

Blyth's Meadow Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blyth's Meadow Surgery on 13 February 2015. Overall the practice is rated as Good.

Specifically, we found the practice was Good for providing effective, caring, responsive, and well-led services. It also was also Good for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia). It Required Improvement for providing safe services.

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. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, but were not recorded thus scope for review and analysis for learning was not available for the practice.
- Data showed patient outcomes were below average for the locality. Although some audits had been carried out, and we saw some evidence that one audit was driving improvement in patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but these had not been reviewed since 2013. They were in the process of being reviewed and updated at the time of our inspection.

Summary of findings

- The practice did not have an effective system in place to obtain feedback from staff or patients

The areas where the provider must make improvements are:

- Implement appropriate controlled drug stock control and follow the practice policy regarding owning controlled drug destruction kits for drugs that are out of date and cannot be used to treat patients.

In addition the provider should:

- Analyse health and safety risks to understand, detect themes, and reduce risks for the future.
- Review complaints to detect themes and trends.
- Record minutes of meetings and make these available to staff unable to attend.
- Continue to try and engage with patients for service feedback, and put mechanisms in place to seek and act on feedback from staff.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Although risks to patients who used their services were assessed, the practice was not reviewing risks to understand, reduce, and manage patient risk We did not find evidence of lessons learned from these incidents and the practice could not provide evidence they had communicated them widely enough to support improvement. We found the practice lacked appropriate controlled drug stock control, did not follow the practice policy and did not own kits for the destruction arrangements for controlled drugs .

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from 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. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. The practice had development plans for staff and had organised for staff to have appraisals in the near future. Staff worked with multidisciplinary teams to ensure that patients received effective care and treatment.

Good



Are services caring?

The practice is rated as requires good for providing caring services, as there are areas where improvements could be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients we spoke with said they were treated with compassion, dignity and respect. However, not all said the GP involved them in their care and treatment decisions. The result was below average compared to other practices in the local CCG area.

Information was available to help patients understand the services available to them on the practice website in 20 different languages.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local GP federation. Patients were generally satisfied with the

Good



Summary of findings

appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another doctor if there was a wait to see the doctor of their choice. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with their staff and change of procedures and processes were recorded.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy with a succession plan. Staff were clear about the vision and their responsibilities in relation to this. 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 was working to update them when we inspected. The practice sought feedback from staff and patients, which it acted on. Staff had received inductions, and performance reviews and attended staff meetings and training.

There was a leadership structure within the practice with named members of staff in lead roles. Staff were clear about their own roles and responsibilities knew who to ask in the practice if they had any concerns.

Good



Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as good for effective, responsive, caring, and well-led, services and this included older people. The provider was rated as requires improvement for safety. The concerns which led to these ratings apply to everyone using the practice, including older people.

Nationally reported data showed that the satisfaction of patients were lower than other practices in the local CCG area. Practice leaflets and the website gave patients information regarding home visits and requesting longer appointments when needed, although patients we spoke with on the day had not used this service. The leadership of the practice had started to engage with this patient group and were looking at options to improve services for them.

Good



People with long term conditions

The provider was rated as good for effective, responsive, caring, and well-led, services and this included people with long-term conditions. The provider was rated as requires improvement for safety. The concerns which led to these ratings apply to everyone using the practice, including people with long-term conditions

Nursing staff ran chronic disease management clinics for patients with long term conditions. Recent changes to the process to invite patients to clinics had been improved to promote attendance. However nationally reported data showed the practice chronic disease management was lower than other practices in the local CCG area and nationally.

Good



Families, children and young people

The provider was rated as good for effective, responsive caring, and well-led, services and this included families, children and young people. The provider was rated as requires improvement for safety. The concerns which led to these ratings apply to everyone using the practice, including people with families, children and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were mixed. For example flu immunisations and chronic disease management was low for all populations groups. Appointments were available outside of school hours.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The provider was rated as good for effective, responsive, caring, and well-led, services and this included working age people (including those recently retired and students). The provider was rated as requires improvement for safety. The concerns which led to these ratings apply to everyone using the practice, including working age people (including those recently retired and students).

This age profile of patients at the practice is higher than average for working age, students and the recently retired but the services available did not fully reflect the needs of this group. The practice did not offer extended opening hours for appointments. The practice was currently promoting NHS health checks for this population group and sending out information to patients to encourage them to attend.

People whose circumstances may make them vulnerable

Good



The provider was rated as good for effective, responsive, caring, and well-led, services and this included people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety. The concerns which led to these ratings apply to everyone using the practice, including people whose circumstances may make them vulnerable.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. However nationally reported data showed the practice did not have registers to identify people whose circumstances make them vulnerable. Though we did find improvements with the registers at the time of our inspection. The practice told us they held multi-disciplinary team meetings but could not find the notes taken at these meetings to evidence their involvement. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most staff knew how to recognise signs of abuse in vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



The provider was rated as good for effective, responsive, caring, and well-led, services and this included people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety. The concerns which led to these ratings apply to everyone using the practice, including people experiencing poor mental health (including people with dementia).

Summary of findings

From comparative data we reviewed health management of people experiencing poor mental health was lower than other practices in the local CCG area and nationally. The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations including MIND. Most clinical staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

We spoke with five patients on the day of our inspection and they told us that health issues were discussed with them and in most cases they felt involved in decision making about the care and treatment they received, although two patients said this was not always the case. They also told us they felt listened to and supported by staff and in most cases had sufficient time during consultations to make an informed decision about the care and treatment they wished to receive. Again two patients told us this was not always the case. One patient told us that they trusted the GPs' judgement and had complete confidence in the care they received. They also said they could see another GP if there was a wait to see the GP of their choice.

Patients completed CQC comment cards to tell us what they thought about the practice. We received eight completed cards and all of them were positive about the service they experienced. Patients said they felt the practice offered a "five star" service and staff were

professional, friendly, helpful and caring. They said staff took their time with patients during appointments and treated them with dignity and respect. All of the cards completed informed us they were satisfied with the care provided by the practice. Patient comments received were generally satisfied with the appointments system and they confirmed that they could see a GP on the same day if they needed to.

We also spoke with healthcare professionals from other healthcare organisations that worked with the practice to support their patients and asked about the quality of service they provided. One professional told us that in the majority of cases when they dealt with the practice they received a relatively satisfactory service. The other professional we spoke with could see considerable improvements over the last two years; however they felt there was still room for their prescribing patterns to be become more cost-effective.

Areas for improvement

Action the service **MUST** take to improve

- Implement appropriate controlled drug stock control and follow the practice policy regarding owning controlled drug destruction kits for drugs that are out of date and cannot be used to treat patients.

Action the service **SHOULD** take to improve

- Analyse health and safety risks to understand, detect themes, and reduce risks for the future.

- Review complaints to detect themes and trends.
- Record minutes of meetings and make these available to staff unable to attend.
- Continue to try and engage with patients for service feedback, and put mechanisms in place to seek and act on feedback from staff.

Blyth's Meadow Surgery

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 Blyth's Meadow Surgery

Blyth's Meadow Surgery is located at Trinovantian Way, in Braintree, Essex. The practice provides services to approximately 10300 patients living in the local area and holds a General Medical Services (GMS) contract.

There are four GP partners at the practice, three of which are male and one female. The GPs are supported by two practice nurses, a health care assistant, a practice manager, secretaries, administrative and reception staff.

The practice is open Monday to Friday, from 8.30am until 6.30pm. Consultation appointments are available starting at 8.30am until 11.20am and 4pm until 6pm Monday to Friday. Home visits are available as required based upon need. The practice has opted out of providing GP services to patients outside of normal working hours such as evenings and weekends. Outside of surgery hour's services are provided by '111' and 'Primecare' out-of-hours emergency and non-emergency treatment services. Details of how to access this out of hour's service is available within the practice on the practice website and in the practice leaflet.

Why we carried out this inspection

We carried out a comprehensive inspection of Blyth's Meadow Surgery 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 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.

This provider had not been inspected before and that was why we included them.

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.

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.

Detailed findings

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 that we hold about Blyth's Meadow Surgery and asked other organisations and healthcare professionals to share what they knew. We carried out an announced comprehensive inspection visit on 13 February 2015. During our visit we spoke with the four GPs, the healthcare assistant, the practice manager, secretaries, administrative and reception staff. We also spoke with five patients who used the service. We reviewed eight comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with healthcare professionals associated with the practice both prior to our visit and on the day of inspection.

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last year. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over time.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events that had occurred during the last year and we were able to review these. Significant events were a standing item on the practice meeting agenda and a dedicated meeting was held bi-monthly to review actions from past significant events and complaints. Staff, including receptionists, administrators and nursing staff, knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. Although risks to patients who used their services were assessed, the practice did not analyse risks to understand, and reduce future patient risk.

We tracked eight incidents and saw records were completed in a comprehensive and timely manner. We saw evidence of proposed actions to be taken as a result. For example an incident where a message had not been dated and timed resulted in the GP not understanding the urgency required for a response. We saw the learning for future message taking was; include date, time, the patient's details, message detail and the staff member's name that took the message.

National patient safety alerts were disseminated by the practice manager via email to the relevant practice staff. Staff we spoke with told us alerts were discussed at practice meetings to ensure all staff were aware of any that were relevant to the practice and where they needed to take action. The practice had a safety alert protocol and

procedure to guide staff how to deal with alerts at the practice. This was in the process of being updated when we inspected. We reviewed the electronic records used in this process and found all alerts received had been actioned by the practice.

Reliable safety systems and processes including safeguarding

The practice had systems to identify, assess and manage risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of the medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed a dedicated GP lead in safeguarding vulnerable adults and children. They were able to demonstrate they had the necessary training to enable them to fulfil this role. All the staff members we spoke with were aware who the lead was and who to speak to within the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

The practice had a chaperone policy, and there were notices visible in the reception area informing patients of the availability of a chaperone during a consultation. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The healthcare assistant had received training from the GPs at the surgery to be a chaperone. The reception staff would also act as a chaperone and had undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

We checked medicines stored in the treatment rooms and medicine fridges and found they were stored securely and

Are services safe?

were only accessible to authorised staff. We found medicines were stored at the appropriate temperature to ensure they remained effective. The temperature of fridges used to store medicines was checked daily to ensure they did not exceed that recommended by the medicine manufacturer. The practice did not have a 'cold chain' procedure in their drug storage policy to guide staff regarding the requirements for medicines to be kept at the correct temperatures. A cold chain procedure is the process of maintaining medicine at the correct temperature throughout the supply chain. Temperatures outside the correct range may reduce their effectiveness. A policy should also describe the action to take in the event of a potential failure of the fridge. There were processes in place to check medicines were within their expiry date and suitable for use the medicines we checked were all in date.

The nurses administered vaccines using directives that had been produced in line with legal requirements and national guidance. We saw evidence in training records that nurses had received appropriate training to administer vaccines.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on patients' results. The GP specialist advisor in our inspection team checked two anonymised patient records because we found high risk medicines labelled for administration to patients in the nurse's room medicine cabinet. The GP check confirmed that there was a shared care treatment plan with the hospital which was being followed and that care was based upon current accepted evidence.

All prescriptions generated at the practice were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (these are medicines that require extra checks and special storage arrangements because of their potential for misuse). The controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys were held by the designated accountable GP. On the day of inspection the practice was still working on their safe and secure handling of controlled drugs policy. We noted the record keeping was not clear with regards to the amount of the medicines and controlled drugs held by each GP in

their emergency bag or a check to ensure medicine did not exceed their expiry date. We also found the practice did not have a supply of the kits used for the destruction of controlled drugs when their storage date had expired. We were assured these two issues would be addressed immediately. The practice drug storage policy and safe disposal of medication policy were in the process of being updated when we inspected.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We also received comments on the cards left for patients regarding the cleanliness of the practice.

A contract cleaning company was employed to clean the premises in which the practice was located. We saw there were cleaning schedules in place for general areas. The practice staff had oversight to check the effectiveness of cleaning activities. We saw the practice cleaning checklists, had been routinely completed. The practice manager told us that the nurses were responsible for cleaning the treatment rooms and clinical areas between patient consultations.

The practice infection control policy was in the process of being updated when we inspected.

The practice had measures to control infection when treating patients. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal) it was up to date and had been reviewed.

Equipment

We saw there was sufficient equipment to enable staff to carry out diagnostic examinations, assessments and

Are services safe?

treatments. We observed that equipment had been tested and maintained, and all portable electrical equipment had been tested and displayed stickers indicating the last testing date.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) for those staff members that required them for their work role at the practice.

The practice manager monitored the number and mix of staff at the practice needed to meet patients' needs. We saw there was a rota in place for the different staffing groups to ensure there was enough staff on duty. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff members told us they felt extra staff would help to maintain an improvement to the smooth running of the practice but there was always enough staff on duty to keep patients safe. The practice manager showed us staff recruitment was in the practice current improvement plan.

Monitoring safety and responding to risk

The practice had processes in place to identify assess and manage risks to patients, staff and visitors to the practice. These included checks of the building, the environment, staffing, dealing with emergencies and equipment. The practice health and safety policy was in the process of being updated when we inspected. Health and safety information was displayed for staff and patients to see.

During our discussion with the practice manager we were told the practice was identifying, assessing and managing

risk but lacked a recording system for health and safety to understand, reduce, and manage risks. We were told this would be addressed when the policy was updated in the next three months.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they knew the location of this equipment and records confirmed that it was checked regularly.

However we found that emergency equipment and medicines were stored in several different treatment rooms, reducing efficiency for staff to provide first aid in the event of an emergency. We discussed this with the practice, and they told us in future they would store all emergency equipment and medicines in one room and place an appropriate sign on the door of the room where it was stored to inform staff of its new location.

We checked the types of emergency medicines available at the practice and found they followed published guidance. These included those for the treatment of cardiac arrest, anaphylaxis (a sudden allergic reaction) and hypoglycaemia (low blood sugar). Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. The medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks were being identified, assessed and managed, those within the plan included power failure, adverse weather, unplanned staff sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of the practice electricity supplier and the number to call for emergency assistance.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners to support them treat and care for their patients. The GPs told us the practice performance and patients were discussed and required actions agreed at clinical meetings. Although we were told notes were taken to record these discussions no evidence could be provided for us to view on the day of inspection. We found from our conversations with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

During discussions with GPs they were open about asking for and providing advice and support for their clinical colleagues at the practice.

We found that the practice was taking action to improve their prescribing performance. They were working with a pharmacist to review patients with long term conditions and prescribed more than 10 medicines. This had resulted in changes to improve patient care and was on-going to meet local prescribing targets. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes.

GPs we spoke with used national standards for the referral of patients, for example the referral of patients with suspected cancers were referred and seen within two weeks. We were told there were discussions within the clinical meetings where reviews of elective and urgent referrals were considered, and shared with clinical staff.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff at the practice carried out tasks to monitor the outcomes of patients. These tasks included data input, arranging clinical reviews, dealing with alerts and medicines management.

The practice showed us clinical audits that had been undertaken in the last two years. One of these was a completed audit where the practice was able to demonstrate changes resulting since the initial audit. For example, the practice used their computer system to improve clinical registers by ensuring patients with specific symptoms were checked and put onto the correct clinical register. These changes enabled specific and improved treatment for patients.

The practice used information collected for the quality and outcomes framework (QOF) to monitor outcomes for patients. 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 such as diabetes and implementing preventative measures. The results are published annually. For example, 76% of patients with diabetes had an annual medication review, and the practice performed QOF reviews for diabetes/asthma/ chronic obstructive pulmonary disease (lung disease). The practice had lower than average clinical follow-up review figures in comparison with others in the local area. The practice told us they were working towards improving these figures.

The GPs we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. They spoke positively about the culture in the practice and the need for audit in quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year.

There was a protocol for repeat prescribing which was in the process of being updated when we inspected. In line with this, staff confirmed that patients only received repeat prescriptions if they had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question. During discussions with the GPs they demonstrated an oversight and understanding of best treatment for each patient's needs.

Effective staffing

Are services effective?

(for example, treatment is effective)

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff had attended training courses such as annual basic life support. GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

The practice manager told us the staff were due their annual appraisals in March 2015. Staff performance was assessed and training and development needs were identified through their appraisal system.

We looked at the staff training records for four members of staff. We saw evidence that clinical staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). We saw clinical staff had undertaken relevant training and maintained continuous professional development to meet their revalidation requirements for their professional registration.

Practice nurses were expected to perform certain clinical duties and were able to demonstrate that they were trained to fulfil these duties. For example, the administration of vaccines, cervical cytology, wound management, spirometry, and blood pressure management.

The practice also held clinics for diabetes monitoring, childhood immunisations, child health surveillance, chronic heart disease monitoring, respiratory disease monitoring, family planning, well woman and well man clinics to promote their patients' care and treatment.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and support patients with complex needs. There were processes for receiving and managing written and electronic communications in relation to patients' care and treatment. Correspondence including test and X ray results, letters including hospital discharge, out of hour's providers and the NHS 111 summaries were reviewed and actioned on the day they were received.

The practice held multidisciplinary team meetings bi-monthly to discuss patients with complex needs, for example those with end of life care needs or the safeguarding of children. We were told these meetings were attended by community health care and social care professionals involved in the decisions and care planning of patients at the practice. The practice was unable to provide evidence of minutes taken during these meetings.

The GPs told us they had joined the local GP federation. A GP federation works collaboratively with other local practices in the further development of local primary care by commissioning, and providing primary and secondary out-patient care locally.

We also spoke with healthcare professionals from other healthcare organisations that worked with the practice to support their patients and asked about the quality of service they provided. One professional told us that in the majority of cases when they dealt with the practice they received a relatively satisfactory service. The other professional we spoke with could see considerable improvements over the last two years; however they felt there was still room for their prescribing routines to be become more cost-effective.

Information sharing

There were systems in place to provide staff with the information they needed. An electronic patient record was used by staff to coordinate, document and manage patients' care. Staff told us that patient information was accessible to help them make decisions and to plan effective care and treatment.

There was a system for making sure test results and other important communications about patients were dealt with. Practice staff members were fully trained on the system, and were positive about the system's ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved and available on patients records for future reference. We saw evidence that audits had been carried out to assess the completeness of these records. The practice had systems for making information available to the 'out of hours' service about patients with complex care needs, such as those receiving end of life care. We were shown the process that treatment records for patients who had used the 'out-of-hours' service, overnight or at weekends were reviewed the following morning so as to ensure patients had received appropriate treatment.

Are services effective?

(for example, treatment is effective)

The practice maintained registers for patients with life limiting illnesses, those receiving palliative care and treatments, and patients with learning disabilities.

Consent to care and treatment

GPs we spoke with understood consent and obtaining patients consent before carrying out physical examinations or providing treatments. The practice consent policy was in the process of being updated when we inspected.

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. We found consent to care and treatment whilst reviewing dementia patient records. This showed that the patient's relatives had been involved in the process and there was an alert on the patient's records to guide staff to the presence of this consent. Clinical staff demonstrated an understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

It was practice procedure to offer a health check with the practice nurse to all new patients registering with the

practice. The GP was informed of any health concerns detected and these were followed up. We noted this service was promoted within the practice leaflet and on their website area for new patients.

The practice also offered NHS Health Checks to all its patients aged 40 to 75 years. We were told patients were followed up if they had risk factors for disease identified at the health check and how they scheduled further investigations. This service was also promoted within the practice leaflet and on their website area for health checks.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability, and offered them annual physical health checks the take-up had improved over the last year. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

There was a process to offer telephone reminders for patients who did not attend for cervical smears and the practice monitored patients who did not attend. The practice performance for patients' attendance was better than other practices nationally when reviewing comparative data.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was average for the CCG, and again the practice followed up non-attenders.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey collated in January 2015. At the time of our inspection the practice did not have a patient participation group (PPG) and the practice had no other patient survey opinions for evidence. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with the practice manager and GPs with regards to these findings and they told us they had plans to set up a virtual patient participation group and were looking at other ways to gather their patients' opinions.

The evidence from the national survey showed patients were not always satisfied with how they were treated and whether this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'worse than average' locally and nationally.

Patients completed CQC comment cards to tell us what they thought about the practice. Contrary to evidence in the national patient survey, we received eight completed CQC cards and they were all positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were, helpful and caring. They said staff treated them with dignity and respect. All told us they were satisfied with the care provided by the practice and said their confidentiality and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation/treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful with confidentiality and when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located near the reception desk but partitions helped keep patient information private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the team manager or the practice manager. The practice manager told us he would investigate these and any learning identified would be shared with staff.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations. There was also a notice advising patients they could request somewhere private to have a conversation.

Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed the practice patients' response was below average to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice lower than average in these areas. Both these results were below average compared to other GP practices in the local CCG area.

We spoke with five patients on the day of our inspection and they told us that health issues were discussed with them and in most cases they felt involved in decision making about the care and treatment they received. Two patients said this was not always the case. They also told us they felt listened to and supported by staff and in most cases had sufficient time during consultations to make an informed decision about the care and treatment they wished to receive. Two patients stated this was not always the case. One patient told us that they trusted the GPs' judgement and had complete confidence in the care they received.

Patient/carer support to cope emotionally with care and treatment

The national patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 93% of respondents to the national patient survey had confidence and trust in the GP they saw or spoke to. The patients we spoke with on the day of our inspection and the comment cards we received were

Are services caring?

positive about the emotional support provided. For example, they highlighted that staff responded compassionately when they needed help and provided support when required.

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

included information available for carers to ensure they understood the various avenues of support available to them. The practice website also signposted carers where to go for assistance.

The practice website had easy to understand information for patients in times of bereavement. The practice manager told us the GP would normally telephone a bereaved relative or arrange an appointment for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GPs told us the needs of the practice population were understood and they had systems in place to address any identified needs to ensure services were delivered.

The NHS England Area Team and Clinical Commissioning Group (CCG) told us that the practice manager engaged with them regularly to discuss service improvements that needed to be prioritised.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice manager told us that the majority of their patients spoke English. There were arrangements in place for staff to access translation services for patients whose first language was not English and four GPs spoke two languages.

On the practice website there were fact sheets in 20 different languages to explain the role of the UK health services and the NHS to newly arrived individuals seeking asylum. They covered issues such as the role of GPs, their function as gatekeepers to the health services, how to register and how to access emergency services.

The practice provided equality and diversity training and staff we spoke with confirmed that this had been undertaken.

The premises and services had been adapted to meet the needs of patients with disabilities. The entrance to the practice was easy to access, and the reception area, ground floor waiting room, and corridors were spacious and could accommodate wheelchair users and those with limited mobility. There was easy access to the consultation rooms on the ground and the first floor. A lift was available for patients to use and if it was not operational, patients would be allocated consultations on the ground floor. The lift could accommodate wheelchairs and mobility scooters. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

Appointments were available from 8am to 6.30pm on weekdays. The practice closed for appointments between 11.20am and 4pm to allow for lunchtime and home visits. The last appointment times available were 6.10 pm with an

additional five appointment slots per GP for emergency appointments made on the day. Each GP had their own patient list which allowed patients continuity to see their own GP if available. This was not always the case for emergency appointments.

Comprehensive information was available for patients about the appointment system on the practice website and the practice leaflet. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information regarding the out-of-hours service was provided to patients.

Appointments with a named GP or nurse were available for patients who needed them and those with long-term conditions. Home visits were made to local care homes on request, by a named GP and to those patients who needed one. Each GP allocated one half hour per day for telephone consultations.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to. They also said they could see another GP if there was a wait to see the GP of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with told us how they needed an urgent appointment and were seen by a GP within 90 minutes. Another patient we spoke with told us they received an urgent appointment three hours after their request.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The policy was in the process of being updated when we inspected. The practice manager was the designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system on the notice board in the waiting room in the practice leaflet and on the practice website. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at 10 complaints received in the last 12 months and found these were handled, and dealt with in a timely,

satisfactory manner for the patient(s), showing openness and transparency when dealing with the complaint. The practice review did not complaints to detect themes or trends. However, lessons learned from individual complaints had been acted on.

Are services well-led?

(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 with a succession plan. We found details of the vision and practice values were part of the practice's strategy. The practice vision and values included holistic, high quality, continuous care proactive to changes and considering mutual respect between practice and patient.

We spoke with five members of staff, three of whom were not aware of the vision of the practice but they all knew and understood what their responsibilities were and laid emphasis on patient care.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at 10 of these policies and procedures and some staff had completed a cover sheet to confirm that they had read the policy and when. All 10 policies and procedures we looked at had not been reviewed in the last 12 months and were in the process of being updated when we inspected. The practice informed us they had commenced a review of all policies and procedures since employing a new practice manager and we saw evidence that this process was underway with a plan to review, and rewrite where necessary, all policies.

There was a leadership structure with named members of staff in lead roles. For example, there was a lead GP for infection control and for safeguarding. We spoke with five members of staff and they were all clear about their own roles and responsibilities. Staff members told us they knew who to ask in the practice if they had any concerns but were not all aware who the leads were.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing just below national standards. We were told QOF data was regularly discussed at monthly team meetings and they planned to improve outcomes.

Leadership, openness and transparency

We were told there were minutes taken at practice bi-weekly clinical meetings but they could not be

evidenced. We were also told there were meetings for all staff held regularly but these had not taken place for the last four months due to annual leave and staff sickness. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at practice meetings or at any time with the practice manager of GPs.

There were human resource policies and procedures for example disciplinary procedures, induction policy, management of sickness, which were in the process of being reviewed when we inspected. Staff we spoke with knew where to find these policies and who to ask if they were required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through comments and complaints received. The practice manager showed us the improvements planned to enhance patients' experience based on these comments and complaints received. For example they agreed to change the practice telephone system to improve access, ease of use and reliability for patients.

The practice did not have a PPG at the time of our inspection. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice told us they planned to set up a virtual (PPG) and were looking at other ways to gather their patients' opinions.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us that they had asked for specific training to advance their role and had been supported by the practice to do this. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

There was no formal system in place to seek feedback from patients about the services provided at the practice other than through monitoring complaints and comments received.

The practice had a whistleblowing policy which was in the process of being updated when we inspected.

Management lead through learning and improvement

Are services well-led?

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

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that appraisals had taken place and they included a personal development plan. One member of staff told us that the practice had been very supportive of their training.

Records showed that some clinical audits were carried out as part the practice process to improve quality of service and patient care. One showed a completed audit cycle with changes that had been made to ensure that patients received safe care and treatment.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines
Family planning services	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 (Part 3)
Surgical procedures	Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12. (1) Care and treatment must be provided in a safe way for service users (1)(f) where equipment of medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; (1)(g) the proper and safe use of management of medicines;