Crocus Medical Practice

Quality Report

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Date of inspection visit: 18 July 2017
Date of publication: 08/09/2017

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?	Inadequate
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
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 comprehensive inspection at Crocus Medical Practice on 18 July 2017. Overall, the practice is rated as requires improvement.

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

- Whilst there was effective system in place to initially respond to Medicine and Health products Regulatory Agency (MHRA) alerts and identify patients who may be at risk, there was no evidence of ongoing monitoring.
- There were not adequate systems in place to ensure that patients who were prescribed high risk medicines were receiving appropriate monitoring.
- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- There was a monthly multi-disciplinary meeting with social workers, the health visitor and midwife to discuss children who may be at risk of abuse. GPs attended child safeguarding conferences wherever possible.
- The practice did not have adequate systems to manage medicines that required cold storage.
- Recruitment checks were not always effective.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- A GP from the practice had been involved in developing voluntary services for patients in the locality. This charity signposted patients to avenues of support within the community.
- The practice had identified 189 patients as carers, which amounted to 1.5% of the practice list.

Summary of findings

- The practice had 42 patients on the learning disability register and identified that of these patients, 27 were eligible for a health check. 18 health checks for patients with learning disabilities had been completed in the last year.
- The weekly GP-led visits to care homes enabled GPs to support staff, patients and their families.
- The practice understood its population profile and had used this understanding to meet the access needs of its population.
- There was comprehensive understanding of the performance of the practice. QOF data indicated consistent achievement despite a complex merger of the practices at Saffron Walden and Great Chesterford.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- The governance and quality assurance at the practice required strengthening as some risks to patients had not been identified or acted on.

The areas where the provider must make improvement are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider should make improvement are:

- Ensure patients with learning disabilities are invited to an annual health check.

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made

- Whilst there was effective system in place to initially respond to Medicine and Health products Regulatory Agency (MHRA) alerts and identify patients who may be at risk, there was no evidence of ongoing monitoring.
- There were not adequate systems in place to ensure that patients who were prescribed high risk medicines were receiving appropriate monitoring.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- There was a monthly multi-disciplinary meeting with social workers, the health visitor and midwife to discuss children who may be at risk of abuse. GPs attended child safeguarding conferences wherever possible.
- The practice did not have adequate systems to manage medicines that required cold storage.
- Recruitment checks were not always effective.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, except for the practice manager. When staff requested additional training or responsibilities, this was forthcoming.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.
- The practice had 42 patients on the learning disability register and identified that of these patients, 27 were eligible for a health check. 18 health checks for patients with learning disabilities had been completed in the last year.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

- A GP from the practice had been involved in developing voluntary services for patients in the locality. This charity signposted patients to avenues of support within the community.
- The weekly GP-led visits to care homes enabled GPs to support staff, patients and their families.
- Data from the national GP patient survey showed patients rated the care received from GPs at in line with or better than others for several aspects of care. Patient feedback on the day of our inspection aligned with these views.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 189 patients as carers, which was 1.5% of the patient population.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Appointments could be booked on-line, on the telephone or in person.
- There was a dispensary at both practices which dispensed medicines to patients living 1 mile or more from the nearest pharmacy.
- The practice had started to request mobile phone numbers from patients so that appointment reminders could be sent by text message.
- Telephone consultations were available.
- Repeat medicines and records could be requested and accessed online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Facilities were accessible to patients who used a wheelchair and a wheelchair was available for use.
- A hearing loop was available.
- There was a car park at the premises.
- Information about how to complain was available and evidence from eleven examples showed the practice responded effectively to issues raised. Learning from complaints was shared with staff

Summary of findings

Are services well-led?

Requires improvement

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

- Significant risks had not been identified and so systems had not been implemented to mitigate the effect. These included systems to manage medicines that required cold storage, ongoing searches to identify patients who would be affected by MHRA alerts, monitoring patients taking high risk medicines and recruitment procedures.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity. However, the standard operating procedures in the dispensary were not effective.
- The partners encouraged a culture of openness and honesty. The practice had systems to deal with significant events. Information and learning was shared with staff.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider was rated as inadequate for safety and requires improvement for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- All patients who were aged 75 years and over were offered a flu vaccination and advised of their named GP.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older people who were identified by the practice at risk of unplanned hospital admission were discussed at multi-disciplinary meetings

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as inadequate for safety and requires improvement for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice immediately actioned Medicine and Health products Regulatory Agency (MHRA) alerts and identified patients who may be at risk; however, there was no evidence of ongoing monitoring.
- There were not effective systems to monitor patients taking high-risk medicines, some of which may have been prescribed to patients with long-term conditions.
- Performance for diabetes indicators was in line with CCG and national averages. The percentage of patients with diabetes who had received a blood pressure check within given levels was 90%, which was 6% above the CCG average and 4% above the national average.
- GPs led chronic disease management and had received additional training to support their role.
- Patients were invited to review all of their long-term conditions and medicines in the moth of their birthday.

Summary of findings

- There were monthly multi-disciplinary meetings with other healthcare professionals to discuss complex patients

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as inadequate for safety and requires improvement for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- There was a monthly multi-disciplinary meeting with social workers, the health visitor, social worker and midwife to discuss children who may be at risk of abuse.
- GPs attended child safeguarding conferences wherever possible.
- There were appointments available out of school hours.
- The practice carried out antenatal and postnatal checks.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safety and requires improvement for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Appointments could be booked on-line, on the telephone or in person.
- There was a dispensary at both practices. These dispensed medicines to patients living 1 one mile (1.6km) from a pharmacy The practice had started to request mobile phone numbers from patients so that appointment reminders could be sent by text message.
- Telephone consultations were available.
- Repeat medicines and records could be requested and accessed online.
- There was a car park at the premises.
- Appointments were available outside of traditional working hours.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement 

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for safety and requires improvement for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- There was a monthly multi-disciplinary meeting with the social worker, community matron and palliative care nurse which sought to identify patients whose circumstances may make them vulnerable who may be at risk of abuse.
- The practice had identified 189 patients as carers which amounted to 1.5 % of the practice list.
- The practice had 42 patients on the learning disability register and identified that of these patients, 27 were eligible for a health check. 18 health checks for patients with learning disabilities had been completed in the last year. The practice used pictorial aids to support and enable relevant patients to be involved in their care.
- The practice was performing in line with or better than averages in relation to responses relating to involvement in decisions with the GPs and nurses.
- When it was identified that patients with learning disabilities were having difficulty accessing hospital appointments, the practice organised transport and assistance.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The findings in this report affect patients at this practice, including this population group.

- There were not effective systems to monitor patients taking high-risk medicines, one of which was prescribed to patients experiencing poor mental health.
- Performance for mental health indicators was comparable to CCG and national averages.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 78%, which was 8% above CCG average and in line with national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 81% which was 6% above CCG average and 1% above national average.

Summary of findings

- There were monthly multi-disciplinary meetings which the Community Psychiatric Nurse attended where possible to discuss relevant patients in this population group.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. Surveys were sent to patients in July to September 2016 and January to March 2017. Results were positive, being in line with or better than CCG and national averages. These showed improvement compared to the survey published in the previous year, particularly with reference to patients finding it easy to get through to the surgery by phone. Patients responded to say that they found receptionists helpful and describing their experience of making an appointment as good. 237 survey forms were distributed and 118 were returned. This represented a completion rate of 50%.

- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 84%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the CCG average of 75% and the national average of 77%.
- 56% of patients said that they don't normally have to wait too long to be seen compared to the CCG average of 54% and national average of 58%.
- 73% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average of 59% and the national average of 64%.
- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and a national average of 71%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards. 30 of these were very good, with patients telling us of the exceptional care and treatment that they received from clinical and non-clinical staff. They said that they could get an appointment when they needed one. Five of these were praised the care and treatment that they received although raised concern about telephone access.

We spoke with three patients who visited the surgery and two members of the patient participation group. They told us that the care and treatment they received from the practice was good.

We reviewed the results of the NHS Friends and Family test for the five months prior to our inspection. There were 24 completed questionnaires. In these, 23 patients said that they would be extremely likely or likely to recommend the practice to their friends and family and one patient indicated that they would be extremely unlikely to recommend the practice. In the narrative section, a patient praised the practice for managing their longer term health conditions. Others praised the staff at the practice, both collectively and individually.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Ensure patients with learning disabilities are invited to an annual health check.

Crocus Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector**.** The team included a GP specialist advisor and a pharmacist specialist.

Background to Crocus Medical Practice

Crocus Medical Practice is located in Saffron Walden, Essex. This comprises of two practices, the main practice at Castle Street in Saffron Walden and the branch practice on High Street, Great Chesterford. These two practices were formally known as The Rectory Practice and Borough Lane Surgery, which merged in 2015. Patients can choose to attend either surgery.

Crocus Medical Practice provides GP services to approximately 12,430 patients. New patients are registered from an eight mile radius of Saffron Walden.

The practice has more patients aged over 65 years than the CCG and national average and fewer patients aged under four years old. There are fewer patients that are unemployed than average, and a comparable amount of patients with a long-term health condition. The life expectancy of male patients is higher than the national average by three years, and the life expectancy of female patients is higher than the national average by one year.

Crocus Medical Practice is governed by a partnership of four GPs, three of which are female and one male. The partnership is supported by one male and four female salaried GPs, a nurse practitioner, three practice nurses and three healthcare assistants. A number of full and part time administrative and secretarial staff support the practice manager, who works full time across both locations at the practice.

The practice is able to offer dispensing services to those patients on the practice list who live more than one mile (1.6km) from a pharmacy. There is a dispensary located at both the main surgery at Saffron Walden and also the branch surgery at Great Chesterford.

The main practice at Saffron Walden is open every weekday. It opens at 8am until 6.30pm on a Monday, Wednesday and Thursday. Extended opening hours are on a Tuesday and Friday. On a Tuesday, the practice opens at 8am until 8.00pm and on a Friday, it opens at 07.00am until 06.30pm. The branch surgery at Great Chesterford is open every weekday from 8am until 6.30pm. Outside of the hours, patients can book appointments with a GP or nurse through reception at the local hub at Saffron Walden Community Hospital. The hub is open on a Wednesday and Thursday evening and all day on Saturday.

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.

Detailed findings

How we carried out this inspection

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

- Spoke with a range of staff including secretarial and reception staff, the practice manager, the GP partners, a salaried GP and members of the nursing team. We also spoke with three patients who used the service and two further patients who were also members of the Patient Participation Group.
- Reviewed policies, procedures and other documents.
- Observed how patients were being cared for whilst waiting for their appointments.
- Reviewed personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

- Whilst we saw that there was an effective system in place to initially respond to Medicine and Health products Regulatory Agency (MHRA) alerts and identify patients who may be at risk, there was no evidence of ongoing monitoring. This meant that whilst action was immediately taken to identify relevant patients, when the nature of the alert meant that ongoing searches and action were required, this did not happen. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice.
- Medicine safety alerts from the MHRA were being initially actioned promptly, and we saw audits considered issues highlighted by the MHRA, such as Valproate use in women of child bearing age. We saw that searches took place and relevant patients were contacted and reviewed.
- We conducted searches to identify whether there were patients who would be at risk based on a MHRA alert that had been previously raised. This was raised in 2016 and related to co-prescribing Spironolactone with other specified medicines. Whilst initial action was taken to identify and review patients, regular searches and audit were not being carried out to identify whether patients may be at risk at a later date. For example, we found that there were five patients taking angiotensin converting enzyme inhibitors (ACEi) or angiotensin receptor blockers (ARB) along with spironolactone who had not had a renal function test in the last six months.
- We saw that administrative and clinical significant events were recorded, investigated and discussed at relevant meetings. We saw evidence that actions were taken when significant events were reported. These actions included, where appropriate, investigation, search, learning and audit.
- All staff were involved in significant events. Administrative staff knew how to record and report these, and were able to provide details of significant events that had impacted on their roles. They told us of the action that had been taken and how systems and processes had changed and improved. Information was cascaded in the most appropriate manner, be this on the intranet, in meetings or in a staff newsletter.

Overview of safety systems and processes

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

- Arrangements were in place which sought to safeguard children and vulnerable adults from abuse. There were policies about safeguarding children and vulnerable adults which were available on a shared drive for all staff to access. These policies clearly outlined who to contact for further guidance should staff have concerns about a patient's welfare.
- There was a monthly multi-disciplinary meeting with social workers, the health visitor and midwife to discuss children who may be at risk of abuse. GPs attended child safeguarding conferences wherever possible.
- The electronic patient record was updated with alerts when patients were identified as being at risk of abuse. This was visible to all clinicians.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- We reviewed three personnel files of permanent members of staff. Whilst we found that
- The practice had effective systems to check required information for GP locums prior to engagement, including DBS checks and relevant indemnity.
- Notices in the waiting area and 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 to ascertain whether this was required. (DBS

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A named GP was the infection prevention and control (IPC) clinical lead, with a named supporting lead nurse. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Inadequate

Are services safe?

There were processes for handling repeat prescriptions although we found risks with the monitoring and review of patients taking high risk medicines. We found that whilst there was appropriate monitoring in relation to one disease-modifying drug, methotrexate, this was not the case for another, azathioprine, where we found five out of 20 patients had not had the required monitoring. We found that six out of 13 patients taking Lithium, a medicine that was prescribed for patients experiencing mental health issues, had not received appropriate monitoring. However, appropriate monitoring had been undertaken for patients prescribed amiodarone, which is used to treat patients with heart rhythm disorders.

The practice participated in the enhanced service for warfarin. The enhanced service required that the practice should ensure that prior to issuing a repeat prescription for warfarin, the patient's international normalised ratio (INR) was being monitored and at a safe level. However, patients taking this medicine were not appropriately coded on the practice systems, and could not, therefore, be identified. The practice did not have a system in place to confirm that hospital testing had been carried out prior to a repeat prescription being issued. Although the practice had identified this prior to our inspection and had started to put in place systems to correct this , policies did not reflect what checks should be made by the dispensers before this, together with other high-risk medicines, were dispensed. Following the inspection, the practice provided evidence of policies that had been implemented to support the safe prescribing and monitoring of patients taking high-risk medicines.

There were not adequate systems in place to ensure people received the appropriate monitoring required with high risk medicines.

Medicines management

The practice had two locations from which dispensing of medicines took place. There were extended opening hours to cover late clinics.

We checked how medicines were handled at both locations. Medicines were stored in a clean and tidy manner and were only accessible to authorised staff. Whilst there were not effective arrangements to ensure the security of the dispensary at the end of the day, we were informed that appropriate key safes were purchased immediately following our inspection.

Medicines were purchased from approved suppliers and these were all within their expiry dates. There was room temperature monitoring of both locations which sought to ensure medicines were kept within the recommended temperature range. However, the location in Saffron Walden had recorded temperatures above the recommended range with no record of whether this had been reviewed or of any actions taken.

The practice did not have in place adequate systems to manage medicines that required cold storage. The practice had four refrigerators, three of which were in use. We saw that all three refrigerators had repeated temperature readings outside the recommended range. Specialised refrigerators for the storage of medicines were not always being used; one refrigerator did not have a lock. Records indicated that the temperature had repeatedly gone below 00C on two of the refrigerators. No action had been taken to investigate and ensure the medicines stored within the refrigerator were suitable for use; this included insulin. The vaccine refrigerator had a repeated maximum temperature over the recommended range from the beginning of the year. The practice contacted Public Health England immediately following our inspection for further guidance on how to manage this incident and ordered a new fridge for each dispensary.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The controlled drugs were stored securely and only authorised staff could access them.

The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Members of staff working in the dispensary had received appropriate training and received annual appraisals. The dispensary team had meetings with the lead GP responsible for medicines management.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety at the premises. A fire risk assessment had been completed and a fire drill was scheduled to take place shortly after our inspection. All electrical equipment was checked to ensure that this was safe to use and clinical equipment

was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings) and infection control.

- Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. All staff were deployed across both locations. The practice manager had identified that another member of staff was required in the reception team, and was taking steps to progress an appointment.

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. An accident kit was available although the first aid kit had been discarded the day before our inspection. This was replaced the following day.
- Emergency medicines were easily accessible to staff in a secure area of the practice. 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice was proactive at engaging with patients, involving and developing voluntary services in the community and attending at care homes in the locality which sought to ensure an effective needs assessment.

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). Most up to date verified data available to us for the year 2015/2016 showed the practice had achieved 97% of the QOF points available. This was 4% above the CCG average and 2% above the national average. The exception rate, whereby practices can exclude patients from the data due to certain characteristics, was 3% below the CCG and national average.

This practice was performing in line with CCG and national averages in respect of all indicators. We reviewed unverified data for the year 2016/2017 and found that this continued to be the case. Data from 2015/2016 showed:

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 71% which was 3% above the CCG average and 2% above national average.
- Performance for mental health indicators was comparable to CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 78%, which was 8% above CCG average and in line with national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 81% which was 6% above CCG average and 1% above national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to face review in the preceding 12 months was 75%, which was in line with the CCG average and 3% below the national average.
- Performance for diabetes indicators was in line with CCG and national averages. The percentage of patients with diabetes who had received a blood pressure check within given levels was 90%, which was 6% above the CCG average and 4% above the national average.
- The percentage of patients with diabetes whose cholesterol was within specified limits was 70%, which was 4% above the CCG average and in line with the national average.

There was evidence of quality improvement including clinical audit. We looked at seven clinical audits completed in the last year. Audits were commenced when a need was identified within the practice, whether this was as a result of a significant event or in response to new guidelines and research. There were clear rationales evidenced in audits, and re-audit evidenced improvement. Some audits sought to improve care by identifying patients at risk of long term conditions, for example those who may be at risk of developing diabetes or Chronic Obstructive Pulmonary Disease.

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 involved training in their new role, shadowing another member of staff, orientation around the premises, as well as reviewing policies and procedures.
- The learning needs of staff were identified through a system of appraisals and meetings. However, the practice manager was yet to receive an appraisal, although they felt supported and appropriately appraised by the GP partners. We were sent evidence to confirm that this appraisal was completed immediately following the inspection. When staff requested additional training or responsibilities, this was forthcoming. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness and infection control. Staff had access to and made use of e-learning training modules and in-house training.

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 valued information sharing and meetings were held every Tuesday lunchtime. The first meeting of the month was for clinical updating and we saw evidence that these involved inviting consultants from the local hospital to provide learning, for example. The second meeting was a clinical meeting to discuss systems and patients of concern, and the two remaining meetings were multi-disciplinary meetings, one for adults and the other for children.
- Weekly visits were conducted in two local care homes to review patients' health needs. These were carried out alongside pharmacists so that medicines could be efficiently reviewed and managed. GPs from the practice had access to laptops during these visits so that due consideration could be given to the patient's medical history.
- Clinical staff had lead roles in all long-term conditions. Staff were aware of these lead roles, which were displayed in the practice. Clinical leads were encouraged and supported to complete additional training. One GP had recently completed their certificate of diabetes care.
- Patients were invited to have all of their long-term conditions and medicines reviewed in their birthday month.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice had a consent protocol which detailed when express and implied consent could be given.

GPs gave examples of how they had been involved in making best-interest decisions for patients who lacked capacity.

Supporting patients to live healthier lives

The practice was proactive in recalling patients for their health checks. Data for the year 2015/2016 showed that 81% of females aged 25-64 had attended for their cervical screening which 2% above the CCG average and 5% above the national average.

The practice had 42 patients on the learning disability register and had identified that 27 of these patients were eligible for a health check. Of these 27 patients, 18 had received a health check in the last year. The practice advised us that they telephoned the patient the day before the appointment to remind them of this and if the patient failed to attend, the practice would telephone them to rebook this. In the event that the patient failed to attend the appointment three times, the patient would be contacted at a later date.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff could offer patients a room if they wished to discuss sensitive or private issues.
- Patients could be treated by a clinician of the same sex.

We received 35 CQC comment cards on the day of our inspection. 30 of these were very good, with patients telling us of the exceptional care and treatment that they received from clinical and non-clinical staff. Patients we spoke with on the day told us that the practice was caring.

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

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 86%.
- 94% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 94% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 92%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

Care planning and involvement in decisions about care and treatment

The practice was performing in line with averages in relation to responses relating to involvement in decisions with the GPs and nurses. Details as follows:

- 85% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 95% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 87% of patients said that the last GP they saw or spoke to was good at involving them in decisions about their care, compared to the CCG average of 79% and national average of 82%.
- 93% of patients said that the last nurse they spoke to was good at involving them in decisions about their care, compared to the CCG average of 86% and national average of 85%.

Patients told us that the receptionists were friendly and polite. The results of the GP survey aligned with this feedback:

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

- The practice used pictorial aids to support and enable patients with learning disabilities to be involved in their care.
- When it was identified that patients with learning disabilities were having difficulty accessing hospital appointments, the practice organised transport and assistance.
- Translation services were available for patients who did not have English as a first language. There were fact sheets on the website which were available in several languages.
- There was a portable hearing loop available.

Patient and carer support to cope emotionally with care and treatment

A GP from the practice had been involved in developing voluntary services for patients in the locality. This charity signposted patients to avenues of support within the community.

Good

Are services caring?

The practice's website provided information about how to access services in the community and self-care. Further, 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.

The weekly GP-led visits to care homes enabled GPs to support staff, patients and their families to complete do not attempt cardiopulmonary resuscitation (DNAR) forms as appropriate and establish patients' preferred place of care. The practice shared information with the out of hours provider when a patient was receiving end of life care.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 189 patients as carers, which amounted to 1.5% of the practice list. There was information on the noticeboard about support groups for carers. The practice informed us that offered a carer's health check, although we are yet to have confirmation of the uptake of these.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments could be booked on-line, on the telephone or in person.
- There was a dispensary at both practices which dispensed medicines to patients living 1 mile or more from the nearest pharmacy.
- The practice had started to request mobile phone numbers from patients so that appointment reminders could be sent by text message.
- Telephone consultations were available.
- Repeat medicines and records could be requested and accessed online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Facilities were accessible to patients who used a wheelchair and a wheelchair was available for use.
- A hearing loop was available.
- There was a car park at the premises.

Access to the service

Both the main practice at Saffron Walden and the branch surgery at Great Chesterford were open every weekday. They opened at 8am until 6.30pm on a Monday, Wednesday and Thursday. Extended opening hours were on a Tuesday and Friday. On a Tuesday, the practice opened at 8am until 8.00pm and on a Friday, it opened at 07.00am until 06.30pm.

Outside of the hours, patients could book appointments with a GP or nurse through reception at the local hub at Saffron Walden Community Hospital. The hub was open on a Wednesday and Thursday evening and all day on Saturday.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Although there were some negative comments in relation to telephone access, other feedback indicated that there had been improvement in the last year.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below or better than the clinical commissioning group (CCG) average and national averages:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and national average of 71%.
- 61% of patients usually got to see or speak to their preferred GP compared to the CCG average of 51% and national average of 56%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The practice was committed to investigating, learning and responding to complaints and evidenced where appropriate action had taken place.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. This was available in the reception area and online.
- The policy identified who to contact in the first instance, and the avenues of recourse in the event that the complainant was unhappy with the outcome.
- There had been eleven complaints in the year prior to our inspection. We found that these were investigated by the most appropriate person at the practice, depending on the nature of the complaint. These were discussed at practice meetings, where learning was shared.

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

Crocus Medical Practice had a vision and strategy to provide the highest quality healthcare available under through a well-trained, motivated primary health care team. They advocated the training and education of doctors and staff at the practice.

It was apparent that the practice valued learning and development of all of their staff, providing additional training and responsibilities as requested. The practice had recently been accredited as a training practice and were looking forward to welcoming their first registrar in the coming months. The practice also supported trainee doctors during their degree course and valued the discussion and contribution that they brought to the team.

However, the practice had not identified significant risks found during the course of our inspection. In their vision and strategy, the practice said that they aimed to provide a dispensing service of the highest quality, which was not the case at the time of our inspection.

Governance arrangements

The practice was governed by four GPs who were supported by an informed and committed practice manager. A new member of staff had recently been recruited to the management team. The GPs and practice manager were visible and approachable and all staff told us that they felt confident approaching them with any queries and concerns. Staff were aware of lead roles that GPs held within the practice, as these were displayed in staff areas.

- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, we identified riskswith the standard operating procedures used in the dispensary, as these did not reflect what checks should be made by the dispensers before high risk medicines were dispensed.
- There was comprehensive understanding of the performance of the practice. QOF data indicated consistent achievement despite a complex merger of the practices at Saffron Walden and Great Chesterford.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Where risks were identified, the practice searched, identified and audited systems and patients to mitigate risk. Information and learning was effectively cascaded to staff through a variety of sources, be this on the practice intranet, during meetings or using the instant messaging service. Staff that we spoke with were knowledgeable about past risks that had been identified, what had been done and how this impacted on their roles.
- However, during our inspection we found significant risks that were yet to be identified, specifically with regard to systems to manage medicines that required cold storage, ongoing searches to identify patients who would be affected by MHRA alerts and monitoring patients taking high risk medicines.

Leadership and culture

The practice team had successfully merged the practices at Great Chesterford and Saffron Walden. This involved merging two distinct computer systems, staffing teams and phone systems. At the date of our inspection, all clinical and administrative staff were deployed at both sites, which had promoted effective working relationships. Further, we compared GP Patient Survey data from 2016 to current data available in 2017. This indicated that there had been a meaningful improvement in the phone systems over the two years. The practice continued to look at ways of improving this.

During the merger, the practice consulted with the public and had taken time to respond to respond to queries and apprehensions. A concern that was highlighted at this time was the availability of car parking spaces at the Saffron Walden practice. In response to this, the practice purchased a permit for the duty doctor in a local carpark, to free up a space for patients and also to ensure that the duty doctor could vacate the practice in the event of an emergency.

There was a culture of openness and honesty, and the provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with the

Are services well-led?

Requires improvement

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

community matron, palliative care nurses, social workers, midwives, health visitors and school nurses to monitor vulnerable patients, both children and adults. Meetings were used as opportunity to learn and develop, with the practice inviting hospital consultants and other professionals to inform their own clinical discussion.

- Staff told us the practice held regular team meetings. Staff told us they felt valued and listened to, and this was evidenced in the action taken by the practice to meet their requests for additional training and responsibilities.
- Staff received an annual appraisal, although there had not been a recent appraisal for the practice manager. They told us that they felt they were being continually appraised and thanked by the partners during the course of their work during the merger.

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

The practice valued feedback from the Friends and Family test, comments and complaints from patients. It was aware of the feedback from the GP patient survey and had completed their own in house survey to complement this. Feedback from the GP survey was positive, and indicated that improvements had been made.

We met with two members of the PPG who told us that their meetings were always attended by the practice manager and at least one GP. They told us how they were consulted on current projects being undertaken by the practice, and they felt that their voices mattered. They told us that the patients they represented were happy with the care and treatment being provided.

Continuous Improvement

The practice team was forward thinking and visible in the community. One of the GPs at the practice has assisted in the formation of a charitable service in the locality and the practice had good working relationships with other professionals.

The management team were looking forward to their new accreditation as a training practice taking form, and welcoming their first registrar. In addition to this, the practice were in the process of looking at moving to alternative premises, having identified the growing practice population and issues with the current premises.

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 **How the regulation was not being met:** **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk, in particular:** • There was not adequate monitoring of the refrigerators including vaccines and staff did not know what to do if the temperature exceeded the recommended range. • Patients did not receive the appropriate monitoring when they were prescribed high risk medicines. • Risks were not monitored following MHRA alerts. • Standard operating procedures did not reflect what checks should be made by the dispensers before high risk medicines were dispensed. Regulation 17(1)(2)Health and Social Care Act 2008 (Regulated Activities) Regulations 2014