconsistencies and gaps in the recruitment checks undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- The practice did not have a risk log but there were procedures in place for monitoring and managing risks to patient and staff safety.
- The surgery had arranged a medicines delivery service to three collection sites in surrounding villages. We saw no evidence that the practice had a Standard Operating Procedure (SOP) or had risk-assessed this service to ensure that medicines were correctly and securely

## Are services safe?

stored at these remote sites and of the arrangements to ensure that medicines were collected by the correct patients or their carers. Since the inspection the practice have commenced a risk assessment in relation to the medicine collection points,

- The practice had an up to date fire risk assessment and carried out yearly fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other individual risk assessments in place to monitor safety of the premises such as slips, trips and falls, manual handling electrical equipment, display screen equipment and window blind cords.
- The practice had undertaken their own legionella risk assessment. The risk assessment did not include a responsible person, name of competent person carrying out the risk assessment, description of the practice system, potential sources of risk, any controls in place to control risks, monitoring, inspection and maintenance procedures, records of the monitoring results, inspections and checks carried out and arrangements to review the risk assessment regularly. The policy was not robust and did not provide sufficient guidance for staff in relation to legionella. Since the

inspection the practice have contacted a contractor who will undertake a full risk assessment on 9 May 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 97.2% of the total number of points available, with 11.2% exception reporting which was 1.5% above CCG average and 1.9% above national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The exception reporting for a number of QOF targets was above CCG and national average.

For example:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 86.9% which was 1.9% below the CCG average and 3.2% below the national average. Exception reporting was 9.8% which was 4.2% above CCG average and 4.6% above national average. A GP partner told us that the high exception rate in diabetes reflected the fact that they have many older patients with a diagnosis of diabetes and the practice follow NICE guidance in the care they provide.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12

months that includes an assessment of asthma was 76.2% which was 1.8% above the CCG average and 0.9% above the national average. Exception reporting was 17.4% which was 4.8% above the CCG average and 9.9% above national average. This was due to the difficulty the practice had experienced in getting patients to attend for assessment despite contacting them on a number of occasions.

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 77.5% which was 6.7% below the CCG average and 6.1% below the national average. Exception reporting was 6.7% which was 1.9% above the CCG average and 2.9% above national average.
- The percentage of patients with COPD who have had a review, undertaken by a healthcare professional was 90.3% which was 1.3% above the CCG average and 0.5% below the national average. Exception reporting was 22.6% which was 7.8% above the CCG average and 11.5% above national average
- The dementia diagnosis rate was 100% which was 16% above the CCG average and 18.5% above the national average. Exception reporting was 33.3% which was 25.5% above the CCG average and 24.9% above national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 72.5% which was 10.3% below the CCG average and 11.5% below the national average. Exception reporting was 11.1% which was 0.1% above the CCG average and 2.8% above national average. A GP partner told us on the day of the inspection that the high exception reporting in regard to diagnostic blood tests in dementia were due to a number of new patients within a care home who had already been seen by their previous practice or by a community mental health team.

The practice was aware of all the areas where performance was not in line with national or CCG figures and the GPs told us they intended to address them. Since April 2016 they had changed the system for the recall of patients. They were now asking patients to attend once a year and have a full review of all long term conditions at the same appointment.

# Are services effective?

## (for example, treatment is effective)

Exception reporting was undertaken by the partners at the practice. On the day of the inspection and supporting evidence received the partners were able to demonstrate a clear rationale for clinically appropriate exception reporting based upon national guidance.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored. For example, an audit of Naproxen and Diclofenac prescribing was undertaken. The audit demonstrated that the practice had reduced their prescribing of diclofenac from 1.67% in 2013 to 0.62% in 2016.

In accordance with the DSQS the surgery had completed a number of dispensary audits. For example, improving concordance with medicines in those at risk of unplanned admissions through the use of compliance aids (blister packs). This had resulted in an increase in the number of patients requiring compliance aids. Another audit involved review of patients using blood glucose testing equipment. This resulted in a reduction in costs to the NHS associated with this equipment and reduced risk of harm to patients by reducing frequency of testing where appropriate.

- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result demonstrated that 86% of antibiotics prescribed were in line with the Leicestershire Medical Strategy Group guidelines. There were no themes or trends for the 14% who were out of guidance.
- Information about patients' outcomes was used to make improvements. For example, the practice looked at their detection and diagnosis of Atrial Fibrillation (AF) from August 2015 to April 2016. They found that in 2015 the prevalence for AF was 1.6% with 87% of patients receiving anti-coagulation therapy and a prevalence of 1.9% in 2016 with 79% receiving anti-coagulation therapy. The practice concluded that they were effective in the detection of AF and effective at giving stroke prophylaxis treatment for this group of patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending CCG updates.
- Staff had access to training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring, informal clinical supervision and facilitation and support for revalidating GPs. Most staff we spoke with had had an appraisal within the last 12 months. Dispensary staff told us that they were appraised annually and that this appraisal assessed their competency to work in the dispensary. However the dispensary manager had not been appraised for over 12 months. Records showed that all members of staff had received training appropriate to their role.
- The practice had a training matrix in place to identify when training was due which enabled the practice manager to be assured that all their learning needs of staff had been identified. However we found that not all staff had received safeguarding training. We saw that staff had access to and most had made use of e-learning training modules and in house training. This training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- The practice had protected learning time every two months. These dedicated training sessions allow GP practice staff the opportunity to close for the afternoon to learn about the most up to date information on particular subjects which underpin the key priorities for healthcare. For example, antibiotic prescribing, updates on infection control and staff training.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- An integrated care social worker is based in the practice once a week to identify patients with complex medical needs and social difficulties that are at risk of admission and require a higher level of support.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw evidence of consent for patients who had undergone cervical screening and minor surgery.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those who had been bereaved. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 82.7%, which was comparable to the national average of 82.7%. The practice did not have a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by putting a 'flag' on the electronic patient record so that when patients contacted the practice staff could advise them they were overdue for the test.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 91% and five year olds from 91% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 52% of patients aged 40–74 years of age and eligible for health checked had received one in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice engaged with the wider community. They had held a Patient Participation Group (PPG) Health fair in October 2014 and had another one planned for October 2016. This was in conjunction with the annual influenza immunisations and there were exhibitors there in preventing illness and promoting healthy lifestyles.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in most consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said everyone at the practice were very helpful and their dignity and privacy was respected. Comment cards we reviewed highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the January 2016 national patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 98% said the GP gave them enough time (CCG average 87%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).

- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

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

Patient feedback from the comment cards we received was positive and patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the January 2016 national patient survey showed patients responded well to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 81%, national average 85%)

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. However they could not remember ever having to use the service. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had 112 registered as carers which was 2% of the practice list. The practice planned to use Carers Awareness Week from 6th to 12th June 2016 to further raise awareness of caring, highlight the challenges that carers face and recognise the contribution they make to families and communities throughout the UK. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that from March 2016 if families had suffered bereavement the practice would send a condolence card and letter. A patient consultation at a flexible time and location to meet the family's needs was offered and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- Open access surgeries were available every weekday morning.
- The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments were for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had launched the Biodose medicine management system for patients registered with the practice who lived in a care home. It is a monitored dosage system which includes liquid medicines as well as tablets and further reduces the risk of medication errors for patients with complex drug regimens or those with dementia or mental health issues.
- The nursing team offer near patient INR testing, complex wound dressing and leg ulcer services.
- The practice had their own audiology machine for hearing checks.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services were available.
- The practice had a hearing loop for patients who had difficulty in hearing. However we found on the day of the inspection that this was very dusty and staff were unsure how it worked.

### Access to the service

Long Clawson Medical Practice is open between 8.00am and 6.30pm. The practice had an open access clinic from 8am to 11am every day with appointments with a GP, nurse, health care assistant and a phlebotomist. GP appointments were available from 4pm to 5.50pm Monday to Friday. Telephone consultations and home visits were also available on the day. Urgent appointments were also available for people that needed them.

The practice offered extended hours on Saturday mornings from 9am to 12.30. These alternate between the three Long Clawson Medical Practice locations. These appointments were for working patients who could not attend during normal opening hours.

Long Clawson Medical Practice had a dispensary which was open Monday to Friday 8am - 6.30pm and on Saturday morning 9am - 12 midday for collection services and dispensing of urgent items.

Results from the January 2016 national patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 100% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 85% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%).
- 100% of patients who responded to the January 2016 GP patient survey would recommend the practice to someone new to the area.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, a complaints summary leaflet in the practice and information on the practice website.
- The practice had received four complaints in the last 12 months. We looked at two complaints and found these

had been satisfactorily handled in a timely way and apologies had been given when necessary. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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

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

The practice had aims which were stated in their statement of purpose with its primary aim being to improve the health and wellbeing of all our registered patients. To design services that are responsive to our patients' needs and provide a holistic approach to patients' medical treatment. Staff we spoke with knew and understood the values.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- We saw that the safeguarding register needed updating to ensure that it only included current safeguarding and not historical concerns that had now been resolved. The management team told us this was because of a software problem in the EMIS electronic patient computer system. It was noted, however, that the practice could identify some of current and historical concerns. However meeting minutes were not detailed enough to ensure the system was robust. The management team also told us they would endeavour to try to arrange for the software problem to be corrected.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.2% of the total number of points available, with 11.2% exception reporting which was 1.5% above CCG average and 1.9% above national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Exception reporting was undertaken by the partners at the

practice. On the day of the inspection and supporting evidence received the partners were able to demonstrate a clear rationale for clinically appropriate exception reporting based upon national guidance.

- The exception reporting for a number of QOF targets was above CCG and national average. Since April 2016 they had changed the system for the recall of patients. They were now asking patients to attend once a year and had a full review of all long term conditions at the same appointment. On the day of the inspection we looked at the appointment system and spoke to staff and we were not assured that there would be enough appointments available to ensure that system for the management, monitoring and improving outcomes for people was robust. However since the inspection the practice have sent us further information to assure us they have reviewed the nursing hours to ensure that enough appointments will be available. They will closely monitor the recall system and make adjustments accordingly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice did not ensure that all recruitment arrangements which include all necessary employment checks for all staff were in line with Section 3 of the Health and Social Care Act 2008.
- Practice specific policies were implemented and were available to all staff but some were overdue for an update and review. For example, learning disabilities, home visits to include the recent safety alert information and Safeguarding policies – GPs to be level three, clinical staff level 2 and non-clinical staff level one.
- The practice did not have a robust process in place for the blank prescription forms for use in printers and hand written prescriptions pads to be tracked through the practice.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

# Are services well-led?

Requires improvement 

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

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- However we did not see any evidence that the practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us and we saw evidence that the practice held regular meetings which included partner, clinical, team and whole practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff turnover was low and some staff had been in the practice for a long time.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice

management team. For example, visible information on practice opening hours and the production of practice guides for local and national support groups to provide patients with information on who to contact for support.

- The practice had undertaken a review of the January 2016 national patient survey results which were discussed at the. The results were positive in all areas, however the practice still felt there was room for improvement. For example, in respect of patients knowledge and use of online services. An action plan was put in place to display information the waiting room and reception staff to actively promote on-line services. Both actions are now complete.
- Not all staff we spoke with had had a recent appraisal.
- We noted that a recent patient satisfaction questionnaire for the dispensary service showed a high level of satisfaction. 100% of patients were satisfied (5% good, 45% very good and 50% excellent.) The practice had developed an action plan to address some of the concerns raised by patients.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

- The practice engaged with the wider community. They had held a Patient Participation Group (PPG) Health fair in October 2014 and had another one planned for October 2016. This was in conjunction with the annual influenza immunisations and there were exhibitors there in preventing illness and promoting healthy lifestyles.
- The practice had a website which is in the process of being redeveloped. The new website will be launched in conjunction with National Patient Participation Group week in June 2016.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  17 (1) - Systems and processes must be established and operated effectively to enable you to:  17 (2) –  (a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).  (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.  This was in breach of Regulation 17 (1)(2) (a) (b) 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  19 (1) - The registered person did not have a system in place to demonstrate that potential employees were:-  a) of good character,  (b) have the qualifications, competence, skills and experience which are necessary for the work to be performed by them, which are necessary for the work to be performed by them.  (c) be able by reason of their health, after reasonable adjustments are made, of properly performing tasks which are intrinsic to the work for which they are employed.

This section is primarily information for the provider

## Requirement notices

19 (3) – the following information must be available in relation to each such person employed –

1. – the information specified in Schedule 3, and
2. Such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

This was in breach of Regulation 19 (1),(3) of the Health and Social Care Act 2008 (Regulated Activities Regulations)