

Mount Chambers Medical Practice

Quality Report

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

Ratings

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?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mount Chambers Medical Practice on 11 January 2017. Overall the practice is rated as good.

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.
- The practice had an effective system for the management of patient safety and medicines alerts but not all relevant staff were aware of the latest information available to them.
- The majority of risks to patients were assessed and well managed. However the systems in place for ensuring that medical equipment and prescription stationery were stored securely were not effective.
- Specimens awaiting submission for testing were stored in a place that was accessible to patients.
- 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.
- The majority of patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care and access to services as a result of complaints and concerns.
- Data from the national GP patient survey reflected that patient satisfaction was lower than CCG and national averages for several of the areas measured.
- Patients had mixed views on access to appointments. The practice was regularly reviewing their appointment system.
- The practice was limited by the size of their facilities however was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice responded positively to feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that prescription stationery is kept securely.
- Implement a system to respond to patient feedback as highlighted in the national GP patient survey and to actively seek and act on patient feedback.

The areas where the provider should make improvement are:

- Ensure specimens are stored safely prior to submission for testing.
- The practice should ensure that all relevant staff are aware of the location of information relating to medicine and patient safety alerts.

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



- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong involving patients, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information.
- There were some systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these, however this needed improvement in one area. Specimens awaiting testing were stored in a place that was accessible to patients.
- The dispensary aspect of the practice was managed appropriately. The system in place to manage patient safety and medicine alerts was effective.
- There were processes and policies in place for the safe management of medicines, however some of these required strengthening. For example, prescription stationery was not kept securely.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the majority of 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- There were effective systems in place for health screening and recalls.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower or in line with than others for several aspects of care.
- The practice was unaware of the national GP patient survey however there were systems in place for patients to feedback on the service provided.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and that patient and information confidentiality was maintained.
- The practice had a system in place for the identification of patients who were carers and signposted them to support services.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, to secure larger premises.
- Patients' feedback, from the national GP patient survey, CQC comments cards and through conversations on the day, was mixed regarding ease of access to the practice by telephone and making an appointment.
- The practice completed a review of their appointments system in December 2015 as a result of patient dissatisfaction and internal concerns about risks to patient and staff due to increased workload.
- The practice had facilities that were 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.

Good



Summary of findings

- The practice completed complaints analysis to look for trends and used the outcomes to seek improvements to the services provided.

Are services well-led?

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

- There was a clear leadership structure.
- The practice had a number of policies and procedures to govern activity which were reviewed regularly and when needed.
- Staff told us that they felt supported by managers.
- There was an overarching governance framework in place which included arrangements to monitor and improve quality and identify risk. The system in place for the secure storage of prescription stationery required improving.
- 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.
- Staff told us that when they gave suggestions for ways to improve the service provided to patients and the processes related to this, they were listened to and action taken where appropriate.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

The provider is rated as good for this population group.

Good



- The practice pharmacist completed frequent medicines reviews for this group to review patients on poly pharmacy (which is a patient taking four or more medicines at the same time).
- Patients aged over 75 had a named GP.
- The practice worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- The practice closely monitored older patients who were at high risk of hospital admission and/or at the end of their life. They used a recognised method of assessing frailty to determine which patients were at risk.
- Home visits were available when needed.

People with long term conditions

The provider is rated as good for this population group.

Good



- These patients were offered a structured annual review of their condition.
- The practice ran a monthly 'self-help' group for patients with type 2 diabetes, which was also open to patients with this condition in the locality but not registered at the practice.
- Nursing staff had lead roles in chronic disease management.
- The practice performance for diabetes indicators was in line with or above the CCG and national average. For example, the percentage of patients with diabetes with a recent blood pressure reading within specified levels was in line with the CCG and national averages.
- 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.
- All patients had a named GP who was responsible for their care.

Families, children and young people

The provider is rated as good for this population group.

Good



- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged situations.
- Immunisation rates were in line with CCG and national averages for standard childhood immunisations.
- The practice ran baby and post-natal clinics for mothers.

Summary of findings

- Weekday appointments were available before and at the end of school hours.

Working age people (including those recently retired and students)

The provider is rated as good for this population group.

- The practice offered online services such as online booking and prescriptions
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- The practice offered coil fittings and referrals to sexual health clinics.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was in line with the CCG and national average.
- There were early morning and later afternoon phlebotomy appointments available for this group.

Good



People whose circumstances may make them vulnerable

The provider is rated as good for this population group.

- The practice held a registers of patients living in vulnerable circumstances such as those with a learning disability and those who are homeless.
- Patients in this group were offered extended appointments.
- The practice worked with other health care professionals as needed in the case management of vulnerable patients.
- The practice referred and sign-posted vulnerable patients to various support groups and voluntary organisations.
- Staff had received training in identifying and reporting possible signs of abuse.
- The practice had identified 170 carers which was 1.2% of the patient list

Good



People experiencing poor mental health (including people with dementia)

The provider is rated as good for this population group.

- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average.
- Outcomes for patients with a mental health diagnosis were comparable or higher than the CCG and national average.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Patients in this group had a named GP.
- There were leaflets and posters showing patients experiencing poor mental health about various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

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 in line with or below CCG and national averages. 226 survey forms were distributed and 118 were returned. This represented a 52% response rate.

- 42% of patients found it easy to get through to this practice by phone compared to the CCG average of 63% and the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 66% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 57% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 106 comment cards which were mostly positive about the standard of care received. 84 comment cards reported that staff were friendly and professional, 17 expressed dissatisfaction with ease of making an appointment with a further four commenting on other aspects of access to appointments.

We spoke with six patients during the inspection. The majority of patients said they were satisfied with the care they received and felt treated with dignity, compassion and respect.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that prescription stationery is kept securely.
- Implement a system to respond to patient feedback as highlighted in the national GP patient survey and to actively seek and act on patient feedback.

Action the service **SHOULD** take to improve

- Ensure specimens are stored safely prior to submission for testing.
- The practice should ensure that all relevant staff are aware of the location of information relating to medicine and patient safety alerts.

Mount Chambers Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mount Chambers Medical Practice

The practice is based in the town of Braintree near to the local supermarket. There is very limited parking for the practice so patients are recommended to use the supermarket car park. The nearest train station is Braintree which is a mainline station.

The practice premises are small and they have expanded these slightly by the use of linked porta cabins whilst they await approval and sourcing of new premises. At the time of our inspection the practice is open to new patients.

This practice is a teaching and training practice and has medical students, GP registrars in their final stage of training, physician associate trainees and student nurses. GP registrars are fully qualified doctors and have had at least two years of NHS experience. Medical students may sit in on consultations and examinations with the patient's consent. It is also a dispensing practice, which means that patients who do not have a dispensing chemist within a 1.6km radius of their house can get their prescribed medicines dispensed from here.

The list size of the practice on the day of our inspection was 13710. The practice has a large staff group, this includes

seven GP partners, four male and three female, and one salaried GP. There are two female advanced nurse practitioners (who are able to provide many services a GP can), three female practice nurses and four female health care assistants (HCAs). There are a number of other staff carrying out administrative duties, led by a practice manager. In addition, the practice also has five dispensers, a dispensary manager, three phlebotomists and a seconded pharmacist.

The practice is open between 8am and 6.30pm on Mondays to Fridays. Appointment times vary dependant on the clinical staff seen. Times range from 8.30am to 12.30pm and 3pm to 6pm Monday to Friday for GPs and 8am to 12.30pm and 2.30pm to 6pm for nursing staff.

When the practice is closed patients are advised to call the practice number where they will be redirected to the out of hours service, if they require medical assistance and are unable to wait until the surgery reopens. The out of hour's service offers either a telephone consultation with an on call doctor or an appointment at the Emergency Centre. In the case of an emergency, such as chest pains, patients are advised by the practice to dial 999.

The practice has higher than the CCG and national average numbers of 65 to 85+ year olds. There is a higher than average percentage of patients with a long-term health condition. The practice population also has higher than average levels of income deprivation affecting both children and older people.

Detailed findings

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 11 January 2017.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.'

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia). Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events, however the systems for recording action taken with regards to MHRA (Medicines and Healthcare Products Regulatory Agency) alerts required strengthening.

- All significant events were discussed at practice meetings and learning shared.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient, a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support. A face to face or written apology was given, depending on the patient's preference which would outline any actions taken to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed an incident involving an incorrect medicine being dispensed. Following identification of the error the systems were reviewed and improved. The patient was kept informed at all stages of the investigation and then received an explanation and apology.
- We reviewed safety records, incident reports, patient safety and found that any required action had been taken and lessons shared appropriately.
- We asked the practice about action taken regarding MHRA alerts. We found that although they told us there were systems in place to deal with any medicines alerts or recalls, there was no records of actions, such as searches, available for us to review on the day of the inspection. The practice then sent us evidence that reflected that these were being managed effectively, although we did find on the day of the inspection that not all relevant staff were able to demonstrate that they were aware of how to access the information about the alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however some of these needed strengthening:

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and local council requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding. All clinicians attended a monthly multidisciplinary meeting which included discussing all safeguarding cases. The computer system alerted staff to patients on the 'at risk' register.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that GPs were trained to child protection or child safeguarding level 3.
- Notices in clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We did find that specimens requiring laboratory testing were being stored in a room that was accessible to patients.
- 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 had a staff pharmacist who carried out regular medicines audits, using local guidance, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The provider kept records of serial numbers for prescription paper. A risk assessment had been completed assessing the security of blank prescription forms and pads, however existing controls were not

Are services safe?

adhered to and therefore prescription stationery was not securely stored. However, since the inspection, the practice has informed us of the improved security arrangements they have made since the inspection, including the purchasing of lockable printer trays.

- Two of the nurses 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.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Records showed that all members of staff involved in the dispensing process were appropriately qualified and their competence was checked annually by the dispensary lead. We saw a positive culture in the practice for reporting and learning from any medicines incidents or 'near misses'.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of annual review of these procedures. Dispensary staff undertook medicine use reviews with patients. There were systems in place to ensure that prescriptions were signed before the medicines were dispensed and handed out to patients.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate

checks through the Disclosure and Barring Service. The practice had a system to ensure ongoing checks related to registration with professional bodies and immunisation status of staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were also risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

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 alert button in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was stored in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be appropriate, stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE online and used this information to deliver care and treatment that met patients' needs.
- There was a monthly clinical meeting attended by all GPs, including those in training, with wide ranging content including shared learning from internal and external sources.
- Relevant clinical staff met daily both to discuss visit allocation and also for informal peer discussion regarding current cases and medical guideline updates.

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, from 2015 to 2016, indicated the practice achieved 96% of the total number of points available compared with the CCG and national average of 95%.

Data from 2015 to 2016 showed:

- Performance for the review of patients with COPD which included an assessment using a specific scale was lower than the CCG and national average. The practice achieved 77% compared with the CCG and national average of 90%.

The practice were aware of the data and told us that they had invited the local respiratory consultant and community COPD team into a meeting in January 2016 to discuss management of their patients with a respiratory condition, in order to implement a process that would achieve improved outcomes.

The practice was not an outlier for any other QOF clinical targets.

- Performance for diabetes related indicators was in line with or higher than the CCG and national average. For example, the percentage of patients with a blood pressure measurement within specified levels was 77% compared to the CCG average of 74% and national average of 78%. The practice had a 11% exception reporting rate which was in line with the CCG average of 11% and lower than the national average of 9%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)
- Performance for mental health related indicators was higher than the CCG and national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 98% compared to a CCG and national average of 89%. The practice had a 20% exception reporting rate which was in line with the CCG average of 19% and higher than the national average of 13%.

The practice data for the number of antibacterial medicines prescribed was in line with the CCG and national average.

The practice told us that they sent a clinical team, including a GP, nurse practitioner, practice nurse and pharmacist, to care homes on a regular basis to ensure that all regular checks were completed (for example, pathology, medication reviews and annual checks).

There was evidence of quality improvement including clinical audit.

- There had been 25 clinical audits completed in the last two years. Audits viewed in detail evidenced quality improvements.
- The practice participated in local audits, national benchmarking and research.

The practice team had been involved with a national research project to monitor the side effects of 2015 influenza vaccinations. As part of this project they also took and sent samples for diagnostic testing for patients presenting with flu-like symptoms. They were a member of the Primary Care Research Network and were signed up for a new study.

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. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines had received specific training.
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical 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 we spoke with felt supported.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with palliative care nurses, health visitors, social workers, district nurses and other community staff.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, Fraser guidelines and Gillick competencies.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.
- The practice had a written consent form for patients to sign prior to injections which was clear and explicit.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support opportunistically and through monitoring high accident and emergency department attendance. The practice also ran a monthly support group for patients with Type 2 diabetes.

The practice's uptake for the cervical screening programme was 75%, which was in line with the CCG average of 75% and the national average of 74%. There were systems in place to follow up women who were referred as a result of abnormal results and those who had not attended for their cervical screen.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 60% for the practice, compared to the CCG average of 62% and the national average of 58%. The uptake of screening for breast cancer by eligible patients in the last 36 months was 73% compared to the CCG average of 77% and the national average of 72%.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard or in line with CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 97% which was above the 90% standard.

Are services effective?

(for example, treatment is effective)

- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 95% which was above the 90% standard.
- The percentage of MMR dose one given to under five year olds was 95% compared to the CCG percentage of 96% and the national average of 94%.

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. These were either undertaken at the practice or the patient would be referred to a local provider to complete this assessment. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite 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.
- We saw that a private area could be offered if patients wanted to discuss issues privately. Staff could also use this if patients appeared distressed.

The majority of the 106 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered a good service and staff were friendly, professional and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that that staff responded compassionately when they needed help and treated them with dignity and respect.

Results from the national GP patient survey, published in July 2016, showed patients had mixed views regarding whether they felt they were treated with compassion, dignity and respect. The practice was in line with or below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 67% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The practice were not aware of this data source prior to our inspection and had not used other methods to assess patient feedback for the areas measured by this patient survey. The practice manager told us that they were accessible if patients had any issues.

The practice told us that they used other systems for patients to provide feedback on their satisfaction including the friends and family test, and a comments/complaints/compliments box. We saw this through complaints investigations and meeting minutes.

Care planning and involvement in decisions about care and treatment

Some patients told us they felt involved in decision making about the care and treatment they received. Two patient commented about the attitude of the GP which was a barrier to their level of involvement. Their view on whether they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them echoed this. The majority of patient feedback from the comment cards we received, regarding patients' involvement, was positive.

Results from the national GP patient survey showed patients responses were mixed to questions about their involvement in planning and making decisions about their care and treatment. Results for nurses were in line with local and national averages. Results for interactions with GPs were lower. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Are services caring?

The practice used complaints analysis and other analysis to review trends relating to patient satisfaction levels and alter service provision to address these issues where relevant. For example, following complaints regarding access they changed the appointment system and type of appointments on offer to provide a better service.

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 spoken English as a first language, this included British Sign Language. We saw notices in the reception areas informing patients this service was available.
- There was a portable hearing loop available for patients to use.
- Information leaflets were available to help patients understand their diagnosis.

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.

If a patient would find it difficult to wait in the waiting area, for example if they had needs on the autism spectrum then a room would be made available for them to wait in.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 170 carers (which was 1.2% of the practice list). Carers were sign posted to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice sent them a card offering, if required, either a telephone call, appointment or home visit. Support was offered by a GP in whichever format they preferred.

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 were engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) and other local providers to secure improvements to services where these were identified. For example, the practice was in negotiations to secure larger premises to meet the demands of its current and future patient population.

- The practice offered early morning and later afternoon appointments for phlebotomy for working age patients.
- There were longer appointments available for patients for those patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS and could be referred to other clinics for vaccines available privately.
- There were facilities for the disabled, a hearing loop and translation services available.
- The premises were suitable for babies and young children.
- There was access to a downstairs consulting room for patients who were unable to use the stairs.

Access to the service

The practice was open between 8am and 6.30pm on Mondays to Fridays. Appointments times varied dependant on the clinical staff being seen. Times ranged from 8.30am to 12.30pm and 3pm to 6pm Monday to Friday for GPs and 8am to 12.30pm and 2.30pm to 6pm for nursing staff. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

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

- 55% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and a national average of 76%.

- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 42% of patients said they could get through easily to the practice by phone compared to the CCG average of 63% and the national average of 73%.

We spoke with the practice who were not aware of this data source prior to our inspection. The practice manager told us that they are constantly reviewing the appointments system and have 10 telephone lines available. They have a high percentage of appointments which are bookable in advance.

The practice absorbed some patients from a neighbouring practice which had closed. This produced an increased workload for staff. The practice completed a review of their appointments system in December 2015 due to patient feedback and also internal concerns about the risks to patients and staff due to this increase. Following the review the new system was introduced.

People we spoke with on the day of the inspection had mixed view regarding whether they were able to get appointments when they needed them. 25 of the 106 comments cards that we received made reference to difficulty in accessing appointments, either difficulty getting through on the telephone, or all appointments being booked. Three others stated that more GPs were needed at the practice.

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.

Home visit requests were triaged to establish who was the most appropriate clinician to complete the home visit. 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.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice manager handled all complaints in the practice, with clinical input from the GPs.
- We saw that information was available within the practice to help patients understand the complaints system.

We looked at summaries of the 27 complaints received in the last 12 months and one in detail and found these were satisfactorily handled and there was openness and

transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, one related to a patient not being offered a chaperone by a GP. The complaint was handled appropriately and learning shared with staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy to improve the quality and type of services it provided. They were in the process of securing new premises.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of other staff.
- There were systems in place for monitoring risks to staff and patients. However, the system in place for the security of prescription stationery required strengthening.
- The practice had a system in place for monitoring and assessing the quality of services provided through quality improvement. The practice were aware of their ongoing performance and used a variety of different methods to maintain and improve the standard of care provided to patients.
- There were practice specific policies which were implemented, updated and were available to all staff.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had a clear understanding of their patients' expectations and the challenges the practice faced to respond to these. They had looked at alternative ways to provide a service to patients to ensure high quality care in a timely manner. We found that there was a team approach to the practice and staff supported each other. Staff told us the partners were approachable and they felt listened to.

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 which was evident throughout our inspection. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal or written apology, depending on the circumstances.
- The practice kept records of written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us they had the opportunity to raise any issues both at team meetings and outside of these and felt confident that action would be taken to resolve these concerns.
- 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 encouraged feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and complaints received. The PPG provided feedback to the practice. We met with the PPG during the inspection and they told us that the practice responded to any feedback from the group. However the data from the GP survey showed that there were several areas where patient satisfaction was poor. The practice was unaware of this data and therefore had not addressed these issues. The practice had not actively sought the views of patients via their own survey.
- The practice gathered feedback from staff through staff meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt able to make suggestions for ways to improve the quality of care and that these, where possible, would be acted upon.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p> <p>How the regulation was not being met:</p> <p>The registered person was not aware of the data from the national GP patient survey prior to our inspection and did not have an effective system to seek and act on patient feedback. They had not actively sought feedback from patients and carers.</p> <p>The practice risk assessment in relation to the secure storage of prescription stationery was not being followed.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>