

The Quintin Medical Practice

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Quintin Medical Practice on 16 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed. For example, in relation to recruitment checks, indemnity insurance, medicines management and infection control.
- Not all staff had the appropriate level of training for safeguarding children and adults and the practices' policy for safeguarding vulnerable adults contained inaccuracies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were high when compared to the local and national averages. However, there was limited evidence to show that there was an ongoing programme of clinical audit that led to improved outcomes for patients.
- Not all staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice was above average for its satisfaction scores on consultations with GPs and nurses.
- Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they usually found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff. Put arrangements in place to check the registration status of all health care professionals employed by the practice on an ongoing basis.
- Put arrangements in place to ensure that all clinical staff have up to date indemnity insurance in place in line with statutory requirements.
- Ensure all staff receive up to date training on safeguarding children and vulnerable adults relevant to their role. Implement an up to date, accurate policy for safeguarding vulnerable adults that reflects local authority safeguarding policies and procedures.
- Ensure all staff receive up to date training on areas identified as mandatory such as health and safety, fire safety, information governance, infection control and moving and handling.

- Ensure all staff receive a regular appraisal of performance in their role from an appropriately skilled and experienced person and that any training, learning and development needs are identified, planned for and supported.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Store prescription pads and blank prescription stationary securely at all times and track their use through the practice.
- Take action to address identified concerns with infection prevention and control practice.

The areas where the provider should make improvement are:

- Ensure that information is accessible for all patients. For example, the introduction of a hearing loop in reception for patients with hearing difficulties and the production of information in large print and braille for those with visual impairment.

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.

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

However,

- The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were not always assessed and well managed. For example, in relation to recruitment checks, infection control and medicines management.

Requires improvement



Are services effective?

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

- Data from the quality and outcomes framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

However,

- Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.
- There was no evidence of appraisals and personal development plans for all staff.

There was limited evidence to show that clinical audits demonstrated quality improvement

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, it had recently taken on the premises and approximately two thousand patients from a practice that was due to close, so that patients could continue to receive a service.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- The practice reviewed all deaths at its monthly palliative care meeting to identify learning points from the care patients had received.

Are services well-led?

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

Requires improvement



- The practice staff shared the same aim to provide the best possible care for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- The practice had been involved in a pilot scheme with the clinical commissioning group pharmacy advisor to provide medication reviews to patients in nursing homes. As a result of the pilot, the scheme was rolled out to all homes in the area

However,

- Although there was a governance framework in place, arrangements to monitor and improve quality and identify risk were not robust.

Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided GP input to two nursing homes in the area. One of the GPs visited the homes twice a week and ensured each resident was seen by them once a month.
- The practice had been involved in a pilot scheme with the clinical commissioning group pharmacy advisor to provide medication reviews to patients in nursing homes. As a result of the pilot, the scheme was rolled out to all homes in the area.
- The GPs and paramedic practitioner worked with multi-disciplinary teams as part of the clinical commissioning group's initiative to develop care plans for older patients identified as at risk of unplanned hospital admission to hospital.

Requires improvement



People with long term conditions

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance against indicators for the management of long term conditions was comparable to the local and national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80 mmHg or less was 91% compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children 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 were relatively high for all standard childhood immunisations.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 85% compared to the CCG average of 82% and the national average of 82%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a comprehensive family planning service which included, contraceptive implants and device fitting.
- The practice worked closely with midwives, health visitors and school nurses.
- The practice had links with the local schools and had hosted a school trip to the practice to enable the children to gain a better understanding of what went on in a GP practice. This was well received by the children and the practice had agreed to hold this as an annual event.

Requires improvement



Working age people (including those recently retired and students)

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice identified patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. However, staff had not received up to date training on safeguarding children and vulnerable adults relevant to their role. 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement for safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 91% and the national average of 88%.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty four survey forms were distributed and 132 were returned. This represented 2% of the practice's patient list.

- 85% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 78% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to CCG average of 77% national average of 76%.
- 87% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 75% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 56 comment cards which were all positive about the standard of care received. Patients described the service as excellent and the staff as kind helpful and caring. They said they felt listened to and that they were treated with respect. They said they felt the premises were safe and hygienic.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient commented that it was sometimes difficult to get an appointment.

The Quintin Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to The Quintin Medical Practice

The Quintin Medical Practice provides general medical services to approximately 8,400 patients in the town of Hailsham and surrounding areas. It provides services from three different locations. The main surgery being The Quintin Medical Centre and two branch surgeries, Punnetts Town and Battle Road Medical Centre

The practice has two GP partners and four salaried GPs. Two of the GPs are male and four are female. There are four practice nurses, two health care assistants, a paramedic practitioner, a practice manager, an assistant practice manager and a team of administrative, secretarial and reception staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a significantly higher number of patients over the age of 65 when compared to the national average although this is similar to the clinical commissioning group (CCG) average. The number of patients aged between 0-4, 5-14 and under 18 years of age in line with CCG and national averages. Income deprivation is relatively low.

The Quintin Medical Centre, Hawkswood Road is open from 8am until 6.30pm Monday to Friday. Extended hours operate here on a Wednesday evening from 6.30pm until

8pm. The Punnetts Town branch is open from 8am until 12.30pm on a Monday, Tuesday, Wednesday and Friday and from 7.30am until 12.30pm every Thursday. The Battle Road Medical Centre is open from 8am until 6.30pm Monday to Friday. Appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hours service by calling the practice.

The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, cervical smears, childhood immunisations, family planning, travel advice and minor surgery.

The practice provides services from the following locations:-

Quintin Medical Centre

Hawkswood Road

Hailsham

East Sussex BN27 1UG

Punnetts Town Medical Centre

Punnetts Town

East Sussex

TN21 9DH

Battle Road Medical Centre

85 Battle Road

Hailsham

BN27 1UA

Our inspection took place at The Quintin Medical Centre, Hawkswood Road.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 September 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the paramedic practitioner, the practice manager, the assistant practice manager and administrative and reception staff.
- Spoke with two patients who used the service. Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a duplicate immunisation being administered by one of the practice nurses, the practice ensured that there was more time given to nurses during clinics to check patient records before administering vaccines. We also saw that the nurse attended refresher training in relation to this.

Overview of safety systems and processes

The practice did not have effective or embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Arrangements in place to safeguard children and vulnerable adults from abuse were not robust. Safeguarding policies were accessible to all staff and flow charts were displayed in staff areas and consulting rooms that identified the steps staff needed to take and the people they need to contact if they suspected abuse was taking place. However, the practice's own policy for safeguarding vulnerable adults included an incorrect definition of a vulnerable adult and the types of abuse that may occur. This suggested the practice did not have a clear understanding of the principles and wider county council policies surrounding the need to safeguard vulnerable adults. Three members of staff

had taken the lead roles for safeguarding within the practice. This included a GP, a nurse and an administrative member of staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Not all of the staff we spoke with demonstrated they understood their responsibilities and not all of them had received training on safeguarding children and vulnerable adults relevant to their role. For example, not all the GPs including the GP lead for safeguarding had up to date level three training on safeguarding children. The practice nurse lead had undertaken level two training for safeguarding children.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however they had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had not undertaken risk assessment in relation to this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place. However not all staff had received training on infection control. The practice had not undertaken annual infection control audits. This meant it could not be assured it was maintaining appropriate standards on an ongoing basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However, there were no systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, for both GPs and nurses there was not always evidence of proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. This meant that the practice could not be sure that staff were appropriately qualified or that they were of suitable character to be left alone to work with children or vulnerable adults. We did see that the practice had put systems in place to ensure that all clinical staff had an up to date DBS check. DBS checks had been requested for all clinical staff in September 2016. The day after the inspection the practice confirmed that only one DBS check for a health care assistant remained outstanding.
- We also found that three out of the four practice nurses employed had been working without indemnity insurance for several months. This is a mandatory requirement which makes sure that if a patient suffers harm as a result of negligence that the health care professional involved has adequate indemnity insurance to compensate the patient. As a result of this we were required to ask the nurses to cease from practising until indemnity insurance was in place to cover them. The practice responded immediately and cover was in place by the end of the day.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified the local health and safety representative. The practice had a fire risk assessment undertaken in March 2016 and had carried a fire drill in September 2016. However, we were told that

neither fire risk assessments nor fire drills had been carried out prior to this. The assistant practice manager told us that fire drills would be taking place on a different day every month from now on.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place to monitor safety of the premises and substances hazardous to health. However, a risk assessment had not been undertaken for infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

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

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 81% which was similar to the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 85% which was similar to the CCG average of 87% and the national average of 88%.
- The practice results for management of patients with poor mental health were better than the local and national averages. For example, 97% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.
- The practice results for the management of patients diagnosed with dementia was better than the local and national averages. For example 98% of these patients had received a face-to-face review within the preceding 12 months in comparison with the CCG average of 79% and the national average of 84%.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the local and national averages achieving 88% in comparison with the CCG average of 84% and the national average of 84%.
- There was limited evidence of quality improvement including clinical audit.
- There had been two clinical audits undertaken in the last two years, neither of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

- The practice had recently introduced an induction checklist for all newly appointed staff. This covered areas which included emergency procedures, health and safety procedures and an overview of practice policies and procedures. We saw that staff appointed in the last six months had completed an induction checklist and received a three month and six month review of their progress.
- The practice had only recently identified the mandatory training needs for its staff. This included topics such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and moving and handling. From the training records we saw that none of the 38 staff had undertaken any of the mandatory training with the exception of six staff who had undertaken training on adult safeguarding and two staff who had undertaken training on safeguarding children. This meant staff had not always had access to appropriate training to meet their learning needs and to cover the scope of their work. We saw that training sessions were booked for first aid, moving and handling and fire safety for October and November 2016.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had regular update training on areas including asthma, diabetes and chronic lung disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff had previously been identified through informal discussions. Apart from the GPs, who had an annual appraisal as part of their revalidation, no other member of staff had received a formal appraisal within the last 12 months. We saw the practice had plans in place to ensure all staff received an annual appraisal going forward. We also saw that a system of formal supervision for staff had recently been implemented which meant that all staff had a one to one meeting with the assistant practice manager every six to eight weeks. The supervision meetings were documented and we saw evidence that staff received support and guidance and that any performance issues were addressed.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85%, which was better than the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% (92% to 95% CCG and 73% to 95% nationally) and five year olds from 96% to 98% (91% to 96% CCG and 83% to 95% nationally)..

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients who responded said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 95% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 82% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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

- 92% of patients who responded 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%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%

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

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

Are services caring?

- There were limited facilities to help patients be involved in decisions about their care. For example, the practice did not have a hearing loop for those patients with hearing difficulties or large print leaflets for those with a visual impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 205 patients as carers (2% of the practice list). Written information was available in the waiting area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice reviewed all deaths at its monthly palliative care meeting to identify learning points from the care patients had received.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had recently taken on the premises and approximately two thousand patients from a practice that was due to close, so that patients could continue to receive a service.

- The practice provided extended hours for working patients who could not attend during normal opening on a Wednesday evening at The Quintin Medical Centre, Hawkswood Road from 6.30pm until 8pm and at the Punnets Town branch on Thursday mornings between 7.30am and 8am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had recently completed a major renovation and refurbishment of its facilities at The Quintin Medical Centre. This included the renovation of the existing building and a first floor extension that provided additional offices and storage space for notes. The building had been completely rewired, re-plumbed all the doors and windows replaced plus new flooring and redecoration. The premises now provided improved, modern and accessible services to its patients.

Access to the service

The Quintin Medical Centre, Hawkswood Road was open from 8am until 6.30pm Monday to Friday. Extended hours operated here on a Wednesday evening from 6.30pm until 8pm. The Punnets Town branch was open from 8am until 12.30pm on a Monday, Tuesday, Wednesday and Friday and from 7.30am until 12.30pm every Thursday. The Battle Road Medical Centre was open from 8am until 6.30pm

Monday to Friday. Appointments could be booked over the telephone, on line or in person at the surgery. Patients were provided with information on how to access the duty GP or the out of hour's service by calling the practice. In addition to pre-bookable appointments that could be booked up to two weeks in advance and four weeks in advanced for those who booked on line. Urgent appointments were also available on the day for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 64% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 78%.
- 64% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 70 % and national average of 73%.

We spoke to the practice about this and they told us that they were in the process of increasing the number of appointments available on Wednesday evenings between 6.30pm and 8pm. They also told us that plans were in place to purchase and implement a new telephone system which would increase the number of lines going in to the practice. Additional reception staff were being recruited to increase staff capacity for answering the telephones.

Patients told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A comments and complaints leaflet was available at reception and information could be found on the practice website.

We looked at nine complaints received in the last 12 months found these were satisfactorily handled, in a timely

way and with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw evidence to show that as a result of a patient complaint regarding the system for making appointments, the practice had plans in place to purchase and implement a new phone system to enable patient calls to be managed more effectively.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear aim to provide the best care possible for patients. Over the last year it had developed a service improvement plan which identified the issues it needed to address to improve services and the actions that needed to be taken. We saw that progress against the action plan was monitored.

Governance arrangements

The practice had a governance framework in place which ensured:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There were weekly practice meetings at which health and safety, complaints and significant events were routinely discussed.

However

- The practice did not have a programme of continuous clinical audit that was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust. For example, in relation to up to date policies and arrangements for safeguarding children and vulnerable adults, undertaking appropriate recruitment checks, infection control audits and training and medicines management.

Leadership and culture

There was evidence that the partners prioritised high quality and compassionate care. However, the delivery of safe, high quality care was not adequately managed and not all risks were identified. For example, in relation to ensuring its entire clinical staff had professional indemnity insurance in place in line with statutory requirements.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been re-instated in July 2016 and had been meeting monthly. The group fed back proposals for improvement to the practice management team. For example, the PPG members identified a need to improve the content and clarity of information about the practice provided to its patients. As a result they were working on the production of a new patient leaflet. We also saw the practice had undertaken a survey of patient views in August 2016 and was in the process of analysing the results.
- The practice had gathered feedback from staff through staff meetings, supervision meetings and discussion. The practice had also undertaken a staff survey in July

Are services well-led?

Requires improvement 

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

2016 and there was a suggestion and comments box for staff in the staff room. As a result of feedback from staff the practice management team had introduced a new structure for staff meetings and a system of regular staff supervision. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice nurses told us that as a result of their feedback about the processes and paperwork involved regarding certain blood tests and immunisations the practice had streamlined its procedures. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, it had been involved in a pilot scheme with the clinical commissioning group pharmacy advisor to provide medication reviews to patients in nursing homes. As a result of the pilot the scheme was rolled out to all homes in the area.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider was unable to demonstrate that appropriate recruitment procedures were in place to ensure that staff were of good character or had the qualifications, competence, skills and experience which are necessary for the work to be performed by them, as specified in Schedule 3.</p> <p>This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have arrangements in place to ensure the safe management of medicines in particular the storage and tracking of blank prescription stationary.</p> <p>The provider did not have effective arrangements in place for assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular the provider had not undertaken regular audits of infection control, and not all staff had received training on infection control. The provider had not undertaken a risk assessment for legionella.</p> <p>This was in breach of regulation 12(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

Staff had not undertaken mandatory training, as defined by the provider for their role.

Staff had not received a regular appraisal of their performance in their role from an appropriately skilled and experienced person which included the identification of training, learning and development needs.

This was in breach of regulation 18(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

How the regulation was not being met:

Not all staff had received safeguarding training that was relevant, and at a suitable level for their role. Training had not been updated at appropriate intervals to ensure staff were kept up to date and to enable them to recognise different types of abuse and the ways they could report concerns.

The policy for safeguarding vulnerable adults contained inaccuracies and was not in line with local safeguarding policies and procedures.

This was in breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014 Good Governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

How the regulation was not being met:

The provider did not have systems and processes such as regular audits of the clinical services it provided in order to assess, monitor and improve the quality and safety of the service.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.