Oakengates Medical Practice

Quality Report

27 Limes Walk
Oakengates
Telford
TF2 6JJ
Tel: 01952 620077
Website: www.limewalk.info

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakengates Medical Practice on 14 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example the practice had not assured that their staff were immune to health associated infections.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient satisfaction with their experience of contacting the practice and making appointments was below local and national averages.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Improve the quality of services provided for patients contacting the practice by telephone and their overall experience of making appointments.

Summary of findings

- Review the systems for assessing and monitoring the quality of service provision and take steps to ensure risks are managed appropriately.

The areas where the provider must should make improvement are:

- Ensure that all required recruitment checks are obtained for staff.
- Record the immunisation status of staff to establish if staff and patients were protected from the risk of health care acquired infections.
- Review the fire risk assessment to ensure that it is robust.
- Improve the information available for staff on the Control of Substances Hazardous to Health.
- Evaluate the reasons for poor performance in the national GP patient survey regarding patient satisfaction with their interactions with GPs and nurses and take action to improve performance in this area.
- Adopt a more proactive approach to identifying and meeting the needs of carers.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed, because of the lack of immunisation status records for staff, incomplete recruitment checks, lack of detail in the fire safety risk assessment and limited information on the Control of Substances Hazardous to Health.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Data from the national GP patient survey showed patients expressed below average satisfaction rates on how they were treated by GPs and nurses. The practice had, based on the National Survey results, taken decisions to prioritise the recruitment of permanent clinical staff instead of locums.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a local initiative to offer extended hours appointments to patients registered at six local GP practices. Extended hours appointments were available between 6pm and 8pm each weekday evening and between 9am and 1pm on Saturdays at one of the six participating practices.
- Patients expressed mixed views on appointments. Some patients told us they could usually get an appointment when they needed one, whilst others told us they couldn't. They told us their biggest challenge was getting through to the practice on the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led, as there are areas where improvements must be made.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The practice did not have robust arrangements for identifying, recording and managing risks, and implementing mitigating actions. For example, the lack of immunisation status records

Summary of findings

for staff, lack of satisfactory evidence of conduct in previous employment, the fire safety risk assessment lacked detail and limited information on the control of substances hazardous to health.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels. This included the development of the staff team skills and knowledge.

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 was rated as requires improvement in responsive and well led, and good in the domains of safe, effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.
- The practice discussed the needs of patients who had recently been discharged from hospital with the community matron.
- The practice worked closely with the Age Concern Care Navigator for guidance on benefits and support available in the community, particularly for older isolated patients. Care Navigators assist patients who may feel lonely or isolated, have little local support, have been recently bereaved or who wish to find out about services which may be available to them. They can help put in place support or find activities provided by voluntary and statutory services.

People with long term conditions

Requires improvement

The practice was rated as requires improvement in responsive and well led, and good in the domains of safe, effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice maintained registers of patients with long term conditions. Patients were offered a structured annual review to check their health and medicines needs were being met.
- Performance in the five diabetes related indicators were comparable to the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 79% compared with the national average of 77%.
- The practice hosted diabetic and foot screening services.

Summary of findings

- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice was rated as requires improvement in responsive and well led, and good in the domains of safe, effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children who were at risk, for example families with children in need or on children protection plans. The safeguarding lead held quarterly meetings with the health visitors to discuss at risk children and families.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- Two members of clinical staff had the lead role as teenager/ young person champions. Dedicated afternoon appointments for teenagers were available.
- There were screening and vaccination programmes in place and the practice's immunisation rates
- Data from the Quality and Outcomes Framework (QOF) for 2014/15 showed that 79% of women aged 25-64 had received a cervical screening test in the preceding five years, compared to the national average of 82%.
- The practice provided sexual health services, which enabled patients to be screened for sexually transmitted infections that the practice, instead of having to travel to a specialist clinic.
- The practice offered family planning and routine contraception services.

Working age people (including those recently retired and students)

Requires improvement

The practice was rated as requires improvement in responsive and well led, and good in the domains of safe, effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered book on the day appointments each day with the GPs, pre-bookable appointments and triage / telephone consultation appointments. Urgent appointments were also available for people that needed them

Summary of findings

- The practice was part of a local initiative to offer extended hours appointments to patients registered at six local GP practices. Extended hours appointments were available between 6pm and 8pm each weekday evening and between 9am and 1pm on Saturdays at one of the six participating practices.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice was rated as requires improvement in responsive and well led, and good in the domains of safe, effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or identified as vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- An alcohol support worker attended the practice for clinics, and was able to refer patients for additional support and treatment.
- The staff knew how to recognise signs of abuse in vulnerable adults and children. The staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice was rated as requires improvement in responsive and well led, and good in the domains of safe, effective and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Eighty percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- Performance for the mental health related indicators was comparable to the CCG and national average.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results from the national GP patient survey published in January 2016 showed patients expressed lower than average satisfaction rates on how they were treated by GPs and nurses. Two hundred and seventy three survey forms were distributed and 116 were returned. This gave a return rate of 42.5%:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 83% 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 the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%

The results from the national GP patient survey showed patients expressed lower than average satisfaction rates with their experiences of contacting, at making appointments at, the practice.

- 30% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 46% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 65%.
- 49% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 71% and national average of 76%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 12 patient comment cards, half of which were positive about the service experienced. Patients said the staff were helpful, caring and treated them with dignity and respect. The main issues raised on the other comment cards were difficulties getting through on the telephone and being unable to get an appointment.

We spoke with seven patients during the inspection, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the GPs and nurses always treated them as an individual. Two of the seven patients spoken with told us on the day of the inspection that they could not always get appointments when they needed them.

Areas for improvement

Action the service MUST take to improve

Improve the quality of services provided for patients contacting the practice by telephone and their overall experience of making appointments.

Review the systems for assessing and monitoring the quality of service provision and take steps to ensure risks are managed appropriately.

Action the service SHOULD take to improve

Ensure that all required recruitment checks are obtained for staff.

Record the immunisation status of staff to establish if staff and patients were protected from the risk of health care acquired infections.

Review the fire risk assessment to ensure that it is robust.

Summary of findings

Improve the information available for staff on the Control of Substances Hazardous to Health.

Evaluate the reasons for poor performance in the national GP patient survey regarding patient satisfaction with their interactions with GPs and nurses and take action to improve performance in this area.

Adopt a more proactive approach to identifying and meeting the needs of carers.

Oakengates Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector**.** The team included a second CQC inspector, GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Oakengates Medical Practice

Oakengates Medical Practice is registered with the Care Quality Commission (CQC) as a GP partnership provider in Telford. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract. The practice area is one of increased deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 14,180 patients.

The main site is Oakengates Medical Practice, with branch site in Hadley, Telford. The sites are as follows:

- Oakengates Medical Practice, 27 Limes Walk, Oakengates, Telford, TF2 6JJ
- Hadley Surgery, Highfield Clinic, Waterloo Road, Hadley, Telford,

We visited Oakengates Medical Practice as part of this inspection. The Hadley Surgery is one and half miles away from the main practice.

We found there had been changes to the practice registration. One partner had left the practice some time ago and the practice had not notified the Care Quality Commission of this change or amended their registration to reflect these changes. Another partner had also left unexpectedly just before the inspection.

The practice staffing comprises of:

- Five GP partners (three male and two female), two female salaried GPs and one long term male locum GP.
- Three female advanced nurse practices, five female practice nurses and three female health care assistants.
- A practice director and operational practice manager.
- An informatics manager.
- Two secretaries, a prescription clerk, a coding clerk and reception staff.

The main practice was open between 8.30am and 6pm Monday to Friday. GP appointments were available between 8.30am and 11.20am and 3pm and 5.20pm. The branch practice at Highfield Clinic, Hadley was open Monday, Wednesday and Thursday with GP appointments only available between 8.30am and 11.30am and 2pm ad 5pm. Nurse practitioner appointments were available between 9.45am and 12.45pm, and 3pm and 5.40pm, with telephone triage between 2pm and 3pm. Nurse lead appointments were available between 8.30am and 6pm, and health care assistant clinics between 9am and 4.40pm.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Shropdoc.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned

Detailed findings

inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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

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

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

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

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced visit on 14 June 2016.

We spoke with a range of staff including the GPs, a nurse practitioner, a practice nurses, business director, operational practice manager, prescribing clerk and members of reception staff. We spoke with patients, one member of the patient participation group who was also a patient, looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

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. All staff were notified via email every time a significant event was raised. Significant events were discussed at partner meetings or group meetings and reviewed bi-annually at a dedicated significant event meeting. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice had identified an issue regarding workflow within the electronic system. A thorough investigation had been carried out, and changes made to how staff logged into the system to ensure all that required actions were identified and allocated to the correct member of staff. The practice had notified patients who had been affected, as well as the local Clinical Commissioning Group (CCG).

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details were on display in the reception area and consulting and treatment rooms. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The safeguarding lead held quarterly meetings with the health visitors to discuss at risk children and families. The safeguarding lead shared an example of when information had been shared with the health visitor and the action taken by the health visitor and the practice.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. This member of staff attended infection control link meetings every three months and disseminated information from the meetings to practice staff as appropriate. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken at each site and we saw evidence that action was taken to address any improvements identified as a result. The practice had not recorded the immunisation status of staff to establish if staff and patients were protected from the risk of health care acquired infections.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files (two of which had been appointed since registration with the Care Quality Commission) and found that the majority of appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, satisfactory evidence of conduct in previous employment (for example references) had not been obtained for one employee.
- The practice employed a long term locum GP and had obtained the majority of appropriate recruitment checks.

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. There was a health and safety policy available with a poster on display. Although the practice had an up to date fire risk assessment it lacked detail and was not robust. The risk assessment indicated the fire alarm should be tested on a weekly basis, although the records indicated that the system was tested monthly. A number of staff had been trained as fire marshalls. Fire drills were carried out every six monthly, although which staff attended and the time taken was not recorded. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw there was a limited amount of information on the control of substances hazardous to health (COSHH) available to staff in the practice.
- 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 all the different staffing groups to ensure enough staff were on duty. Due to recent changes in the staff team, the practice was reviewing the current clinical staff team and looking to recruit additional clinical practitioners.

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. There were emergency medicines
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

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

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice was supported by Clinical Commissioning Group (CCG) medicines management team, who discussed any medicine related changes with the clinical lead GP.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We saw that the practice had responded to a recent medicine alert relating to a particular medicine (sodium valproate – used to treat epilepsy). The practice had identified and written to all female patients under the age of 50 years who were prescribed the medicines, advising them of the need to maintain effective contraception.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available (which was 2.9% above the local CCG average and 4.2% above the national average), with 6.5% clinical exception rate (which was 3.5% below the CCG average and 2.7% below the national average). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 15 showed:

- Performance in the five diabetes related indicators were comparable to the national average. For example: The percentage of patients with diabetes, on the register, in whom a specific blood test was recorded was 79% compared with the national average of 77%. The exception reporting rate for all five indicators was below the CCG and national averages.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to the national average of 88%. The exception reporting rate for mental health indicators was below the CCG and national averages.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months, was 74%, compared to the national average of 75%.
- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- There had been seven clinical audits completed in the last two years, which demonstrated improvements had been implemented and monitored.
- Findings were used by the practice to improve services. One audit looked at patients who had been diagnosed with an underactive thyroid gland and were prescribed medicine (levothyroxine). Patients prescribed this medicine should have regular blood monitoring to ensure they were receiving the correct dosage. The initial search identified that 32% of patients prescribed levothyroxine had not had their blood monitoring completed in the previous 12 months. The first audit cycle undertaken after four months demonstrated an improvement as 14.5% of patients prescribed levothyroxine had not had their blood monitoring in the previous 12 months. A further improvement was noted in the second cycle as the percentage had reduced further to 11.1%.
- The local CCG provided information about the practice's performance compared to other practices in the locality each month, particularly in relation to prescribing of certain medicines. We saw that over the previous 12 months the practice had steadily reduced the amount of antibiotics prescribed.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. The staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.The staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending immunisation updates.
- The learning needs of the staff were identified through a system of appraisals, meetings and reviews of practice development needs. The staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring and facilitation and support through the revalidation process for GPs and nurses. Staff had protected learning time, either in house or at training events organised by the CCG. Practice policy was for all staff to have an appraisal every 12 months. Although the practice was behind with these, dates had been scheduled for all staff.
- The practice supported clinical staff to extend their skills and knowledge in order to improve outcomes for patients. The GPs had lead roles for specialisms, for example dermatology, mental health and sexual health. One of the practice nurses was currently undertaking an asthma diploma course and an immunisation course, and one of the health care assistants was undertaking a minor wound care programme.
- We saw that doctors on training programmes were well supported by the GPs. The GP registrar told us they had a dedicated supervisor and attended two tutorials each week.
- The staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The 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 shared relevant information with other services in a timely way, for example when referring patients to other services
- The practice had identified 233 patients on the hospital unplanned admission avoidance scheme. The lead GP and one of the advanced nurse practitioners (ANPs) met monthly to discuss all patients who presented with an unplanned admission. One of the healthcare assistants contacted patients aged over 75 years old following an admission to hospital to review their ongoing needs and offer assistance or a referral to the GP or ANP.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had 18 patients who had been identified with palliative care needs and held quarterly meetings attended by the lead GP for end of life care, the community nursing team and the palliative care team. The practice also liaised with the community matron regarding patients who had been discharged from hospital to discuss any changes to treatment that may be required.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff were provided with training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

- The practice provided minor surgery. Signed consent forms were used for minor surgery and scanned into the electronic patient record.

Supporting patients to live healthier lives

Patients who were in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition (disease prevention) and those requiring advice on their diet, smoking and alcohol cessation. Patients who wish to stop smoking can be referred to an advisor from Quit51. Quit51 is an organisation that provides help and support to smokers who wish to stop smoking or smoke less. Quit51 had provided support to 1535 patients, and 85 patients had stopped smoking with support. The practice worked with a health trainer from the Healthy Lifestyle Hub, a service commissioned by the local CCG. The health trainers worked with patients to make changes to their lifestyle. An alcohol support worker attended the practice for clinics, and was able to refer patients for additional support and treatment.

The practice provided a twice weekly GP lead sexual health and contraception clinic, which enabled patients to be screened for sexually transmitted infections that the practice, instead of having to travel to a specialist clinic. The practice offered family planning and routine contraception services including implant/coil fitting.

The practice's uptake for the cervical screening programme was 79%, compared to the CCG average of 81% and the national average of 82%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015, published by Public Health England, showed that the number of patients who engaged with national screening programmes was comparable to or above the local and national averages:

- 74% of eligible females aged 50-70 had attended screening to detect breast cancer in the last 36 months .This was above the CCG average of 71% and national average of 72%.
- 58% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer in the last 30 months compared to the CCG average of 57% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 95% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in 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 were able to offer patients a private room to discuss their needs if they wanted to discuss sensitive issues or appeared distressed.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 12 completed cards, of which all were positive about the caring and compassionate nature of staff.

We spoke with seven patients during the inspection, one of whom was a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the GPs and nurses always treated them as an individual.

The results from the national GP patient survey published in January 2016 showed patients expressed lower than average satisfaction rates on how they were treated by GPs and nurses. Two hundred and seventy three survey forms were distributed and 116 were returned. This gave a return rate of 42.5%:

For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 83% 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 the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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 listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from five of the comment cards we received was also positive and aligned with these views. However, two patients commented that they were only able to discuss one issue during their consultation.

The results from the national GP patient survey showed patients expressed lower than average satisfaction rates to questions about their involvement in planning and making decisions about their care and treatment, with the exception of GPs involving patients in decisions. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 67% of patients said the last GP they saw was good or very good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 83% of patients said the last nurse they saw was good or very good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We did not see any notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Good

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 262 patients as carers (1.4% of the practice list). All carers were offered the annual flu vaccination. A member of the reception had the designated role of Carer's Contact Liaison, maintained the register and signposted carers to local help and services. Written information was available to direct carers to the various avenues of support available to them.

The staff told us that if families had suffered bereavement the GP contacted them by telephone to offer support as required. Patients could be referred for counselling through the Age Concern Care Navigator in association with CRUSE bereavement care.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One the of GP partners was the GP educational lead for the CCG and was involved in organising the protected learning events. Another GP partner was the lead for sexual health services, and another was a member of the local medical council. Clinical staff also attended the protected learning events organised by the CCG.

- The practice was part of a local initiative to offer extended hours appointments to patients registered at six local GP practices. Extended hours appointments were available between 6pm and 8pm each weekday evening and between 9am and 1pm on Saturdays at one of the six participating practices. Patients registered at Oakengates Medical Practice were able to access these appointments.
- There were longer appointments available for patients who needed them as well as for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients who lived in care homes with long term conditions and / or dementia were offered regular reviews.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- One of the advanced nurse practitioners (ANP) and one GP partner had taken on the lead role as teenager/ young person champions. The ANP had dedicated afternoon appointments for teenagers and could make referrals to other health care professionals.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice hosted diabetic and foot screening services.
- There were disabled facilities, a hearing loop and translation services available.
- The practice worked closely with the Age Concern Care Navigator for guidance on benefits and support available in the community, particularly for older isolated patients. Care Navigators assist patients who may feel lonely or isolated, have little local support, have been recently bereaved or who wish to find out about services which may be available to them. They can help put in place support or find activities provided by voluntary and statutory services.

Access to the service

The main practice was open between 8.30am and 6pm Monday to Friday. GP appointments were available between 8.30am and 11.20am and 3pm and 5.20pm. The branch practice at Highfield Clinic, Hadley was open Monday, Wednesday and Thursday with GP appointments only available between 8.30am and 11.30am and 2pm ad 5pm. Nurse practitioner appointments were available between 9.45am and 12.45pm, and 3pm and 5.40pm, with telephone triage between 2pm and 3pm. Nurse lead appointments were available between 8.30am and 6pm, and health care assistant clinics between 9am and 4.40pm.

Appointments could be booked in person, over the telephone and on line. The practice offered book on the day appointments each day with the GPs, pre-bookable appointments and triage / telephone consultation appointments. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

The results from the national GP patient survey showed patients expressed lower than average satisfaction rates with their experiences of contacting, at making appointments at, the practice.

- 62% of patients were very satisfied or fairly satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 30% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.
- 46% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 65%.
- 49% of patients stated that the last time they wanted to see or speak with a GP or nurse they were able to get an appointment compared to the CCG average of 71% and national average of 76%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 29% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 57% and national average of 58%.

We reviewed historical national GP patient survey data and saw that lower patient satisfaction rates with access to appointments had been evident over a number of years.

Two of the seven patients spoken with told us on the day of the inspection that they could not always get appointments when they needed them. One of these patients told us it was difficult to get through to make an appointment via the telephone. Three of the 12 comment cards also make reference to the difficulties making an appointment, especially via the telephone. The practice was aware of these issues and an action plan was in place to try and address these issues.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

There was a GP on call every day for emergencies, who telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need Requests for home visits were managed in the same way. A number of appointments were available each day for patients with urgent problems requiring same day attention. The appointments were with either a GP or advanced nurse practitioner. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was included in the practice booklet, on the website and information on display in the reception area.

We looked at the summary of 27 complaints received between April 2015 and March 2016 and found they had been satisfactorily handled and demonstrated openness and transparency. The practice carried out a thorough analysis of complaints. Complaints were discussed at a quarterly complaints meeting. The meetings were minuted so the information could be shared with all staff. The records supported that learning had taken place and become embedded into practice.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality healthcare and to respond to patient needs and expectations. The practice vision was supported by the practice values and behaviours.

- The practice had a mission statement which was displayed around the practice and staff knew and understood the values.
- The staff and the Patient Participation Group (PPG) had been involved in the development of the mission statement.

Governance arrangements

Governance within the practice was mixed, we saw examples of risks that had been well managed:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP partners had designated clinical and managerial lead roles.
- The GP partners held regular meetings where they discussed and made decisions on matters relevant to the successful operation of the practice.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

We did see some areas of governance that had not been well managed:

- The practice had not completed some the checks necessary when recruiting staff. For example, character references had not always been sought and the immunity of staff to healthcare related infections had not been established.
- We saw there was a lack of detail in how the risk fire had been assessed and monitored.

Leadership and culture

The practice had engaged with the NHS England Improving General Practice Team. The team assisted the practice with the development of policies and protocols, reorganisation of the non-clinical structure, review of nursing policies and procedures and training of health care assistants to deliver additional services.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management, both professionally and personally.

- Staff told us the practice held regular communication meetings, minutes of which were available to all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), through surveys, NHS Friends and Family Test and complaints received. The practice had an active PPG, which met regularly, and took forward suggestions and improvements identified through comments from patients. The representative from the PPG told us the practice listened and responded to feedback. For example, following a number of comments concerning staff attitude, customer care training had been provided in 2015 and the number of comments had decreased.
- The practice had also received feedback from a survey undertaken by Healthwatch Telford and Wrekin across all GP practices in the locality in early 2016. The specific

Are services well-led?

Requires improvement

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

responses for Oakengates Medical Practice focused on accessing appointments in a timely and convenient manner and telephone waiting times. The practice had produced an action plan in line with these comments and was looking to increase the amount of appointments available through the recruitment of additional staff from a range of clinical backgrounds.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example: members of the nursing team expanding their skills and knowledge to enable the practice to meet the needs of the patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice invested in the staff team to develop their skills and knowledge to improve outcome for patients. For example: one of the practice nurses was currently undertaking an asthma diploma course and an immunisation course, and one of the health care assistants was undertaking a minor wound care programme.

The practice had also reviewed and restructured the administration team in an attempt to resolves issues raised through patients comments and complaints. The practice had introduced a dedicated prescription clerk, who dealt with the majority of prescription requests. New procedures and protocols had been implemented to support this role. A coding / scanning team had been developed, to allow reception staff to concentrate on dealing with patients either in person or on the telephone.

Three GPs had recently left their employment and the practice was actively recruiting to replace these. The practice recognised the challenges of recruiting GPs and was looking at a range of other clinical practitioners to complement the clinical staff team. An additional advanced nurse practitioner had recently joined the practice, and an urgent care practitioner was due to start in July 2016. An urgent care practitioner is a registered nurse or healthcare professional who has undertaken additional training in patient assessment and treatment. This post was being funded via additional funding to develop a team to support frail and older patients in an attempt to reduce the number of unplanned admissions.

The practice was part of a local pilot scheme to provide extended hours appointments every weekday evening and Saturday mornings. Patients could access appointments at any of the GP practices in the pilot scheme during these times.

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 The provider did not have an effective process for assessing, monitoring and improving the quality of services provided in the carrying on of the regulated activity in relation to evaluating the reasons for the performance data regarding patient satisfaction rates on their experience of contacting the practice by telephone and overall experience of making an appointment. The provider did not have a effective process for assessing, monitoring and mitigating the risks to the health, safety and welfare of service users and others which arise from the carrying on of the regulated activity. For example, the required recruitment checks were not always obtained, or the immunisation status of staff established, and the fire risk assessment lacked detail. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.