

Dr Black & Partners

Quality Report

Chellaston Medical Centre,
Rowallan Way, Chellaston,
Derby,
Derbyshire
DE73 5BG
Tel: 01332 720077
Website: www.melbournesurgery.co.uk

Date of inspection visit: 14 June 2016
Date of publication: 15/08/2016

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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Black & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Black and Partners on 14 June 2016. 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. These were discussed regularly with practice staff.
- Risks to patients were assessed and well managed overall. However, the provider needed to make improvements to some of their medicines management processes.
- The practice had recently lost some key members of their management and clinical team and had used an external consultancy to work with them in identifying recruitment options based on skills required for the practice.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients was consistently positive about the care they received.
- 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.
- Patients said that urgent appointments were always available the same day but that they sometimes need to wait to see their preferred GP for a routine appointment. The practice had implemented a system where patients were seen on the day by an urgent care practitioner who was trained to the level of Advanced Nurse Practitioner (ANP)

Summary of findings

- The practice was purpose built, had good facilities and was well equipped to treat patients and meet their needs.
- Staff had strong and visible leadership and said they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvement are;

- Enabling the safe and proper management of medicines ensuring there is clinical oversight of all amendments and additions to prescriptions
- Assessing the risk of, and preventing, detecting and controlling the spread of, infections by assessing the risk of legionella and taking necessary action to mitigate this

- Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way by ensuring the arrangements for fire safety risk assessment and testing are in place to protect patients from the risk of fire.

The areas where the provider should make improvement are;

- Consider whether the business continuity plan should be available off site.
- Review the documentation relating to risks assessed for staff and patients to ensure these are robust, regularly reviewed and accessible.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place that ensured that significant events were reported and recorded. Actions were taken and lessons were shared within the practice to improve safety in the practice.
- When things went wrong patients received support, information, 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 abuse. They had developed a leaflet in-house which provided comprehensive information about abuse and what to do if there was a concern. This included external contact numbers.
- Some risks to patients were assessed and managed. However, there were some risk assessments that needed to be reviewed, including a fire risk assessment.
- The practice utilised a prescribing clerk who updated prescriptions according to instructions in hospital discharge letters. The letters were first approved by a GP, however, the process for approving changes following correspondence from outpatients' letters did not include GP approval or have clinical oversight.
- There were good processes in place for all other medicines management activities, including safe storage of medicines and prescriptions.
- There had been a delay in conducting a legionella test for the practice; however, we saw that this had been planned with an external company to be undertaken soon.
- A business continuity plan was in place and this detailed contingency arrangements to deal with a range of emergencies that could affect the practice. However, there was not a written copy stored off site in case of IT problems.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the

Summary of findings

national average. Data from 2014/15 showed they had achieved 99.6% of the total number of points available. This was above both the clinical commissioning group (CCG) and national averages.

- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all clinical staff, however, there had been a delay in completing appraisals for some administration staff due to the recent loss of the practice manager. The practice planned to complete these soon.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Close working with multi-disciplinary teams to support patients at risk of unplanned hospital admission had resulted in an admission rate that was lower than CCG and national averages.

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 highly for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Practice staff told us that patients were their highest priority and would go the extra mile where possible.
- 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.
- The practice kept a register of patients who were carers and provided a carers notice board signposting carers to where they could find support.
- Social events were planned for staff

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Patients said that urgent appointments were always available the same day, but that they sometimes had to wait up to three weeks to get a routine appointment to see their preferred GP.
- The practice had implemented a system whereby patients who called for an appointment were able to see a senior nurse who was an urgent care practitioner on the same day. This had enabled more appointment slots to be freed up for GPs to provide ongoing care.
- The practice was purpose built, had good facilities and was well equipped to treat patients and meet their needs.
- The practice made weekly visits to their local care homes and held meetings with staff to discuss patients' 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 at regular meetings.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. Where events occurred that would have an impact on the practice, staff were invited to attend a whole-practice meeting so that information could be shared and their views heard. For example, the recent departure of the practice manager was unexpected and so the practice brought the whole team together to discuss and plan the running of the practice in the interim until a new practice manager could be recruited.
- 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 practice meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. GPs had a lead role in an aspect of management which contributed to the governance agenda.
- The partners encouraged a culture of openness and honesty.
- There were systems in place for notifiable safety incidents that ensured relevant 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.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. All had a named GP.
- There was a nominated GP who made weekly ward round visits to their patients in local care homes and had meetings with staff there to discuss care
- The practice was responsive to the needs of older people, and offered home visits, telephone consultations and urgent appointments for those with enhanced needs.
- The practice regularly reviewed any unplanned admissions and ensured that care plans were updated and shared with relevant health professionals.
- The practice had good links with local pharmacies and supported a delivery service to patients who were housebound.

People with long term conditions

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

Good



- There was a GP who was the lead for QOF and supported the practice in monitoring achievement. All GPs were responsible for providing chronic disease management and those patients who were at risk of hospital admission were identified as a priority and reviewed regularly.
- The urgent care practitioners were available to review patients who had an acute exacerbation of their condition between visits.
- The practice had achieved 98.2% of the total QOF points available for diabetes related indicators which was 5.1% above the CCG average and 9% above the national average. Exception reporting rates were similar to CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.

Summary of findings

Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place.
- Children who had not attended appointments were followed up by a dedicated administration lead, and where non-attendance continued, reported to the GP who acted as the child safeguarding lead. The practice worked with the health visiting team to encourage attendance.
- There were regular midwifery clinics and new mothers were offered post-natal checks and development checks for their babies
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children.
- There were vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group averages.

Good



Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- A range of on-line services were available, including medication requests, booking of GP appointments and access to health medical records.
- The practice offered all patients aged 40 to 74 years old a health check with the nursing team.
- Telephone appointments were available for medicine reviews
- Telephone consultations were available with a nurse or GP
- The practice provided information about health promotion and screening that reflected the needs for this age group. For example; breast screening, bowel cancer screening and cervical smear tests. There was a named administrator who invited eligible patients for cytology screening (cervical smears)

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. There was a member of staff who used sign language when requested. A translation service was available for non-English speaking patients. There were automated entrance doors and toilets were suitable for disabled patients.
- The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 61 patients on the learning disabilities register, 40% had received annual health checks in the preceding 12 months. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.
- The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Carers were viewed by the practice as vulnerable patients and were offered an annual health review and information about how to get support.
- The practice held monthly meetings with a care coordinator to review the needs of all patients on their registers who may be at risk or considered vulnerable. Meetings included representatives from the community support staff and social team.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice held a number of appointment slots each day for Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. GPs carried out advance care planning for patients with dementia.

Summary of findings

- The practice had regular multi-disciplinary meetings with other health professionals in the case management of patients with mental health needs and dementia, and followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had 134 patients on their dementia register and 99.1% of them had their care reviewed in a face to face meeting in the last 12 months, which is higher than both CCG and national averages.
- The practice had achieved 100% of the total QOF points available for mental health related indicators. This was 3.1% above CCG average and 7% above the national average. However, exception reporting was higher than CCG and national averages for some mental health related indicators. We looked at patient records and found that the high exception reporting was due to patients being included in the report where they had been in remission and had adversely affected the score.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on published on **7 January 2016**. The results showed the practice was performing in line with local and national averages in a number of areas, but were also below the averages in various areas. 237 survey forms were distributed and 124 were returned. This represented a 52% response rate.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were almost all positive about the standard of care received. Patients told us that the GPs, nurses and receptionists were professional and caring, and that the practice was usually clean. However, one patient said they felt they did not have sufficient time during their consultation and two patients told us that they had to wait a long time for a routine appointment with their preferred GP.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The most recent Friends and Family survey conducted showed that 88% of those who responded were extremely likely or likely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are;

- Enabling the safe and proper management of medicines ensuring there is clinical oversight of all amendments and additions to prescriptions
- Assessing the risk of, and preventing, detecting and controlling the spread of, infections by assessing the risk of legionella and taking necessary action to mitigate this

- Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way by ensuring the arrangements for fire safety risk assessment and testing are in place to protect patients from the risk of fire.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are;

- Consider whether the business continuity plan should be available off site.
- Review the documentation relating to risks assessed for staff and patients to ensure these are robust, regularly reviewed and accessible.

Dr Black & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Black & Partners

Dr Black & Partners provides primary medical services to approximately 14,800 patients, and is run by a partnership of five GPs. The main practice is in Chellaston Medical Centre, Rowallan Way, Chellaston, Derby DE73 5BG, with a branch surgery at Melbourne Medical Centre, Melbourne, Derby, which is approximately four miles away. Patients can attend either practice.

We did not visit the branch surgery as part of this inspection.

The practice team includes administrative staff, a nurse manager, a practice nurse, three urgent care practitioners, a health care assistant and nine GPs including five partners (five female, four male). All of the clinical staff work across the two surgeries.

The practice holds the General Medical Services (GMS) contract to deliver essential primary care services. The practice is open between 8am and 6.30pm Monday to Friday. Appointments at both practices are generally available from 8.30am to 11.30am and 3.30pm to 5.30pm daily.

The practice does not provide out-of-hours services to the patients registered there. During the evenings and at weekends an out-of-hours service is provided by Derbyshire Health United. Contact is via the NHS 111 telephone number.

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 14 June 2016. During our visit we:

- Spoke with a range of staff (GPs, nursing team, urgent care practitioner, reception team leaders, care coordinator, patient liaison lead, prescribing clerk, reception and administration 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.

Detailed findings

- 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. There had been 43 events recorded in the preceding 12 months. A summary of the past 12 months demonstrated learning was shared, and when appropriate changes were made to protocols and practice.

- 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, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example; when an incorrect home-testing kit for a screening procedure was issued, the practice produced a crib sheet to support staff who issued the kits on request.
- The practice carried out a thorough analysis of the significant events three times each year and new events were also discussed at practice meetings as a standing agenda item.

The practice had a process to review and cascade medicines alerts received via the Medicines and Healthcare Regulatory products Agency (MHRA). When this raised concerns about specific medicines, searches were undertaken by the practice pharmacist to check individual patients and ensure effective action were taken to ensure they were safe. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine.

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 the risk of abuse. Contact details for local safeguarding teams and safeguarding policies were accessible to all staff. The practice had designed a leaflet which to support the training staff had received. It provided information for staff about the various aspects of abuse and included contact numbers. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs had attended level three training in safeguarding and nurses level two. One of the GP partners was the appointed safeguarding lead for adults and another GP partner the safeguarding lead for children within the practice. The leads demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. Administration staff had completed in house safeguarding training. Safeguarding was discussed at monthly meetings and a quarterly meeting with the health visitor and school nurse was held to discuss vulnerable children.
- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had been DBS checked. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones. Two new receptionists were planning to act as chaperones and had training planned.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a GP as the nominated infection control lead and there were plans in place to extend this role to the newly appointed senior nurse practitioner who was due to start at the practice the following week. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling. Regular audits had been conducted and we saw evidence that most of the actions following a recent audit had been carried out. For example; posters identifying what to do in the event of a sharps injury were provided in all clinical rooms. An action to replace a hand basin in the branch practice was still outstanding although this was planned.
- Some of the arrangements for managing medicines, including emergency medicines and vaccinations were

Are services safe?

suitable and kept patients safe (including obtaining, handling, storing and security). There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters. We saw that these were monitored and recorded. All medicines stored in the fridges were in date and there was evidence of an effective ordering and stock rotation process.

- Prescription pads and forms for use in computers were stored securely at the branch practice and there was a system in place to track their use (a tracking system for controlled stationary such as prescriptions is used by GP practices to minimise the risk of fraud). GPs collected prescription pads from the branch practice when they required them.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions (PSDs) were used by the health care assistant (HCA) to administer influenza vaccinations and vitamin B injections. These were signed by a GP and used appropriately.
- The practice utilised a prescriptions clerk to add or amend medications to prescriptions according to hospital discharge letters and consultant appointments. Discharge letters were seen first by the prescribing clerk and any alterations made. The letter was then passed to the GP for approval.
- Outpatient letters were seen first by the GP who authorised the prescribing clerk with making the necessary changes. However, there was no system in place for the GP to check that the correct changes had been made. The next time a GP would see this would be when signing off a new repeat prescription. The practice told us that they had reviewed this process since our visit and had made changes to the process with immediate effect.
- We reviewed five personnel files and found that most of the appropriate recruitment checks had been undertaken prior to employment. For example, DBS checks (when appropriate) and written references. An induction programme was in place and had been completed by recently employed staff. We saw that this usually took around four weeks followed by a period of supervision.

Arrangements to deal with emergencies and major incidents

The practice had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training that included fire safety and had trained three staff members as fire marshals. The fire alarm system was checked weekly. The most recent fire evacuation drill had taken place during 2015, however, the practice were unable to provide a record of this and were unable to show us a current fire risk assessment.
- Regular electrical checks ensured equipment was safe to use and clinical equipment was checked regularly and calibrated annually.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- The practice had a buddy system to provide cover for holidays and absence.
- Infection prevention and control (IPC) audits were last undertaken in 2016 by the IPC Lead. Actions identified had been completed or planned.
- Clinical staff had received appropriate vaccinations that protected them from exposure to health care associated infections. Risk assessments had been conducted for some non-clinical staff who had elected not to receive the vaccinations.
- The practice were unable to show us a formal risk assessment for minimising the risk of Legionella on the building (Legionella is a bacterium which can contaminate water systems in buildings). However, we saw that this was planned for later in the month with an external company. The practice had carried out a weekly safety precaution of running the water for 10 minutes.

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or

building damage. The plan included emergency contact numbers for staff. However, they did not have a paper copy stored off site in case of IT failure. They rectified this immediately.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff within the practice assessed the needs of patients and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- The practice had systems in place to keep all clinical staff up to date. The clinical staff received all email alerts and updates which were acted upon.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, which was two points above the CCG average. The exception reporting rate was 10.8%, which was 0.3% point above the CCG 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 the most recent published QOF results showed:

- The percentage of patients diagnosed with diabetes who had had a foot examination in the preceding 12 months was 95.7% which was 6 points above the CCG average and 7 points above the national average. Exception reporting at 6.4% was lower than both CCG and national averages.
- Performance for mental health related indicators was 100%, which was 7 points above the national average. However, exception reporting for most of these

indicators was higher than CCG or national averages. We reviewed patient records and found that all exceptions reported were appropriate and reasons recorded in patient records.

- The percentage of patients with dementia who had received a health review in the preceding 12 months was 99.1%. This was higher than the CCG average of 88.3% and the national average of 84%. Exception reporting was lower than both CCG and national averages.
- The percentage of patients with atrial fibrillation being treated with anti-coagulant therapy was 100%. This was slightly higher than CCG and national averages, and exception reporting at 7.5% was also comparable with CCG and national averages.
- The percentage of patients with hypertension who had had their blood pressure monitored within the preceding 12 months was 91.2%. This was higher than the CCG average of 84.9% and national average of 88.6%. Exception reporting at 7.2% was marginally higher than CCG and national averages.

Discussions with practice staff and a review of records demonstrated that the practice was following guidance in line with exempting patients; for example in relation to patients not attending for reviews in spite of three invitations being issued. Additionally we saw evidence that the practice was aware of areas where their exception reporting rate was above local and national averages and was seeking to address this. In order to reduce exception reporting rates for patients who had failed to attend, the practice had identified the patients at the start of the QOF year and was ensuring that these patients were contacted from the start of the year to increase the chances of them attending for a review.

There was evidence of quality improvement including clinical audit.

GPs undertook their own audits which were driven by identification of risk and development needs, although not all of these were available on the day we visited.

- We saw that clinical audits had been undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example; an audit showed that patients who developed gestational diabetes were not all offered a fasting plasma glucose test at their six-week post-natal check. The practice changed their methods of

Are services effective?

(for example, treatment is effective)

identifying patients who required this. When a repeat audit was made 12 months later, the number of patients who had received the blood test post natally increased from 17% to 93%.

- The practice had set up 88 reports to run continuously and were generated automatically from their computer system. These reports were used to review clinical practice and processes and contributed to audits and review of practice performance.

Effective staffing

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

- The practice had a role specific, induction programme for all newly appointed staff which lasted a period of four weeks followed by a period of supervision and mentorship. Inductions covered a range of topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. There was also opportunity to shadow colleagues and receive role-specific training where required.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and support within the CCG.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. All clinical staff had received an appraisal within the last 12 months. However, there were some administrative staff where their appraisal had been delayed due to the departure of the practice manager. The practice were being supported in the interim by a practice manager from an external consultancy. The outstanding appraisals were being planned.

Coordinating patient care and information sharing

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

- This included 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, or raising safeguarding concerns.
- The practice team worked collaboratively with other health and social care professionals to assess the range and complexity of patients' needs and plan ongoing care and treatment. Monthly meetings took place to review care for patients who were vulnerable or were at risk of unplanned hospital admission. The meetings had representation from a wide range of professionals including district nurses, a social care representative, mental health team, community matron, the care co-ordinator. And the practice pharmacist. A named lead GP attended this meeting for continuity, and meetings were comprehensively documented. Close liaison with multi-disciplinary teams and the care coordinator had resulted in a reduction in the number of emergency hospital admissions. The practice had achieved an emergency admission rate of 12 per 1,000 population compared to the CCG average of 15 per 1,000 and the national average of 14 per 1,000.
- There was a GP lead for palliative care and quarterly supportive care meetings were held between the practice team and the district nurse, and Macmillan nurse to review those patients on the practice's palliative care register. This meeting included a discussion of any new cancer diagnoses, and a review of any deaths to consider any learning points.
- The practice worked with the CCG's medicines management team who supported the practice.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity

Are services effective?

(for example, treatment is effective)

to consent in line with relevant guidance. Staff were able to articulate how this applied in individual cases, and the actions they would take to adhere to the guidance correctly.

- Where a patient's mental capacity to consent to care or treatment was unclear, the clinician assessed the patient's capacity and, recorded the outcome of the assessment.
- Consent forms were completed for any invasive procedures including coil fittings and minor surgical procedures. Nurses used a checklist within the patient's notes to record consent for vaccinations and immunisation.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice utilised the services of a care coordinator to signpost patients into ongoing community based support programmes including services to help patients stop smoking, diet advice, alcohol consumption, and social issues including debt management and isolation.
- Receptionists gave good examples of how they would make patients aware of the care coordinator and the links with organisations that might be of help to them.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 78% and the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was in line with local and national averages. For example; uptake for breast screening in the preceding three years was 84% which was slightly higher than the CCG average of 78% and the national average of 72%. Uptake for bowel screening was 69% which was comparable with the CCG average of 61% and the 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 97.1% to 98.9% (local average 93.7% to 97.7%) and five year olds from 98.9% to 100% (local average 91% to 97.6%).

The practice provided health checks for all new patients who would be initially assessed by the health care assistant (HCA) and then receive a full review of their current medicines with their GP. The HCA also provided NHS health checks for patients aged 40–74 where a comprehensive screening was provided which included an assessment of risk of cardio vascular disease. Where abnormalities or risk factors were identified, patients were then reviewed by their GP and follow up care provided.

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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Almost all of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the GPs, nurses and receptionists were helpful, caring and treated them with dignity and respect.

We spoke with 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Five people had completed a review of the practice on NHS Choices in the last 12 months; three positive comments referred to excellent GP practice and friendly, kind and caring staff, very helpful and professional, whilst five negative comments referred to unhelpful and unfriendly staff and the approach and attitude of certain staff.

Patients we spoke with told us they were listened to and supported by staff, and felt they were treated with compassion, dignity and respect by clinicians. Results from the national GP patient survey in January 2016 showed the practice was generally in line with local and national averages for its satisfaction scores on interactions with practice staff. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed that areas to questions about their involvement in planning and making decisions about their care and treatment were generally in line with local and national averages. For example:

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

There was a named GP for looking after patients in local care homes in order to ensure continuity. For example, the GP was involved in keeping patients' care plans updated

Are services caring?

and involved care home staff and patients' families in decisions where that person was not able to make an informed decision for themselves. The GP made weekly ward rounds and held meetings with staff there.

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 saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format
- A member of staff was able to provide a sign language service for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the support services available to them.

The practice worked to provide high quality standards for end of life care and had written care plans in place to ensure that patient wishes were clear, and that they were involved in the planning of their own care.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 149 patients as carers. This was equivalent to 1.3% of the practice list. The practice viewed all carers as vulnerable patients and discussed those who were in need of support in their multi-disciplinary meetings. The practice had a range of information available in the waiting area and on the website to support carers.

Staff told us that if families had experienced bereavement, the GP contacted them where this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. Information about local bereavement support organisations was displayed in the waiting area.

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. For example, the practice had secured funding to make improvements to the building at the branch surgery.

In addition:

- There were longer appointments available for patients with a learning disability and for those who needed them.
- There were disabled facilities including; disabled access and disabled toilets. Corridors and doors were accessible to patients using wheelchairs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Housebound patients received an influenza vaccination in their own home.
- The practice ran evening and Saturday influenza vaccination clinics for vulnerable people.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Reception staff were able to extend appointments and add in further slots depending on demand and to suit the needs of the patient's.
- Translation and interpretation services were available for those who required them and longer appointments were provided to facilitate communication.
- Sign language was offered on request for patients who were hard of hearing
- The practice utilised the services of a care coordinator who liaised with community staff to assist in planning of timely care for patients who were vulnerable and also had links to organisations to support patients with social needs and financial advice.
- The premises provided good accessibility for patients in wheelchairs, or those with limited mobility. Services were provided on the ground floor, and there were automatic entrance doors. A disabled toilet was available for patients and a hearing loop and available for patients who had hearing difficulties.

- The practice provided care for residents in local care and residential homes. Urgent visits were done on the day as required and planned 'ward round' visits ensured that patients were kept under regular review.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments at both practices were generally available from 8.30am to 11.30am and 3.30pm to 5.30pm daily.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for people that needed them.

The practice had trialled nurse triage but this wasn't received well by patients and they have now implemented a new role where three advanced nurse practitioners work as urgent care practitioners (UCP). Their role is to see all patients who call the practice each day with an urgent request. The receptionist triages the symptoms and where an urgent need is identified, an appointment is made with the UCP on the same day. Where ongoing care is required or a routine need is identified, the UCP made a follow up appointment with a GP. The role increased capacity for GP appointments and enabled GPs to focus on ongoing care for patients who needed it.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were in line or below local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England
- The patient liaison lead was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system in the waiting area and patients we spoke with on the day told us that they would approach a receptionist if they wanted to make a complaint.

We looked at 29 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints, and action was taken to as a result to improve the quality of care. For example, further to a complaint about incorrect information in a patient's record, the practice apologised to the patient and made amendments to the record.

Are services well-led?

Good 

(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.

- Practice staff knew about the values of the practice and appeared motivated to deliver high quality care for patients.
- Staff knew what was expected of them in relation to performance and behaviour.
- The partners kept all practice staff informed and involved them in decisions about the future of the practice. For example; the practice manager had recently left without giving notice and so the partners held a whole practice meeting to discuss options for the way forward.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the practice's computer system.
- A comprehensive understanding of the performance of the practice was maintained
- Staff had lead roles, for example; safeguarding, QOF, caldicott guardian, medicines management, palliative care, care homes, infection prevention and control.
- A programme of continuous clinical audit and review was used to monitor quality and to make improvements.
- The practice worked effectively with the practice pharmacist and the CCG pharmacist to ensure best prescribing practice which had resulted in the practice being identified by the CCG as the second lowest prescriber for hypnotics in the locality.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some of the documentation relating to risk assessments made could not be accessed due to these being stored by a previous employee and so the practice were in the process of reviewing many of their risk assessments.

- Practice specific policies were implemented and were available to all staff electronically.
- The practice engaged with their CCG, and attended locality meetings to work collaboratively and share best practice.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The partners were 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, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- There was a meeting structure in place that involved all staff groups where relevant. Staff told us the practice held fortnightly practice team meetings. These meetings were documented so they could be made available to any staff who could not attend.
- 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.

Are services well-led?

Good 

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

- The practice organised social events for staff, ran a birthday club and encouraged staff to approach anyone who appeared stressed to offer support.

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

The practice encouraged and valued 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); through patient surveys; via complaints received; from feedback

received on the NHS Choices website; and responses received as part of the Families and Friends Test (a simple feedback card introduced in 2013 to assess how satisfied patients are with the care they received).

- The PPG met quarterly, and had a core membership of approximately six with an extended virtual network of 199 people who communicated via e-mail. The PPG carried out patient surveys and contributed to improvements to the practice. For example, promotion of the online services and SMS text services.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not fully ensure that care and treatment was provided in a safe way for service users in relation to assessing and mitigating risks by;</p> <ul style="list-style-type: none">• Ensuring the safe and proper management of medicines with clinical oversight of all amendments and additions to prescriptions• Assessing the risk of, and preventing, detecting and controlling the spread of, infections by assessing the risk of legionella and taking necessary action to mitigate this• Ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way by ensuring the arrangements for fire safety risk assessment and testing are in place to protect patients from the risk of fire. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>