

Dr NG Newport's 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

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

On 16 June 2016 we carried out a comprehensive inspection at Aegis Medical Centre. Overall the practice was rated as inadequate and placed in special measures for a period of six months. The practice was found to be inadequate in safe, effective and well led, requires improvement in responsive and good in caring.

As a result of that inspection we issued the practice with a warning notice in relation to the governance at the practice. The issues of concern related to the safe recruitment of clinical staff, appropriate training and supervision of clinicians, monitoring of patients subject to safeguarding concerns, including following up children who do not attend for their hospital appointments and improving patient outcomes. These included implementing formal governance arrangements including systems for assessing, monitoring and mitigating risks. Whilst ensuring the quality of the service provision such as through the appropriate actioning of patient information, medicine and safety alerts. Medicine reviews were required to be conducted in a timely manner by an authorised person.

We then carried out a focused inspection of the practice on 7 December 2016 to establish whether the requirements of the warning notice had been met. We found improvements had been made but further were required to ensure the safe management of medicines. The practice was issued with a requirement notice for improvement.

We then carried out an announced comprehensive inspection at Aegis Medical Centre on 21 March 2017. Overall the practice is rated as good.

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

- Staff were able to recognise and report significant incidents. These were investigated and lessons learnt identified and shared during clinical and practice management meetings attended by all staff.
- The practice had improved their prescribing behaviour. Patient safety and medicine alerts were shared amongst the clinical team and consistently actioned.
- All clinical staff had DBS checks completed enabling them to practise independently.

Summary of findings

- The practice was actively following up on children and vulnerable persons who failed to attend clinical appointments. Where appropriate they worked within multidisciplinary teams to identify and address concerns.
- The practice had improved their clinical performance in respect of QOF.
- The practice planned for staff absence to ensure minimal disruption to services for patients.
- The practice had a formal induction programme for new staff and all staff had received appraisals and training and development within their roles
- The practice had reviewed their patient's attendance at accident and emergency services to use it to inform and improve the delivery of their services.
- The practice held regular multi-disciplinary team meetings in addition to coordinated care through the patient record system.
- Data from the national GP patient survey showed patients reported high levels of satisfaction with the practice nursing team and had trust and confidence in their GPs.
- Carers were identified and supported to access services and receive appropriate vaccinations.
- Patients reported improved access to the clinical team. The practice had opened up the availability of appointments to patients, enabling them to book three weeks in advance with the GPs. They could also speak to the GPs on the telephone and/or attend evening surgery held twice monthly.
- The practice team shared a vision to providing high standards of care. Staff had been spoken to regarding the GP partner's aspirations for the practice.
- The GP partners reviewed the performance of the practice weekly during clinical meetings
- There was a defined leadership structure, staff understood their roles and responsibilities and how these contributed directly to improving patient experiences of the service and the practices performance.
- The practice GP partners attended patient participation group meetings and had listened and responded to patient feedback.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff were able to recognise and reported significant incidents. These were investigated and lessons learnt identified and shared during clinical and practice management meetings attended by all staff.
- The practice had improved their prescribing behaviour. Patient safety and medicine alerts were shared amongst the clinical team and consistently actioned.
- All clinical staff had DBS checks completed enabling them to practise independently.
- The practice was actively following up on children and vulnerable persons who failed to attend clinical appointments. Where appropriate they worked within multidisciplinary teams to identify and address concerns.
- The practice was clean and tidy and staff had reviewed infection prevention control and cleaning policies.
- Emergency equipment and medicines were stored safely and securely and the location known to all staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had improved their clinical performance in respect of QOF and the 2015/2016 national cancer screening data showed the practice were comparable or above local and national averages for screening of patients for breast and bowel cancer.
- The practice had revised their scheduling of nurse appointments to plan for absence and a GP partner was to undertake training to perform cervical screenings.
- The practice had a formal induction programme for new staff and all staff had received appraisals and training and development within their roles
- The practice had reviewed their patient's attendance at accident and emergency services to use it to inform and improve the delivery of their services.
- The practice held regular multi-disciplinary team meetings in addition to coordinated care through the patient record system.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients reported high levels of satisfaction with the practice nursing team and had trust and confidence in their GPs.
- Patients told us staff were helpful, finding time to assist and support them. They were consistently treated with kindness, dignity and respect.
- Information for patients about the services available. Staff arranged appropriate translation services for patients who did not speak English as a first language or who had hearing impairments.
- Carers were identified and supported to access services and receive appropriate vaccinations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients reported improved access to the clinical team. The practice had opened up the availability of appointments to patients, enabling them to book three weeks in advance with the GPs. They could also speak to the GPs on the telephone and/or attend evening surgery held twice monthly.
- The practice experienced high rates of patients failing to attend for appointments but were actively addressing this to reduce the prevalence in line with their policies.
- The practice had a complaints policy and procedure that was consistent with guidance and best practice. We found complaints were responded to and investigated in a timely and appropriate manner.

Good



Are services well-led?

The practice is rated as good for being well-led.

- The practice team shared a vision to providing high standards of care. Staff had been spoken to regarding the GP partner's aspirations for the practice.
- The GP partners reviewed the performance of the practice weekly during clinical meetings
- There was a defined leadership structure, staff understood their roles and responsibilities and how these contributed directly to improving patient experiences of the service and the practices performance.
- The practice GP partners attended patient participation group meetings and had listened and responded to patient feedback.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Housebound patients were known to the service and allocated a lead GP to conduct their reviews within their homes.
- Telephone appointments were available for patients.
- The practice worked with their appointed social worker. They advise and assisted the practice with the coordination of health and social care needs for patients over 65 years of age.
- The practice nursing team provided phlebotomy services.

Good



People with long term conditions

The practice is rated as good for the care of people with long term conditions

- Longer appointments and home visits were available when patients needed them.
- Structured annual reviews were scheduled and undertaken by the practice nurse. Patient reported positively on this and felt supported by the practice.
- The practice had improved their QOF performance in the monitoring of long term conditions. For example; 75% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that includes an assessment of asthma control. 95% of applicable patients with hypertension had achieved a target of blood pressure control for patients with hypertension in the preceding 12 months.
- The practice nursing team provided phlebotomy services.

Good



Families, children and young people

The provider was rated as good for the care of families, children and young people.

- The GPs told us they contacted patients and their families who failed to attend hospital appointments.
- Immunisation rates were comparable or above local and national rates for standard childhood immunisations.
- Patients told us that children and young people treated in an age-appropriate way.
- Antenatal weekly clinics were held at the practice.

Good



Summary of findings

- The practice's had a good uptake for the cervical screening programme achieving 80%, which was comparable with the local (82%) and national average of 82.

Working age people (including those recently retired and students)

The provider was rated as good for the care of working age people.

- Appointments could be booked by telephone or online. Face to face, open surgery, telephone and evening appointments were available.
- Patients had access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- The practice promoted health screening.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.

Good



People whose circumstances may make them vulnerable

The provider was rated as good for the care of people whose circumstances may make them vulnerable.

- The practice maintained a register of patients living in vulnerable circumstances and coded them on their patient record system.
- The practice held multi-disciplinary team meetings in addition to co-ordinating care through the patient record system.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.
- Hour long health checks for people with learning disabilities were scheduled in advance and reminders sent to improve attendance.
- The practice worked with a homeless resource centre to accommodate people who need urgent health care but are not registered with a GP. They plan to enhance their services to this population group providing blood pressure monitoring, health checks and dietary checks in July 2016.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice knew patients who experienced poor mental health or those with dementia. Clinicians and staff had contact details for mental health crisis teams.
- The practice held multi-disciplinary team meetings in addition to co-ordinating care through the patient record system.
- The practice told patients experiencing poor mental health about support groups or voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Dementia reviews were scheduled and monitored. All patients diagnosed with dementia had had their care reviewed in a face to face review in the preceding 12 months.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing similar to local and national averages. 308 survey forms were distributed and 112 were returned. This represented a response rate of 36%.

- 67% of respondents found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 93% of respondents said the last appointment they got was convenient. This was better than the local average of 92% and the national average of 92%.
- 81% of respondents described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 76% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards for patients which were all positive about the standard of care received. They told us how consistently welcoming and helpful staff were whilst maintaining their confidentiality.

We spoke with three patients during the inspection. All patients said they were happy with the care they received and had seen improvements with the practice. They thought staff were approachable, committed and caring. They spoke highly of the reception and nursing team. They told us they found it easier to make appointments and appreciated the twice monthly late surgeries for those who work and experience difficulties attending the practice during the day.

The practice had received 93 responses to the NHS Friends and Family test. Of which 95% of the respondents stated they were extremely or likely to recommend the practice.

Dr NG Newport's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr NG Newport's Practice

Dr NG Newport's Practice is now known as Aegis Medical Centre. They have approximately 4511 patients registered with the practice. There are two male GP partners, who are supported by a full time female practice nurse, two health care assistants, reception/administrative team, cleaner and overseen by the practice manager

The practice is open a range of times, varying each day. However, they are open every day between 8am and 6.15pm closing between 1pm and 2pm most days except Tuesday when they are open all day. Appointments were available from 7.45am until 12.30pm and 3.30pm to 5.50pm on Monday and either 9am or 9.30am until 5.50pm Tuesday, Wednesday, Thursday and Friday.

Drop-in surgeries are provided twice a week on Monday and Thursday mornings. Late evening surgeries are held twice monthly on a Monday and Wednesday 6.30pm to 8.30pm. Appointments were permitted to be booked three weeks in advance with the GPs.

The practice is located in a deprived residential area of Basildon. The local population has a lower life expectancy for males and females than the local clinical commissioning group and national averages.

When the practice is closed patients are advised to call the national NHS 111 service for advice. Out of hours provision is commissioned by Basildon and Brentwood CCG, and provided by IC24.

The practice has a comprehensive website providing details of services and support agencies patient may find useful to access.

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 21 March 2017. During our visit we:

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

Detailed findings

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

What we found at our previous inspection in June 2016

The practice was rated as inadequate for providing safe services. We found the staff to be inappropriately reviewing and prioritising clinical information. Patient safety alerts were shared amongst the clinical team but not consistently actioned. The patient system did not alert staff of safeguarding concerns and the practice did not follow up on children who failed to attend hospital appointments. Some patients had failed to receive timely and appropriate medicine reviews. A member of the clinical team had not been appropriately security checked to perform their duties. There was insufficient provision in place to cover the practice nurses absence.

What we found at this inspection in March 2017

Safe track record and learning

There was an effective 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. 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and discussed their findings and learning at their Monday clinical meetings.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We saw that

both GPs maintained individual MHRA alert folders confirming sight and actioning of information. The practice produced evidence of searches already conducted in response to the alerts received.

We searched the patient record system to ensure recent MHRA alerts had been actioned. For example;

- In October 2016, an MHRA was issued in relation to an anti-inflammatory medicine. We found the clinicians had been informed of the alert. They had also undertaken a search of their patient records for those being prescribed above the recommended dose. Those patient's potentially affected had been identified and the medicine removed from the patient's repeat prescribing list. However, previously we had found a patient had been prescribed the medicine by their GP. The patients care had been reviewed and the patient prescribed the medicine in accordance with guidance.
- We had previously found some improvements were required in the practices response to an MHRA specifically their monitoring of patients on heart failure medicines. When we checked their patient records we found they had been invited for reviews and non-attendance by the patient was followed up with a phone call and/or correspondence.

During our December 2016 inspection we had found improvements were still required to ensure the safe prescribing and monitoring of patients on high risk medicines. The practice now had a medicine management policy in place and our checks on patient records showed patients were being safely monitored. For example; patients on high risk medicines such as methotrexate and azathioprine (prescribed for inflammatory conditions) had received appropriate monitoring.

Overview of safety systems and processes

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

- The safe management of medicines, including emergency medicines and vaccines. Previously we found a medicine review for a patient with a long term condition had been conducted by a member of the nursing team, not an approved clinical prescriber. The practice had revised their prescribing and authorisation templates to ensure this could not occur again.

Are services safe?

- The lead GP regularly attended Basildon and Brentwood Clinical Commissioning Group prescribing meetings and regularly reviewed the practices prescribing behaviour. We reviewed their January 2017 medicine management report. This showed the practice were no longer an outlier in any prescribing area and were the second highest performer within their CCG for antibiotic reduction by 1%.
- Previously we found some prescribing of medicines was not in line with clinical guidance. We checked the practices prescribing for patients who had been inappropriately prescribed cholesterol lowering medicine which conflicted with another of their medicines. We found only one patient had remained on the medicine but had been written to and invited for reviews on three separate occasions in accordance with the practices medicine management policy.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We found the practice had strengthened their safeguarding arrangements for children and vulnerable adults. There was a lead GP for safeguarding, safeguarding icons had been activated on their patient system to advise clinicians of the identity of vulnerable children and policies had been reviewed and were accessible to all staff including how to escalate concerns. The GPs provided reports where necessary for other agencies. We spoke to staff who demonstrated an awareness of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The clinical team were trained to child protection or child safeguarding level 3. The practice contacted parents and guardians of children who failed to attend hospital appointments and had worked with multidisciplinary teams where concerns had been identified.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role by the practice nurse 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 was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. Staff signed the policies to show they had read and understood them. The practice nurse was the infection control clinical lead who liaised with the GPs. Regularly audits were conducted on the practice cleaning and we saw evidence that action was taken to address any improvements identified as a result. Staff were encouraged and supported to receive appropriate vaccinations for flu and hepatitis B (a blood borne disease).
- The practice had appointed one administrative staff member since June 2016. We checked their staff file and found all appropriate recruitment checks had been undertaken for them prior to employment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had conducted health and safety assessments to ensure their staff were kept safe and their welfare needs met. For example; the introduction of headsets for the reception team to reduce potential neck, back and head pain from staff holding and speaking on the phone for long periods.
- The practice had conducted their annual fire risk assessment and had subsequently reviewed their fire safety policy in April 2016. Staff had received awareness training and fire safety marshals had been appointed to ensure patients and staff were escorted safely from the building in the event of an incident. Regular fire drills were conducted and fire equipment including smoke detectors had been monitored and last maintained in June 2016.
- All electrical equipment had been checked in March 2017 to ensure the equipment was safe to use. Clinical equipment had been checked in June 2016 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 infection control and legionella (Legionella is

Are services safe?

a term for a particular bacterium which can contaminate water systems in buildings). The practice legionella assessment showed the practice to be at low risk.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure enough staff were on duty. The practice planned their staff absences and scheduled clinical care around these to minimise disruption to patients.

Arrangements to deal with emergencies and major incidents

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

- We found there was an instant messaging system on the clinical computer system 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they 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

What we found at our previous inspection in June 2016

The practice was rated as inadequate for providing effective services. The practice was performing below the local and national averages for QOF and had low screening rates for cancers. The practice had high patient attendance at accident and emergency services and had not reviewed it to identify trends and inform the delivery of their services. The practice was an outlier for prescribing performance. They did not hold multidisciplinary meetings and there was no induction programme for new staff.

What we found at this inspection in March 2017

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 in addition to their weekly Monday clinical meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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). QOF data for 2015/2016 showed the practice achieved 65% of the total number of points available. Their exception reporting was 3.1% which was below the local average of 4.1% and the national average of 5.7%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice told us they had experienced a decline in their QOF performance from 2014/2015 to 2015/2016 of 6% and a fall in their exception rate from 5.4% to 3.1%. They explained that this was due to them reviewing the coding

of their patient data and amending it to accurately reflect the clinical needs of their patients. Staff had been reminded of the importance of accurately recording all actions taken, ensuring they counted towards the overall clinical performance of the practice.

Therefore, we checked the most recent unverified QOF data for the practice. This data had been taken over the past twelve months and showed the clinical performance for the practice had improved, with them achieving 90.6%. The practice attributed this to an improved understanding of their IT, clearer tasking of staff and an organisational commitment to constantly review the performance of individuals and the practice.

The 2015/2016 practice data had shown the practice to be an outlier for QOF (or other national) clinical targets. However when we checked the practices performance within the last 12 months we saw significant improvements. For example;

- The practice had achieved below the local and national average for their asthma reviews of patients. For example, 52% of patients with asthma, on the register, had received an asthma review in the preceding 12 months that includes an assessment of asthma control. The local and national average was 75%. However, when we checked the practices performance for the past 12 months we found that they had reviewed 75% of their patients in line with the previous year's local and national average.
- In 2015/2016 the practice had, had below the local and national averages for achieving a target of blood pressure control for patients with hypertension in the preceding 12 months. They had achieved 71% as opposed to the local average of 80% and the national average of 83%. The practice had showed an improvement against the recent performance indicators, achieving 95% for their performance over the past 12 months.
- The practice had low review rates for their percentage of patients with COPD (including an assessment of breathlessness using the Medical Research Council dyspnoea scale) in the preceding 12 months in 2015/2016. The practice had achieved 64% in comparison to the local average of 88% and the national average of 90%. Current performance was 85.3%. A review of the clinical record showed that this could be attributed to

Are services effective?

(for example, treatment is effective)

coding discrepancies with the practice. We found a simple administrative error had contributed towards the poor performance figure resulting in assessments not being counted.

- In 2015/2016 the practice achieved below the local and national averages for the percentage of patients they diagnosed with dementia and had held a face to face review in the preceding 12 months. The practice previously achieved 45% as compared to the local average of 83% and the national average of 84%. We checked the practices most recent data and found that 100% of their patients had their care reviewed in a face to face consultation with the GP within the last 12 months.
- The practice had below the local and national averages for their monitoring of alcohol consumption for some patients with poor mental health (schizophrenia, bipolar affective disorder and other psychoses) in 2015/2016. The practice had achieved 56% in comparison to the local average of 86% and the national average 89%. We checked the practices most recent data and found they had made improvements in their screening of patients. The data for the past 12 months showed they had achieved 92%.
- In 2015/2016 the practice reported below the local and national averages for recording comprehensive care plans in the preceding 12 months for patients with poor mental health (schizophrenia, bipolar affective disorder and other psychoses). The practice had achieved 31% in comparison with the local average of 87% and the national average 89%. The practice had made significant improvements achieving 92% over the last 12 months.

The practice was previously found to have been high prescribers for antibacterial medicines prescription items and hypnotic medicines for patients with poor mental health. The practice had attributed this to historical prescribing behaviour which they were actively reviewing to determine their patient's clinical needs. Following the inspection, the medicine lead for the practice reviewed their performance and focussed on key areas to make improvements. We found the practice was no longer an outlier for prescribing and the improvements were evident with their prescribing practices. For example:

- We looked at the practices prescribing history for antibacterial medicines. Between September 2015 and 30 November 2015 the practice had written 712

prescriptions. This had reduced to 494 prescriptions over the same period between September 2016 and 30 November 2016. The practice nurse also provided patients with literature to educate patients on viral and respiratory viruses.

- We found that the practice had reduced their prescribing of hypnotic medicines. In the three months prior to our June 2016 inspection the practice had 130 patients on the medicine. This had reduced to 100 patients since September 2016.

The practice had introduced an audit program. We looked at three clinical audits relating to, clinical conditions, minor surgery (addressing complication rates, patient satisfaction, consent and wound infections) and cervical smears. All were dual cycle audits and showed evidence of improvements.

Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- Previously the practice had no provision in place to cover the full extent of the practice nurses duties during her absence, such as cervical smears and child immunisations. The practice had spoken with neighbouring surgeries to discuss their management of nursing provision. A managing partner GP had been appointed to undertake cervical screening training and the practice were now scheduling and managing child immunisations around leave commitments.
- The practice had introduced a formal induction programme for all newly appointed staff. Newly appointed members of the team were supported by a colleague until they felt able to undertake roles independently. On appointment all staff commenced training, covering such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff received role-specific training and updating for relevant staff. For example, the practice nurse attends local practice management meetings; mental capacity training and cervical screening and immunisation update training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice had revised the appropriateness of their systems to ensure the timely sharing of information via their patient record system. Previously we had found that electronic information received by the practice such as out of hours consultations, test results and hospital letters were screened and prioritised by non-clinicians. However, the GPs were now reviewing and actioned all information to ensure patients were receiving appropriate care and treatment.

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. The practice tasked other healthcare professionals and responded to their requests through the patient record system. The practice had also introduced their own multidisciplinary meetings attended by the palliative care team, district nursing team and a social worker. Their last meeting was held on 17 August 2016 and 2 February 2017. We reviewed the meeting minutes and found both had been well attended, discussions appropriately documented and actions reviewed and closed.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff had undertaken training in 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were provided practical advice and signposted to the relevant service.

The practice reported below the national rates for cancer prevalence in all ages with 1.3% as opposed to 2.4%. The practice actively monitored non-attendance by patients for national screening programmes such as breast and bowel cancer. We reviewed the practice records and saw they had identified and contacted patients who had failed to attend screening appointments. They had recorded the patient preference such as where they declined to attend the service. Where the patient wished to engage with the screening they supported them to do so.

The 2014/2015 data from the National Cancer Intelligence Network showed the practice's uptake for the cervical screening programme was 80%, which was comparable with the local (82%) and national average of 82%. The practice told us they called and wrote to patients who failed to attend appointments scheduled by health organisations. The practice's screening rates remained consistent again achieving 80% in 2015/2016 comparable with the local average of 82% and national average of 81%. We checked the practice's most recent data and found they had made improvements in their screening of patients. The data for the past 12 months showed they had achieved 80%.

In 2014/2015 data from the National Cancer Intelligence Network showed the practice's uptake for the screening of women age 50-70 years for breast cancer in the last 36 months was 63% in comparison with the local average 67% and the national average 72%. This had improved with the practice achieving 66% compared to the national average 72.5% in 2015/2016. The practice had also improved their screening rates for women within the same age band for attendance within six months of their invitation. Data from the National Cancer Intelligence Network showed in 2014/2015 the practice achieved 50% in comparison with the local average of 71% and the national average of 73%. In 2015/2016 the practice improved this to achieve 76% above the national average of 73.5%.

Data from the National Cancer Intelligence Network (2014/2015) showed the practice uptake for screening patients aged 60-69 years of age for bowel cancer within 6 months of

Are services effective?

(for example, treatment is effective)

their invitation was below the local and national average achieving 48% as opposed to 54% locally or 55% nationally. In 2015/2016 the practice had improved their screening of bowel cancer patients over 30 months achieving 51.5% below the national average of 57.8%.

Are services caring?

Our findings

What we found at our previous inspection in June 2016

The practice was rated as good for providing caring services. Data from the national patient survey showed patients rated the practice comparable to other practices within their CCG. Patient told us staff were helpful and found time to assist them. Carers were identified and supported to access services.

What we found at this inspection in March 2017

Kindness, dignity, respect and compassion

We found that staff members were welcoming 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.
- 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 their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were friendly and helpful and maintained patient confidentiality. They felt staff consistently treated them and their family members with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. This was supported in the conversations we held with five other patients we spoke to on the day. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had received 93 responses to the NHS Friends and Family test. Of which 95% of the respondents stated they were extremely or likely to recommend the practice.

Results from the national GP patient survey, published in July 2016 showed patients reported high levels of satisfaction with the nursing team and confidence and trust in their GPs. For example:

- 85% of respondents said the GP was good at listening to them this was the same as the local average of 86% but below the national average of 89%.
- 85% of respondents said the GP gave them enough time compared to the local average of 84% and the national average of 87%.
- 98% of respondents said they had confidence and trust in the last GP they saw compared to the local average of 94% and the national average of 95%.
- 86% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the local average of 81% and the national average of 85%.
- 97% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, July 2016, showed patients reported high levels of satisfaction with the clinical team For example:

- 80% of respondents said the last GP they saw was good at explaining tests and treatments compared to the local average of 82% and the national average of 86%.
- 76% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.
- 93% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the local and national average of 85%.

Are services caring?

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. The practice also requested translation services for patients with hearing impairments.

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.

The practice's computer system enabled the GPs to know if a patient was also a carer. The practice had identified 69 carers (1.5% of their patient list). This was an increase of 0.5% from June 2016. They displayed information for carers on their patient notice board within their waiting areas and letters had been sent to all carers inviting them to attend for flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. Staff were also informed of the death and patient records updated.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in June 2016

The practice was rated as requires improvement for providing responsive services. Some patients reported difficulties obtaining appointments, permitted only to book one week in advance. The practice also had high rates of non-attendance by patients.

What we found at this inspection in March 2017

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- Access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP.
- The practice benefited from a pharmacist who attended the surgery on a Thursday to conduct medicine reviews, long term health care, refer patients for blood tests and reviews of the results.
- There were longer appointments available for people who needed them. Hour appointments were available with the practice nurse for patients with learning disabilities
- The practice offered face to face and telephone appointments. Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for all patients, with priority access given to children and those with serious medical conditions.
- Phlebotomy was provided by their practice nursing team.
- The practice had a specific social worker aligned to their practice who worked with them to assess and meet the needs of their patients 65years and over. They attended on Wednesday afternoons to review patient information and worked directly with patients to assess and coordinate their needs.

- The practice maintained a list of all their housebound patients and scheduled routine visits to monitor the patients ongoing health needs.
- Health checks were scheduled for patients such as those patients with learning disabilities or over 40 years of age.
- 'Therapy for you' provided a range of talking therapies to patients Monday to Friday at the surgery.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- Antenatal clinics were conducted weekly by a specialist nurse.
- The practice attended a local homeless resource centre to accommodate people requiring medical services who were not registered with a GP.
- The practice offered minor surgery including joint injections.

Access to the service

The practice was open a range of times, varying each day. They were open every day between 8am and 6.15pm closing between 1pm and 2pm most days except Tuesday when they were open all day. Appointments were available from 7.45am until 12.30pm and 3.30pm to 5.50pm on Monday and either 9am or 9.30am until 5.50pm Tuesday, Wednesday, Thursday and Friday. Drop in surgeries were provided twice a week on Monday and Thursday mornings. Late evening surgeries were held twice monthly on a Monday and Wednesday 6.30pm to 8.30pm.

The practice had opened up their appointment system to patients, enabling patients to book an appointment with the GP three weeks in advance. The practice told us this had been well received by patients who felt they could schedule appointments and make them at a convenient time. Practice staff had also noticed that the demand for appointments had reduced. This was supported by appointments being available with both GPs and members of the nursing team, including the healthcare assistant on the day of the inspection.

We found some patient satisfaction levels remained similar to before when we compared the July 2016 national GP patient survey findings with the earlier January findings. For example;

- In January 2016 63% of respondents were satisfied with the practice's opening hours compared to the local

Are services responsive to people's needs?

(for example, to feedback?)

average 73% and the national average of 78%. This remained similar to before achieving 62% in comparison with the local average of 73% and the national average 76%.

- In January 2016 65% of respondents said they could get through easily to the practice by phone compared to the local average 72% national average of 73%. In July 2016 this had improved to 67% compared with the local average of 71% and the national average 73%.

The practice had listened and responded to both of the concerns, introducing monthly evening surgeries and commissioning a new phone system. These had not been in place prior to the last patient survey, published in July 2016. However, patients and their patient participation group had been positive regarding the changes and the practice believed this would be reflected in the next national GP patient survey due to be published in July 2017.

The July 2016 survey findings also showed patient satisfaction levels were comparable or above the national averages in the following areas, namely;

- 73% of respondents described the experience of making an appointment as good; this was above the local average of 71% and the same as the national average of 73%.
- 93% of respondents told us that the last appointment they got was convenient. This was above the local and national averages of 92%.

The practice was actively reviewing their patient's attendance at accident and emergency to identify trends and reduce their prevalence. In October 2016 102 patients had attended the accident and emergency departments reducing to 25 attendances in February 2017. Analysis of the dates and times of attendance during February 2017

showed the majority of patients attended accident and emergency whilst the practice was open between 8am and 6.30pm. The practice was hopeful that patient attendance would continue to decline with greater appointment availability.

The practice was actively monitoring the number of patients who failed to attend or walked out of surgery after registering for the appointment. In October 2016 the practice had 175 wasted clinical appointments this had reduced to 95 in January 2017 and 109 in February 2017. The practice had revised and was enforcing their non-attendance policy. Patients who failed to attend their appointments were contacted, advised of the practice policy and required to book appointments in person if they failed to attend on three or more occasions.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and now aligned to recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.

The practice had recorded 16 complaints in 12 months (March 2016 to March 2017) these related to issues such as staff conduct, referrals and appointments. We looked at three complaints and found all had been investigated and outcomes and learning identified and shared with practice team. The practice manager followed up on all learning to check changes had been embedded to improve practice.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in June 2016

The practice was rated as inadequate for being well led and the practice accepted improvements were required. The practice had failed to identify and act upon risks. There was no business plan and staff had not been consulted regarding future plans for the practice. The practice had not reviewed their clinical performance and had inadequate governance systems. Neither of the GP partners had attended patient participation group meetings

What we found at this inspection in March 2017

Vision and strategy

The practice told us their vision was to deliver high standards of care to all population groups and make a difference to their patients. The mission statement was displayed within the practice leaflet and the practice NHS website. The GP partners had shared their aspirations for the practice, such as increasing the number of clinical rooms with the practice team and training staff to undertake other roles and responsibilities.

Governance arrangements

As a result of the inspection findings in June 2016 the practice had spoken with the practice team and revised the allocation of duties. Improvements had been made in the defining of responsibilities and demonstrating greater accountability. For example, we found;

- The GPs were reviewing and prioritising external clinical information.
- Improvements had been made to the receipt and actioning of safety alerts although these remained inconsistent.
- The nursing team had appropriate DBS checks to enable them to work independently.
- The practice had opened up their appointment system enabling patient's greater flexibility and choice. Patients were able to book appointments three weeks in advance with GPs.
- The practice was actively following up with patients, parents/guardians where patients failed to attend appointments.

Leadership and culture

On the day of inspection we found improvements had been made throughout the practice to deliver accessible and quality care. The practice had told us they wished to professionalise the delivery of the service and had and continued to make changes to achieve this.

The provider was aware of and had systems in place 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). Staff were confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

We found regular meetings (clinical, team, practice managers and administrative meetings) were held and well attended by the GP partners and all other staff. We reviewed the last practice meeting minutes from 16 February 2017. They addressed a range of issues from day to day responsibilities to lessons learnt from complaints and significant incidents. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager directly or during meetings. They were extremely supportive of the practice manager and regarded them highly as they felt supported and had confidence in them. Staff told us the partners were polite and approachable.

The practice manager and practice nurse had a constructive relationship and were pragmatic in their approach to resolving issues and implementing improvements. They engaged well with all members of staff and were valued by the patients.

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

The practice had an active patient participation group who met quarterly. We reviewed PPG meeting minutes from December 2016. These were comprehensive and evidenced how the practice had worked with their PPG to capture patient experiences. Where patients had raised issues for discussion, these had been addressed and an explanation provided. The GP partners had attended the last two meetings held with the patient participation group (PPG) and redecorated the patient toilet in response to their feedback.

Are services well-led?

Good 

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

We spoke to a member of the PPG who confirmed their experience of the practice had been positive. They said the PPG members had seen improvements in the care and treatment patient had received since June 2017. They told us the GP partners were more accessible and it was easier to book appointments, staff appeared more confident in undertaking their roles and patients were being called in for regular blood checks and medication reviews. They praised the commitment and hard work of all staff.

The practice manager and GP partners spoke daily with the practice team. They gathered feedback from staff through

staff meetings and discussions. Staff told us they felt valued by the management and appreciated them arranging and paying for team events and celebrations. All staff we spoke with said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and/or the practice manager. Staff told us they were proud of the changes to the service and felt involved with how the practice was run. They said they were clear about their role and how they had directly contributed to improving the service.