Victoria Medical Centre

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Victoria Medical Centre on 14 April 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we found that the practice had not learned from some of their significant events or put plans in place to prevent them happening again.
- Some risks to patients were assessed and well managed. However, for example, there was no health and safety or fire safety risk assessment at the branch surgery. The nursing team had not been subject of DBS checks.
- Data showed patient outcomes were low compared to the national average. We saw that clinical audit was making improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a high number of carers coded on the practice system; this was 174 which was 5.9% of the practice population. The practice offered them health checks and flu immunisations.
- Patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints. However, the information given to patients on how to complain did not contain the information on the process to follow if the complainant remained unhappy with the outcome.
- There was a leadership structure in place and staff felt supported by management. However, the partners could not demonstrate an active involvement in the governance or day to day running of the practice.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour.
- Feedback from patients was limited. There was no patient participation group and no recent survey of patients on general feedback for the practice.
- The practice had done well to identify carers amongst its patient population. (5.9% of their practice population)

The areas where the practice must make improvements are;

- Ensure systems and processes are established and operated effectively.
- Ensuring learning from significant events is shared and acted upon in order to minimise the risk of events being repeated.
- Ensure that the performance of the practice is understood in relation to QOF to improve patient care.
- Ensure they follow systems and processes in relation to infection control and training and carry out a legionella risk assessment.
- Ensure DBS checks are carried out where appropriate.
- Ensure staff receive appropriate training in order to carry out the duties they perform and maintain accurate records of this.

The areas where the provider should make improvements are:

- Consider updating the recruitment policy to contain full information on recruitment checks.
- Consider how they obtain and act on feedback from patients.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where they should make improvements. Significant events were reported and recorded however, we found that there were instances of the same type of medication error reoccurring and the practice had not learned from this or put systems in place to prevent this from happening again.

Some risks to patients who used the services were assessed, however, the systems and processes were not implemented well enough to ensure patients and staff were kept safe. For example, there was no health and safety or fire risk assessment or portable appliance testing (PAT) at the branch surgery.

The recruitment policy was not comprehensive and there were no DBS checks in place for the nursing staff, although they had been applied for. Other recruitment checks were in place for GPs and staff.

There were infection control arrangements in place and the practice was clean and hygienic, however the infection control lead had not received infection control training for some time and some issues identified through an infection control audit had not been followed up.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services. Data showed patient outcomes were low compared to the national average. For example, the practice had achieved 82.6% of the total number of points available to them for the Quality and Outcomes Framework (QOF). The QOF score achieved by the practice in 2014/15 was below the England average of 94.8% and the local clinical commissioning group (CCG) average of 94.4%. The practice were aware of this and could demonstrate some improvement, however there was no formal action plan in place to address this issue.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. The practice carried out clinical audit which was linked to the improvement of patient outcomes. Staff worked with multidisciplinary teams. There was evidence of appraisals for all staff. We saw staff received training; however, the practice should consider which type of staff training is appropriate to each staff role and how often refresher training is due.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Data was variable regarding how patients rated the practice for several aspects of care. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. The practice did not have a formal carer's register; however they did have 5.9% of the patient population coded as carers on their practice computer system.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. They reviewed the needs of their local population. We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice had identified their patients at highest risk of emergency or unavoidable admission to hospital and had developed care plans to meet their needs. They also provided services to meet their patient's needs. For example, they had introduced a warfarin clinic, so that patients who took this medication could regularly have a blood test to ensure their dosage was correct. This meant patients did not have to travel to the local hospital where the usual service had moved to recently where transport links were more difficult.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example, 90% patients said they could get through easily to the surgery by phone compared to the local CCG average of 82% and national average of 73%. Patients said they could make urgent appointments with a GP and routine appointments were available.

The practice had a system in place for handling complaints and concerns and responded quickly to any complaints, however, the information given to patients on how to complain did not contain the information on the process of taking the complaint further if they remained dissatisfied with the outcome.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. The practice had a vision. Their strategy was in draft form and not agreed by the GP partners. There were however, plans in place for future recruitment and the development of the practice.

There were some governance arrangements in place, for example, there was a system in place for clinical audit. However, there were

Summary of findings

also several areas where improvements to governance arrangements could be made. One of these was a better awareness of how the practice was performing in QOF which monitors clinical outcomes.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Feedback from patients was limited. There was no patient participation group and no recent survey of patients on general feedback for the practice.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

Nationally reported data showed that outcomes for patients for conditions commonly found in older people were lower than local and national averages. For example, the practice had obtained 96.9% of the points available to them for providing recommended care and treatment for patients with heart failure. This was below the local clinical commissioning group (CCG) average (98.9%) and below the England average (97.9%). However, the practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans in place.

The practice was responsive to the needs of older people, including offering home visits. All patients over the age of 75 had a named GP and were offered an over 75 health check. Prescriptions could be sent to any local pharmacy electronically.

The practice provided care to patients in, and was the nominated lead practice for a care home in the area. The same GP visited this care home every week to ensure continuity of care. The manager of the care home had attended multi-disciplinary meetings at the practice.

The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of patients with long-term conditions. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The practice had a register of patient with long term conditions which they monitored for recall appointments for health checks. The practice nurses were responsible for this. There were specific chronic disease clinics as well as flexible appointments, including

Summary of findings

extended opening hours and home visits were available when needed. Patients within this group had a named GP. The practice nurses specialised in asthma, diabetes and chronic obstructive pulmonary disease (COPD).

Nationally reported Quality and Outcomes Framework (QOF) data (2014/15) showed the practice outcomes in relation to the conditions commonly associated with this population group were lower than local and national averages. For example, performance in relation to indicators for patients with COPD were below the national average (72.1% compared to 96% nationally).

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were higher than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% with the exception for one vaccination out of five which was 86%, compared to the CCG averages of 85% to 99% and for five year olds 100%, except for one vaccination out of 10 which was 95.8%, compared to CCG averages of 91.5% to 100%.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 73.4%, which was below the national average of 81.8%. Appointments were available outside of school hours and the premises were suitable for children and babies.

The 6-8 week baby check and post-natal maternal checks were usually booked together with the GP at the same time as the baby immunisations.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

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. The practice was proactive in offering

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online services which included appointment booking, and ordering repeat prescriptions. There were telephone appointments available. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available as well as extended opening hours. The practice offered travel vaccinations and there was a drop in phlebotomy clinic four days a week.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

The practice had registers in place for those in vulnerable circumstances, for example patients with learning difficulties. These patients were offered an annual review with appointments to suit the patient.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told vulnerable patients about how to access various support groups and voluntary organisations. Patients were signposted to drug and alcohol services where appropriate and could access a support worker in the practice.

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.

The practice's computer system alerted GPs if a patient was a carer. The practice did not have a formal carers register but did opportunistically offer support to carers which included health checks and flu immunisations. The number of carers coded on the practice system was 174 which was 5.9% of the practice population.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). There are aspects of the practice that require improvement which therefore has an impact on all population groups. There were, however, examples of good practice.

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The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. They told them how to access various support groups and voluntary organisations.

Performance for mental health related indicators was below the national average (59.4% compared to 92.8% nationally). For example, 50% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%. Data for the 2015/16 year showed that patients with a care plan in place had improved to 78%.

The practice told us they identified patients at risk of dementia and ad-hoc screening took place. However, performance for dementia indicators was below the national average (76.9% compared to 94.5% nationally). The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was 75.6%, compared to the national average of 84%.

Summary of findings

What people who use the service say

We spoke with eight patients on the day of our inspection. Patients we spoke with were generally satisfied with the care they received from the practice. Words used to describe the practice included very good and accommodating. They told us staff were friendly and helpful. However, three of the patients also said that it was difficult to book a routine appointment particularly having to ring up at 8am on a morning when appointments were released.

We reviewed 13 CQC comment cards completed by patients prior to the inspection. Eleven of the cards were positive. Common words used to describe the practice included, excellent, good, helpful and friendly. The two cards which were negative were regarding unrelated issues.

The latest GP Patient Survey published in January 2016 showed that scores from patients were mostly below national and local averages. The percentage of patients who described their overall experience as good was 83%, which was below the local clinical commisioning group (CCG) average of 89% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 71% (local CCG average 81%, national average 79%).
- 88% said the GP was good at listening to them compared to the local CCG average of 92% and national average of 89%.
- 88% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 84% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 85% said the nurse gave them enough time compared to the local CCG average of 93% and national average of 92%.
- 90% said they found it easy to get through to this surgery by phone compared to the local CCG average 82%, national average 73%.
- 85% described their experience of making an appointment as good compared to the local CCG average 78%, national average 73%.
- Percentage of patients who find the receptionists at this surgery helpful – 90% (local CCG average 89%, national average 87%).

These results were based on 110 surveys that were returned from a total of 317 sent out; a response rate of 34.7% and 3.8% of the overall practice population.

Areas for improvement

Action the service MUST take to improve

- Ensure systems and processes are established and operated effectively.
- Ensuring learning from significant events is shared and acted upon in order to minimise the risk of events being repeated.
- Ensure that the performance of the practice is understood in relation to QOF to improve patient care.
- Ensure they follow systems and processes in relation to infection control and training and carry out a legionella risk assessment.
- Ensure DBS checks are carried out where appropriate.
- Ensure staff receive appropriate training in order to carry out the duties they perform and maintain accurate records of this.

Action the service SHOULD take to improve

- Consider updating the recruitment policy to contain full information on recruitment checks.
- Consider how they obtain and act on feedback from patients.

Victoria Medical Centre

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 advisor and a second CQC inspector.

Background to Victoria Medical Centre

Victoria Medical Centre provides Primary Medical Services to the town of Hebburn and the surrounding areas. The practice provides services to approximately 2950 patients from two locations:

- Victoria Medical Centre, 12-28 Glen Street, Hebburn, Tyne and Wear, NE31 1NU
- The Doctors Surgery, 158 Calf Close, Jarrow, Tyne and Wear, NE32 4DU

The main surgery in Hebburn is in purpose built premises. There was step free access at the front of the premises and a car park at the rear with dedicated disabled parking bays. The branch surgery in Jarrow is in a converted shop premises. At the time of our inspection the practice were in the process of working with NHS England to close the branch surgery. We visited both locations as part of the inspection.

The practice has two GP partners and one salaried GP, all of whom work part-time. Two are female and one male. There is a nurse practitioner and practice nurse both of whom are part time and a health care assistant. There is a practice manager, reception manager four reception and administration staff and one cleaner.

The practice is commissioned to provide services within a Personal Medical Services (PMS) contract with NHS England.

The main practice is open from 8am to midday and 1pm to 7.30pm on a Monday, 8am to midday and 1pm to 6pm on a Tuesday, Wednesday and Friday and from 8am to 2pm on a Thursday (telephone cover is provided until 6pm).

Consulting times vary during the week. Monday 9.30am – 11.30am, 3pm -5pm, 6pm until 7.10pm. Tuesday 9.30am – 11.50am, 3.30pm – 5.30pm. Wednesday 8.30am-10.40am, 2pm-4.10pm. Thursday 8.30am-10.30am, Friday 8.30am-10.40am, 2pm -4.10pm.

The branch surgery is open Monday 10am–11am, Tuesday 10am –11.30am and Friday 10am–12 noon, with appointments available during this time.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Information taken from Public Health England placed the area in which the practice was located in the third most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 76 years and the female is 80. Both of these are lower than the CCG average and national averages. The average male life expectancy in the CCG area is 77 and nationally 79. The average female life expectancy in the CCG area is 81 and nationally 83. The practice has a higher percentage of patients over the age of 45+ up to 85+, when compared to national averages. There were lower than average numbers of patient under the age of 44. The percentage of patients reporting with a long-standing health condition is higher than the national average (practice population is 61% compared to a

national average of 54.0%). The proportion of patients who are in paid work or full-time employment or education is 54% compared to the CCG. average of 55% and the national average of 61.5%

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

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. This inspection was planned to check whether the registered 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

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

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

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

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 14 April 2016.
- Spoke to staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice manager was responsible for their collation. They maintained a schedule of these, there had been seven in the last 12 months. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

The inspection team saw that there had been three significant events where medication errors had occurred where unqualified administrative staff had added medication to a patients records and no check of this had been in place. These events had occurred in May, July and October of 2015. There was no documented action plan in place to ensure this was not repeated, although we were told that now only GPs added medication to patient records. Where incidents and events met the threshold criteria, these were also added to the local CCG Safeguard Incident & Risk Management System (SIRMS). Staff told us significant events would be discussed monthly at the practice clinical meeting. The practice manager said that they were mostly clinical issues and not discussed with administration staff at their meetings. However, staff we spoke with were aware of the significant event process. We fed back on this process to the management team at the end of our inspection, they contacted us after the inspection to say that this had highlighted training issues for them and the process of significant events would be addressed.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and national safety alerts. The practice manager managed the dissemination of national patient safety alerts and decided who needed to see them. The nurse practitioner fed back to the practice manager as to what action had been carried out on any alerts.

Overview of safety systems and processes

The practice could not demonstrate a safe track record through having risk management systems in place.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding adults and children. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. There was a monthly safeguarding meeting at the practice which was part of the practice clinical meeting. Community health care staff, for example, health visitor, district nurse and community midwife attended the meetings, where possible Staff demonstrated they understood their responsibilities and had all received safeguarding children and adults training relevant to their role. All of the GPs had received level three safeguarding children training.
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses and healthcare assistant carried out this role. The healthcare assistant had received training from the practice nurses for this and had been deemed as competent by them to carry out this role. The practice nurses and healthcare assistant had not yet received a Disclosure and Barring Service (DBS) check. These had been applied for in the last few weeks but had not yet been received. (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). There was no risk assessment in place as to why these had only just been applied for.
- Appropriate standards of cleanliness and hygiene were followed. We observed both premises to be clean and tidy, patients commented positively on the cleanliness of the practice. The nurse practitioner was the infection control lead. They had not received any recent lead infection control training. The nurse practitioner told us they had carried out training with the staff for hand hygiene. However, there was no formal infection control training for staff. There were infection control policies, including a needle stick injury policy. An infection control audit had been carried out for the main surgery but not for the branch surgery. The audit carried out in September 2015 had identified that there was carpet in the treatment room where a phlebotomy service was carried out four days a week. There were no plans to replace the carpet with easy clean flooring. Guidance states that carpets should not be used in areas where frequent spillage is anticipated. The flooring should be easily cleaned and appropriately wear-resistant. The

infection control audit also identified that the chairs in which patients sat in in treatment rooms were fabric. We were told that wipe clean chairs were on order and should be delivered very soon. The practice had not carried out a legionella risk assessment at either the main or branch surgery. They were aware that this needed to be carried out. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. We were told that following the significant events only GPs could add medication to patient's records. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.
- We saw the practice had a recruitment policy, however this was not comprehensive. Although it did set out the procedure to recruit staff it did not set out what recruitment checks were required to be carried out prior to employment, for example, DBS and identity checks and what references were required. Where staff did not have one to one contact with patients there was a risk assessment as to why they did not require a DBS check. The practice nurses and healthcare assistant were in the process of waiting for their recently applied for DBS checks to come back from the company who was carrying out this process on behalf of the practice. We sampled some recruitment files and saw that other checks such as proof of identification, references, qualifications, registration with the appropriate professional body had been undertaken prior to employment, this included checks on salaried and locum GPs working in the practice. We saw that the clinical staff had medical defence insurance.

Monitoring risks to patients

Some risks to patients were assessed and well managed, however improvements should be made.

- There were some procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessment for the main surgery which included risk assessments for each room. However, there were none in place for the branch surgery, other than a lone worker policy. There were asbestos risk assessments for both sites. The practice had fire risk assessments in place for the main surgery only. There were records of annual fire drills, fire alarm and equipment testing for only the main surgery. Most staff had received fire safety training. Electrical equipment had been regularly checked to ensure the equipment was safe at the main surgery but not at the branch surgery. All clinical equipment was checked to ensure it was working properly at both sites.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice occasionally used locum cover but this tended to be long term. The GPs worked part-time and could cover for each other if required.

Arrangements to deal with emergencies and major incidents

The resuscitation council recommends that clinical staff should receive basic life support training at least annually and non-clinical staff should generally receive this training annually or a risk assessment should be undertaken on the likelihood of them encountering a patients requiring resuscitation. We saw that some clinical staff were overdue their annual training but the practice told us this was booked for later in the month. Non-clinical staff had received this training but the practice were providing them with training for this every three years rather than following the recommended guidelines. The practice had a defibrillator available on the premises; however the record to check the maintenance of this was not available on the day of the inspection. This was sent to us after the inspection by the practice manager. There was oxygen with adult and children's masks.

There were emergency medicines available in the practice. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The staff kept themselves up to date via clinical and educational meetings. This information was used to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The nurse practitioner was the lead for this. The practice told us that QOF was used to monitor performance.

The latest publicly available data from 2014/15 showed the practice had achieved 82.6% of the total number of points available to them, with a clinical exception reporting rate of 4.5%. The QOF score achieved by the practice in 2014/15 was below the England average of 94.8% and the local clinical commissioning group (CCG) average of 94.4%. The clinical exception rate was good and below the England average of 9.2% and the CCG average of 9.5%.

We discussed the low QOF score at length with the practice management team. They told us that there had been issues in the 2014/15 reporting year with staffing at the practice. They also had changed computer systems and changed the way they recalled patients for review. They thought this had contributed towards the low scores in QOF in this year.

We asked if they had an action plan to address the QOF issues. We were told that QOF was discussed at clinical meetings. We saw minutes which showed this. However, there was no formal action plan to address the low scores. The practice said the QOF scores had improved in the 2015/16 year. We asked for evidence of this as this data was not yet published or available to us.

The data for the 2014/15 is set out below and where we were had evidence of the scores for the 2015/16 year this is documented:

- Performance for chronic obstructive pulmonary disease (COPD) related indicators were below the national average (72.1% compared to 96% nationally). The percentage of patients diagnosed with COPD who had a review undertaken including an assessment of breathlessness was 65.4%, compared to the national average of 89.9%. Data for the 2015/16 year showed that patients with an assessment of breathlessness had improved to 83%.
- Performance for diabetes related indicators was lower than the national average (85.1% compared to 89.2% nationally). For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 80.6%, this compared to the national average of 94.5%. Data for the 2015/16 year showed that 97% had now received an influenza immunisation.
- Performance for asthma related indicators was above the national average (100% compared to 97.4% nationally). However, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 70.3%, which was lower than the national average of 75.4%.
- Performance for mental health related indicators was below the national average (59.4% compared to 92.8% nationally). For example, 50% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%. Data for the 2015/16 year showed that patients with a care plan in place had improved to 78%.
- Performance for dementia indicators was below the national average (76.9% compared to 94.5% nationally).

Requires improvement

Are services effective?

(for example, treatment is effective)

The percentage of patients diagnosed with dementia whose care was reviewed in a face-to-face review within the preceding 12 months was 75.6%, compared to the national average of 84%.

- The practice did not receive any QOF points for performance indicators for osteoporosis. This was in relation to patients aged 50 or over and who had not attained the age of 75, with a fragility fracture on or after 1 April 2012, in whom osteoporosis is confirmed on a scan, who are currently treated with an appropriate bone-sparing agent. 2015/16 data showed that the practice still had not received any QOF points for this and they did not fully understand why but thought it was a clinical coding issue.

Clinical audits were carried out to demonstrate quality improvement. We saw examples of three full completed audits which had been carried out in the last year. This included audits regarding two week referral waits and warfarin monitoring.

The practice had carried out a repeat audit on the prescribing of a type antibiotic as the prescribing was high and not in line with best practice or local guidelines. Education and discussion regarding this medication was carried out at the practice. Following a re-audit prescribing of this medication was reduced by 53% (21 to 11).

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and responsibilities of their job role. There was a locum induction pack at the practice, however, this was not comprehensive, for example, it did not have information on local safeguarding arrangements or contain a copy of significant event forms.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. They had received an appraisal within the last twelve months. They told us they felt supported in carrying out their duties.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.) The salaried GPs also received in house appraisals.
- There was no staff training matrix which set out the training staff required for their role or how often they should receive training updates. We were told by the practice manager that staff had received training in basic life support, fire safety, health and safety safeguarding, information governance and chaperoning where appropriate. We looked at four staff files and could confirm this training for two members of staff but not for the others, there were no records for them of fire safety or health and safety training. There were no certificates available for basic life support; however dates for this training were supplied to us after the inspection by email. Staff had not received infection control training. We saw that the practice nurses had received clinical training appropriate to their role.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice nurses organised the co-ordination of health checks for those patients with long-term conditions, mental health conditions, a learning disability and carers.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place monthly, as part of clinical meetings we saw minutes of the meetings. The manager of the care home which the practice was responsible for had attended multi-disciplinary meetings at the practice

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had a palliative care register which was discussed at the quarterly palliative care meeting. These patients were also discussed as part of the monthly clinical meeting.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme for 2014/15 was 73.4%, which was below the national average of 81.8%. Data for the 2015/16 year showed this had not improved and the practice achieved 74%. The nurse practitioner told us they had sent out more reminder letters than in the previous year in an attempt to carry out more screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% except for one vaccination out of five which was 86%, compared to the CCG averages of 85% to 99% and for five year olds 100%, except for one vaccination out of 10 which was 95.8%, compared to CCG averages of 91.5% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the practice nurse the GP or nurse if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed 13 CQC comment cards completed by patients prior to the inspection. Eleven of the cards were positive. Common words used to describe the practice included, excellent, good, helpful and friendly.

We spoke with eight patients on the day of our inspection. Patients we spoke with were generally satisfied with the care they received from the practice. Words used to describe the practice included very good and accommodating. They told us staff were friendly and helpful.

Results from the National GP Patient Survey in January 2016 showed patients were mostly happy with how they were treated and that this was with compassion, dignity and respect. The practice satisfaction scores on consultations with doctors and nurses were variable. For example:

- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 90% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey we reviewed showed results were variable compared with local and national averages. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 84% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 84% said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included information regarding dementia support.

The practice's computer system alerted GPs if a patient was a carer. There was no formal practice register of carers. The number of carers coded on the practice system was 174 which was 5.9% of the practice population. The practice manager told us they would offer carers health checks and flu immunisations where the opportunity arose.

Staff told us that if families had suffered bereavement, depending upon the families wishes the most appropriate GP would telephone or visit to offer support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. The practice had been run by the same family for 40 years with many long standing members of staff. This meant that staff knew the patients well which ensured continuity of care. The practice list was increasing. This was due to several new housing developments in the local area.

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice had identified their patients at highest risk of admission to hospital and had developed care plans to meet their needs. Patients who had long-term health conditions and patients over the age of 75 had a named GP. The practice provided care to patients in a care home in the area which they were nominated as the lead practice for. The same GP visited this care home every week to ensure continuity of care.

The practice had a register of patients with long term conditions which they monitored for recall appointment for health checks. The practice nurses were responsible for this. There were specific chronic disease clinics as well as flexible appointments, including extended opening hours and home visits were available when needed. Patients within this group had a named GP. The practice nurses specialised in asthma, diabetes and chronic obstructive pulmonary disease (COPD).

Services were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours on a Monday evening until 7.30pm.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- The practice provided a drop in phlebotomy clinic four days a week.
- There was in house spirometry available.
- The practice had in house 24 hour blood pressure monitoring and loaned out home blood pressure monitoring equipment to their patients.
- They had recently started to provide a warfarin clinic, so that patients who took this medication could regularly have a blood test to ensure their dosage was correct as the service had moved to the local hospital recently where transport links were more difficult.
- There was a midwife clinic available in the main practice building as the practice.
- The 6-8 week baby check and post-natal maternal checks were usually booked together with the GP at the same time as the baby immunisations. Child immunisations were carried out at the practice.
- A dedicated drug and alcohol worker could be seen in the surgery who the practice staff worked closely with.

However, there was no practice information leaflet available at the reception desk. The practice manager gave us one which was still in draft format. There were disabled facilities, although the front door was difficult to open. There was no bell for patients to summon assistance from the receptionists. There was not a hearing loop available.

Access to the service

The main practice was open from 8am Monday to Friday and until 6pm on Tuesday, Wednesday and Friday. The practice closed at 2pm on Thursday afternoons (telephone cover was provided until 6pm) and there were extended hours until 7.30pm on Monday evenings.

Consulting times varied during the week. Monday 9.30am – 11.30am, 3pm -5pm, 6pm until 7.10pm. Tuesday 9.30am – 11.50am, 3.30pm – 5.30pm. Wednesday 8.30am-10.40am, 2pm-4.10pm. Thursday 8.30am-10.30am, Friday 8.30am-10.40am, 2pm -4.10pm.

The branch surgery was open Monday 10am–11am and Tuesday 10am –11.30am and Friday 10am–12 noon, with appointments available during this time.

Three of the patients we spoke with, although they gave positive feedback on the practice, said that it was difficult to book a routine appointment particularly having to ring up at 8am on a morning when appointments were released. We looked at the practice's appointments system in real-time on the afternoon of the inspection. There were routine appointments to see a GP the following week, six working days later.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 82% of patients were satisfied with the practice's opening hours compared to the local CCG average of 80% and national average of 78%.
- 90% patients said they could get through easily to the surgery by phone compared to the local CCG average of 82% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the local CCG average of 78% and national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The business manager was the designated responsible person who handled all complaints in the practice. However, the complaint leaflet given to patients who wished to make a complaint or the draft practice information leaflet did not explain the process of taking the complaint further such as to NHS England or The Parliamentary and Health Service Ombudsman.

We saw the practice had received four formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. Complaints and lessons to be learned from them were discussed at clinical meetings.

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 vision was to work in partnership with patients and staff to provide the best Primary Care services possible working within local and national governance, guidance and regulations. Staff we spoke with talked about patients being their main priority.

The practice had a draft business development plan for 2015-20.However the practice manager told us this had not yet been discussed and agreed with the partners of the practice. There were plans in place for the future. The practice had been successful in its business case to NHS England to gain permission to close the branch surgery. This was being carried out to enable the practice to focus on the main surgery. The practice was carrying out succession planning for the future.

Governance arrangements

There were some governance arrangements which supported the delivery of the strategy and good quality care.

- There was a staffing structure and staff were aware of their own roles and responsibilities. The practice nurses were the leads for long-term conditions; one of the GP partners was the lead member of staff for safeguarding.
- There were arrangements for identifying, recording and managing some risks, such as health and safety and fire and electrical safety at the main surgery and infection control.
- There was a system in place for clinical audit which demonstrated improvement in patient outcomes.

However, there were areas where improvements could be made;

- The results of the Quality and Outcomes Framework (QOF) were poor for the 2014/15 year. The practice had demonstrated some improvement for the 2015/16 year. However, there was no action plan in place to address this. There was a limited understanding by the practice of why they had not achieved higher results.
- There was a process in place for significant events recording, however, the practice had not learned from some medication errors which had been repeated.
- The branch surgery, although closing in the coming months did not have any health and safety or fire risk assessments in place. There were no legionella risk assessments in place for either of the practice buildings.
- The recruitment policy was not comprehensive and there were no disclosure and barring service (DBS) checks in place for the practice nurses and health care assistants, although they had been applied for recently.
- There was no system in place to consider which type of staff training was appropriate to each staff role and how often refresher training was due.

Leadership and culture

There was a management team of two GP partners and a practice manager. One of the GP partners was the most involved in the day to day running of the practice; however, they only worked at the practice three sessions a week. The other GP partner who was the registered manager also worked at the practice three sessions per week. The partners could not demonstrate an active involvement in the governance or day to day running of the practice.

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 knowing about notifiable safety incidents.

Regular meetings, involving staff at all levels, were held. Staff told us they felt supported in their roles and management at the practice were approachable. The practice manager showed us minutes of the meetings which were held, for example, multi-disciplinary (MDT), clinical and administration team meetings. The clinical meeting was held on a Tuesday however, the salaried GP did not work on Tuesday and therefore could not attend the meetings. They did receive the minutes of the meetings.

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

The practice had gathered feedback from patients through a patient survey on warfarin monitoring which they had carried out because the service had been moved recently. There was no other survey of patient views or plans in place to monitor the results from the GP National Survey. The practice did not have a practice participation group (PPG). They said they had tried to set this up but could not obtain ant interest to hold formal meetings. They said there were patients they could go to if they wanted to gather views.

Are services well-led?

Requires improvement

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal.

Continuous improvement

The practice was aware that their patient population was increasing. They were in the process of trying to recruit a new GP partner to provide more sessions. They were also looking towards employing a pharmacist to carry out medication reviews.

The practice provided a good range of services for its size. They provided a phlebotomy clinic, warfarin monitoring, spirometry and home blood pressure monitoring.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. The risk of preventing, detecting and controlling the spread of infections was not carried out effectively. The practice needs to ensure learning from significant events. They need to ensure they follow systems and processes in relation to infection control, in relation to training, replacing the carpet in the phlebotomy treatment room and carry out a legionella risk assessment. Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. (1), (2) (a) (b)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. This included having system and processes in place to monitor the performance of the practice in order to improve patient care.

This section is primarily information for the provider

Requirement notices

Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. (1), (2) (b) (d) (i) (ii) (e)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Staff did not receive appropriate training and training which had been carried out could not be evidenced. Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing (2) (a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The information specified in Schedule 3 was not available in relation to each person employed. Specifically, practice nurses and health care assistants who had direct contact with patients had not received a DBS check. Regulation 19 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed (3) (a)