

# The Meads 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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Meads Medical Practice on 5 October 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety. However, there was no system to ensure that all medicines alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were actioned appropriately.
- Data showed patient outcomes were good compared to the national average. However, exception reporting rates were high. (Exception reporting is the removal of patients from calculations where, for example, the patients are unable to attend a review meeting).

- There was a programme of quality reviews and clinical audits. However, second cycles of audits had not yet been carried out to demonstrate sustained improvements to patient outcomes.
- Staff were aware of current evidence-based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the provider must make improvements is:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For example,

- Implement a system that ensures all MHRA medicines alerts are actioned appropriately.

The areas where the provider should make improvements is:

- Review the process for inviting patients to attend routine reviews and improve the system that records exception rates for clinical outcome measures.
- Implement the plan to carry out repeat cycles of clinical audits to demonstrate improvements to patient outcomes.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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.
- Risks to patients were assessed and well managed, with the exception of those relating to medicines alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) and high risk medicines.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had effective arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. However, rates of exception reporting for some indicators were high.
- Staff were aware of current evidence based guidance, but there was no effective system whereby the practice ensured guidance was read and understood.
- The practice was unable to demonstrate that clinical audits were driving improvements to patient outcomes; however there was a plan to monitor this.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, an urgent care practitioner was employed to provide same day appointments for people that needed them.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia. End of life care planning was comprehensive.
- Patients we spoke with 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 evidence from sixteen examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a well-defined leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included

Requires improvement



# Summary of findings

arrangements to monitor and improve quality and identify risk. However, governance arrangements had not ensured that all patients receiving high risk medicines had been thoroughly monitored. They did not always ensure that patient safety alerts were actioned or that outcomes for patients were fully understood.

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In four examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. Patients who were receiving end of life care had their preferences recorded on a “My Wishes” template, which ensured that all staff involved in their care were aware of their choices.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. Patients had access to a Care Navigator who supported them by identifying other sources of support and by helping them to access additional services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

**Requires improvement**



# Summary of findings

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality Outcomes Framework (QOF) showed that outcomes for patients with diabetes were at or above average compared to local and national averages.
  - The percentage of patients with diabetes in whom the last blood pressure reading was acceptable was 82% compared with the clinical commissioning group and national average of 78%.
  - The percentage of patients with diabetes whose last measured total cholesterol was acceptable was 85% compared with the clinical commissioning group and national average of 80%.
  - However, 19% of patients at the practice with diabetes had been removed from the QOF calculations, compared with the CCG rate of 11% and the national rate of 12%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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. The practice nurse team offered home visits to housebound patients to review their symptoms and medication.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances. The practice nursing team followed up all children who attended A&E or were admitted to hospital.

**Requires improvement**





# Summary of findings

- Immunisation rates were comparable to national averages for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us that they prioritised appointments for children under two years old and all patients with an urgent medical need could be seen the same day.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **Working age people (including those recently retired and students)**

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice had held an open day for newly retired patients offering a range of advice including retirement benefits and meeting groups.
- 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**



## **People whose circumstances may make them vulnerable**

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice allowed homeless people to use the practice address in order to be able to access services.

**Requires improvement**



# Summary of findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations. The practice had held an open day for members of the travelling community to highlight the services available to them.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for well-led and good for effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice carried out advance care planning for patients living with dementia.
- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was similar to the CCG average of 83% and the national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Home visits were available to patients who found the practice environment a barrier to accessing services.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data from the Quality Outcomes Framework (QOF) showed that outcomes for patients with mental health conditions were at or above average compared to local and national averages.

**Requires improvement**



# Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 98% compared with the CCG average of 93% and the national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93% compared with the CCG average of 94% and the national average of 89%.
- However, 23% of mental health patients at the practice had been removed from the QOF calculations, compared with the CCG rate of 12% and the national rate of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. Two hundred and sixty-four survey forms were distributed and 106 were returned. This represented approximately 40% of the practice's patient list.

- 90% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 61% and the national average of 73%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 69% and 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 thirteen comment cards which were all positive about the standard of care received. Patients commented that they were always treated kindly and with respect. Seven of the comment cards specifically mentioned high levels of satisfaction with the practice's nursing team.

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

# The Meads 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 Meads Medical Practice

The Meads Medical Practice is situated in Sittingbourne, Kent. The practice is aligned to the NHS Swale Clinical Commissioning Group (CCG) and has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice has a patient population of 9,295. The proportion of patients who are aged 55 to 64 years is lower than the national average and the proportion of patients aged 0 to 9 years and 25 to 39 years is higher than the national average. The practice is in an area with an average deprivation score, and average levels of unemployment. Patients living in areas with higher levels of deprivation may have increased health needs.

Consultation and treatment rooms are located on the ground floor of purpose-built building. Patient parking, including disabled parking, is available at the practice.

There is one principal GP (male) and two salaried GPs (male). These GPs are supported by three regular locum GPs (female) who are employed via an agency. There is one nurse practitioner, three practice nurses, one urgent care practitioner, one health care assistant and one

phlebotomist (all female). Two of the nurses are qualified as Independent Prescribers. In addition, there is a business manager and a practice manager as well as a team of reception and administrative staff.

The practice is a teaching and a training practice (teaching practices take medical students and training practices have GP trainees and doctors undertaking a two-year training programme following graduation from medical school). The practice also supports nursing students.

The practice is open between 8am and 6.30pm Monday to Friday. Extended hours appointments are offered from 6.30pm to 8pm on Monday to Wednesday.

Primary medical services are available to patients via an appointments system. There is a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care (MedOCC)) to deliver services to patients outside of the practice's working hours.

Services are provided from: The Meads Medical Centre, 29 Quartz Way, The Meads, Sittingbourne, ME10 5AA.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 5 October 2017. During our visit we:

- Spoke with a range of staff (the principal GP, two salaried GPs, two practice nurses, one health care assistant, the business manager and practice manager, and two members of administrative staff) and spoke with six patients who used the service. We also spoke with a member of the Patient Participation Group (PPG).
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a 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.
- Visited the practice.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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).
- From the sample of four documented examples we reviewed, we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident when blood samples had been incorrectly labelled, the practice had changed nursing staff rotas and taken steps to ensure that nurses were not interrupted while treating patients.
- The practice also monitored trends in significant events and evaluated any action taken.
- The practice did not have an effective system to ensure that all patient safety alerts from the Medicines & Healthcare products Regulatory Agency (MHRA) were received and actioned. This meant that the practice had not consistently taken steps to review patients on medicines that had been subject to recent safety alerts. For example, two female patients of childbearing age were being prescribed sodium valproate, a medicine used to treat epilepsy which exposes unborn babies to risks of abnormalities. However, other alerts, such as the recall of rivaroxaban (a medicine that reduces the ability of the blood to clot) had been appropriately actioned and records confirmed that patients had been given correct advice by the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three and to adult safeguarding level 2.
- 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 and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who had completed chaperone training wore a badge to indicate to patients that they were chaperone trained.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were effective cleaning schedules and monitoring systems.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not consistently minimise risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. However, these processes were not followed in all cases.

## Are services safe?

We saw that there was a reliable process for monitoring patients receiving disease-modifying anti-rheumatic drugs (DMARDs) but that patients who were prescribed warfarin, an anticoagulant medicine, did not always have their blood-clotting levels monitored sufficiently before treatment was prescribed. For example, we reviewed 82 records of patients who were prescribed warfarin and found that fifteen of these patients had no recorded blood clotting test in the previous twelve weeks.

- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there was an effective spreadsheet to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 one of the treatment rooms. There were medicines to deal with anaphylaxis (a severe allergic reaction) in all treatment rooms.
- The practice had a defibrillator available in the reception area 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff told us that they held a copy of the business continuity plan at their homes.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Clinical staff told us that they kept up to date with relevant guidelines and had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. However, the practice did not routinely record whether staff had read and complied with relevant guidance.

### 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 compared with the clinical commissioning group (CCG) and national average of 95%.

The overall exception rate for the practice was 7%, compared to the local clinical commissioning group (CCG) rate of 5% and the national rate of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For some clinical domains the exception rates were higher than the CCG and national averages. For example, 19% of patients at the practice with diabetes had been removed from the QOF calculations, compared with the CCG rate of 11% and the national rate of 12%. Twenty-three per cent of mental health patients at the practice had been removed from the QOF calculations, compared with the CCG rate of 12% and the national rate of 11%. We discussed this with the practice who told us that patients were sent three automated call-up letters inviting them for routine reviews. We reviewed these letters and found that they were lacking in information regarding the importance of patients' attendance at routine reviews. The

practice told us that patients who did not respond were followed-up with a telephone call to invite them to attend a review. Patients who did not attend were excluded from the QOF calculations.

Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes on the register in whom the last blood pressure reading was acceptable was 82% compared with the clinical commissioning group and national average of 78%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 98% compared with the CCG average of 93% and the national average of 89%. However, exception reporting rates for mental health indicators were higher than CCG and national averages.

There was evidence of quality improvement including some clinical audit:

- There was a programme of quality reviews including, for example, reviews of infection rates following minor surgery and of medication for patients with asthma. However, these were not completed two-cycle audits where the improvements made were implemented and monitored.
- The practice had analysed the results of the reviews and developed an action plan to address the findings. Records showed that there were plans to repeat these audits in order to complete the cycle of clinical audit.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Nursing staff who reviewed patients with

# Are services effective?

## (for example, treatment is effective)

asthma and chronic obstructive pulmonary disease (COPD) had been trained to carry out and interpret spirometry tests (a test to determine a patient's lung capacity).

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- From the sample of four documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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. Patients were able to access a Care Navigator, who supported them by identifying other sources of support and by helping them to access additional services.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Patients who were receiving end of life care had their preferences recorded on a "My Wishes" template, which ensured that all staff involved in their care were aware of their choices.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity 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.
- The process for seeking consent was monitored through patient records audits. For example, an audit of patients having vasectomies at the practice showed that 100% of them had completed the required consent before their procedure.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol consumption. Patients were encouraged to complete relevant questionnaires regarding their lifestyle so that staff could offer appropriate advice.
- Patients we spoke with told us that they received lifestyle advice from staff at the practice. Smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG and the national average.

# Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds were 90% and five year olds ranged from 70% to 90%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its

patients to attend national screening programmes for bowel and breast cancer. There were systems 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.

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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room adjacent to the reception desk to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the thirteen 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. Seven of the patients who completed comment cards particularly mentioned the high standard of care they had received from the nursing team.

We spoke with six patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments 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 at or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared the CCG average of 77% and to the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

## Are services caring?

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them. Staff told us that a high number of Polish speaking patients registered with the practice and one of the GPs spoke Polish to help meet their needs.
- Information leaflets were available in different languages and in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

### **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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice had held a recent "Carers' Day" where carers had heard from a number of support services and a young carer.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday, Tuesday and Wednesday evening until 8.00pm for patients who could not attend during normal opening hours.
- 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.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Practice staff completed "My Wishes" care plans with patients receiving end of life care and their families.
- An urgent care practitioner was employed by the practice to offer same day appointments to those patients with medical problems that require same day consultation. Urgent appointments were available for children.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. The practice allowed homeless people to use the practice address in order to be able to access services.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Extended hours appointments were offered on Monday, Tuesday and Wednesday from 6.30pm to 8.00pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available 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 comparable to local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared with the CCG average of 60% and the national average of 71%.
- 84% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 82% of patients said their last appointment was convenient compared with the CCG average of 74% and the national average of 81%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 61% and the national average of 73%.
- 52% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 50% and the national average of 58%.

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

The practice had a system to assess:

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

Patients requesting a home visit received a telephone call from one of the GPs to assess their needs. Home visits could be arranged with GPs, nurses or the urgent care practitioner as appropriate. 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 a system 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?)

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, leaflets about the complaints system were available on the reception desk for patients to take.

We looked at 16 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. The practice was open and

transparent when dealing with complaints. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint from a patient who had been kept waiting for their appointment, a policy was implemented so that staff advised patients of any known delays to appointments at the time of booking in.



# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose, including a mission statement which was displayed on the backs of all doors in the practice and staff we spoke with knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas according to their interests. For example, one of the nurses was the lead for respiratory care.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- The practice had higher than expected exception reporting in diabetes (19% compared with the Clinical Commissioning Group (CCG) rate of 11% and the national rate of 12%), depression (32% compared with the CCG and national rate of 22%) and mental health (23% compared with the CCG rate of 12% and the national rate of 11%).
- There was limited evidence of clinical audit including second cycle audits where improvements were monitored.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had undertaken comprehensive risk assessments for fire safety and legionella. However, there was no effective system to ensure that medicines alerts were actioned effectively, or that all patients receiving high risk medicines were effectively monitored.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

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

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of four documented examples we reviewed we found that the practice had systems 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings, both within the various departments and as a whole team.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were



# Are services well-led?

Requires improvement 

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

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 and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice was planning to install air conditioning following feedback from the PPG.
- the NHS Friends and Family test, complaints and compliments received. There was a display in the staff room that showed feedback from patients in an engaging way. This was kept up to date by the management team and staff told us that they found it useful.

- staff through an annual staff survey, and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The principal GP was Chair of the local GP Federation, a group of practices working together within the local health economy to share responsibility for delivering high quality, patient-focussed services.
- The practice participated in various pilot initiatives. For example, Prescription Ordering Direct (POD) and electronic prescribing release two (EPS2).

The practice was a training practice, supporting student and junior doctors. The nurse manager was a mentor for nursing students.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users.</p> <p>The registered person was not ensuring the proper and safe management of medicines because they: did not have an effective system to ensure that all patient safety alerts from the Medicines &amp; Healthcare products Regulatory Agency (MHRA) were received and actioned; did not have an effective process for handling repeat prescriptions which included the review of all high risk medicines.</p> <p>This was in breach of Regulation 12(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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the practice, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) and (b).</p>

This section is primarily information for the provider

## Requirement notices

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