

Dr Roper & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackwater Medical Centre on 4 April 2016. Overall the practice is rated as good.

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

- The provider was aware of and complied with the requirements of the duty of candour.
- There was a system in place for reporting safety incidents;
- There were arrangements in place to safeguard vulnerable adults and children that reflected local guidance and national legislation. We found that not all non-clinical staff had received safeguarding training however all staff demonstrated that they were aware of their responsibilities in relation to safeguarding.
- The practice had a business continuity plan in place; some of the contact numbers were no longer valid.
- The practice had not undertaken a recent health and safety or fire risk assessment to identify, assess and mitigate the risks to the health and safety of their staff and patients.
- Staffing levels and skill mix were planned in advance and reviewed to ensure patients received safe care.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and

Summary of findings

development. Services were tailored to meet the needs of individual patients. They were delivered in a way that promoted flexibility, choice and continuity of care.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was no clear vision or strategy in place at the practice. Staff were not aware of the objectives of the practice.

The areas where the provider must make improvement are:

- Ensure all staff receive training in safeguarding and the safeguarding policy is up to date and contains relevant contact details.

- Undertake a health and safety risk assessment and a fire risk assessment as required by legislation.

The areas where the provider should make improvement are:

- Ensure all policies and procedures are reviewed routinely and updated to reflect national guidance and legislation
- Implement a system to identify more patients who are carers.
- Following implementation of new appointment system, continue to monitor and ensure improvement to national patient survey results.
- Ensure the business continuity plan is up to date and reviewed regularly.
- Consider a documented strategy and business plan to support the practice mission.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting safety incidents; Staff were supported and encouraged to raise safety concerns. These were recognised as important for ensuring a safe and efficient practice.
- The practice complied with the duty of candour when things went wrong and provided patients with suitable explanations and an apology where relevant.
- Staffing levels and skill mix were planned in advance and reviewed to ensure patients received safe care.
- There were arrangements in place to safeguard vulnerable adults and children that reflect local guidance and national legislation. Although we found not all non-clinical staff had received safeguarding training, all staff demonstrated their understanding of safeguarding procedures.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- The practice monitored patients on high risk medicines in line with guidance and managed patient safety and medicines alerts effectively.
- The practice had not undertaken a recent health and safety or fire risk assessment to identify, assess and mitigate the risks to the health and safety of their staff and patients.
- The practice had a business continuity plan however some of the contact numbers were no longer valid.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014/15 were at or below average compared to the CCG and national average. However unverified figures for 2015/16 suggested the practice performance had improved. .
- Patient's care and treatment was planned and delivered in line with relevant nationally recognised evidence based guidance
- Clinical audits demonstrated quality improvement.

Summary of findings

- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnoses with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- A health visitor held two clinics a month for baby checks.
- Staff had the skills, knowledge and experience 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients and family members spoken with were positive about the services provided. We reviewed written CQC comments cards from patients that described the staff as good to excellent for support and respect.
- 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.
- The practice provided effective care and support for end of life patients. They shared their commitment to deliver high quality palliative care.
- The practice held a register for patients identified as carers, although the current number of patients identified was low.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Services were tailored to meet the needs of individual patients and were delivered in a way that promoted flexibility, choice and continuity of care.
- Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or lower to local and national averages.

Summary of findings

- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment.
- Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.
- 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 and other stakeholders.

Are services well-led?

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

- There was no clear vision or strategy in place at the practice. Staff were not aware of the objectives of the practice.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity; however several had not been updated for two years.
- The system of governance in place at the practice needed strengthening.
- 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 sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.
- Each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families.
- Longer appointments were available for patients. Urgent and non-urgent home visits for frail and house bound patients were triaged by a nurse.
- The practice used specific templates for the general older person health check that prompted a falls assessment, dementia screening, carer details and that also offered carers' wellbeing/health checks.
- Some non-clinical staff had not received training in safeguarding.
- The practice patient list included residents living in nine care homes locally and each care home had a named GP.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Doctors and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Chronic disease reviews were offered in the surgery or at home if the patient was housebound. Diabetes Protocols were followed with support from the diabetes lead doctor and COPD/Asthma annual reviews and follow up appointments were actioned with a trained asthma nurse.
- A recall system was in place to ensure continuity of care for the disease management of all long term conditions. For example, medicine reviews and follow-up checks as and when required or requested.

Summary of findings

Families, children and young people

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

Good



- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 76% and the national average of 82%
- Appointments were available outside of school hours that could be booked in person on line or by telephone. A triage nurse was available to see patients with minor ailments.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Some non-clinical staff had not received training in safeguarding children.

Working age people (including those recently retired and students)

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

Good



- 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.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice nurse provided travel immunisations and travel advice.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had identified a low number of patients who were carers.
- 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.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- The practice provided effective care and support for end of life patients and strove to deliver high quality palliative care. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.
- The practice held a list of patients registered as carers. The practice had identified 105 carers and this was 0.75% of their patient population.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia for whom they carried out advance care planning.
- Each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families.
- 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.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary, particularly where patients had been identified as experiencing poor mental health.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged.

Good



Summary of findings

- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Information was available for patients in the waiting area.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 114 were returned. This represented 47% response rate.

- 85% of patients said the last GP they saw or spoke to was good at giving them enough time compared to a CCG average of 85% and a national average of 86%.
- 93% of patients said the last appointment they got was convenient compared to a CCG average of 92% and a national average 91%.

There were two areas where the practice was not performing in line with local and national averages:

- 58% of patients said they could get through easily to the surgery by phone compared to a CCG average 64% and a national average of 73%.

- 79% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to a CCG average of 84% and a national average 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 patient Care Quality Commission comment cards, 39 of these were positive about the service experienced. However, two raised concerns about the availability of appointments and early morning telephone access.

We spoke with six patients (two of which were PPG members) during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff receive training in safeguarding and the safeguarding policy is up to date and contains relevant contact details.
- Undertake a health and safety risk assessment and a fire risk assessment as required by legislation.

Action the service **SHOULD** take to improve

- Ensure all policies and procedures are reviewed routinely and updated to reflect national guidance and legislation

- Implement a system to identify more patients who are carers.
- Following implementation of new appointment system, continue to monitor and ensure improvement to national patient survey results.
- Ensure the business continuity plan is up to date and reviewed regularly.
- Consider a documented strategy and business plan to support the practice mission.

Dr Roper & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Roper & Partners

Blackwater Medical Centre is part of Mid Essex Clinical Commissioning Group and is a large rural surgery in Maldon Essex. Blackwater Medical Centre provides general medical services to approximately 14,100 registered patients. The practice has a branch surgery in a neighbouring village. The branch surgery was not inspected during this inspection.

The main surgery is located within purpose built premises and has a dispensary as well as a community pharmacy located within the same building. The ground floor of the premises consists of the reception and all the GPs and nurses rooms and the pharmacy, the first floor accommodates all the office based staff and a large meeting room and staff rest areas. There is limited parking at the practice, but two car parks in the town within walking distance of the practice

According to data from the Office for National Statistics, Mid Essex has a high level of affluence and minimal economic deprivation. However, Maldon is in the most deprived seventh of the population for Essex. People in the more deprived areas generally have poorer health and lower life expectancy than the Essex average.

The practice population has a higher proportion of patients aged 55-85 compared to the national average. Working status includes paid work and fulltime students is 54% this is lower than the CCG of 63% and national of 62%. Unemployment in this practice area is 5% compared to the CCG of 3%, this compares to the national average of 5%.

The practice population also has a proportion of patients in local care homes. The practice covers nine care homes and each home has a named GP.

The practice comprises of seven GP Partners (six male and one female). The all-female nursing team consists of one nurse practitioner and five practice nurses. A practice manager and a team of reception and administrative staff undertake the day to day management and running of the practice. The independent pharmacy and dispensary is managed by a pharmacist supported by four dispensing staff.

The practice has core opening hours between 8am and 6.30pm, Monday to Friday with appointments available from 8.20am to 5.50pm daily. Extended opening hours are on Monday, Wednesday and Friday from 7am and on Thursday from 7.30am.

The practice has opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Out of Hours services are provided by Primecare. Advice on how to access the out-of-hours service is clearly displayed on the practice website, on the practice door and over the telephone when the surgery is closed.

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

Detailed findings

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 4 April 2016. During our visit we:

- Viewed information provided by the practice, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, practice manager, administrators and doctors) and spoke with patients who used the service.
- 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

We found there was an open culture in the practice. Staff were supported and encouraged to raise safety concerns. These were recognised as important for ensuring a safe and efficient practice. For example;

- Staff told us they would inform the practice manager of any safety incidents and there was a recording form available on the practice's computer system. Records showed a total of eight safety events had been recorded over the last 12 months. We saw that learning had been applied when unintended errors or unplanned events had occurred. For example, when a medicines dosage error was identified by the dispensary the clinician was contacted immediately to check dosage and correct prescription. This incident was investigated and actions identified to mitigate reoccurrence.
- 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). The practice had also carried out a thorough analysis of the significant events, and their findings were regularly discussed at staff meetings.

The practice had a robust approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA). The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. A clear audit trail was maintained to demonstrate the effectiveness of the system in place. The practice provided evidence of how they had responded to alerts in checking patients' medicines and taking action to ensure they were safe.

Overview of safety systems and processes

Systems, processes and practices were in place to keep people safe and safeguarded from abuse;

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff but had not been updated with relevant contact details. There was a lead member of staff for safeguarding and all staff were

aware of who they were and how to contact them. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children and vulnerable adults relevant to their role. However, some reception staff had not received any safeguarding training. All GPs and qualified nurses were trained to child protection or child safeguarding level 3.

- 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).
- 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. There was an infection control protocol in place and staff had received up to date training. All staff we spoke with knew how to deal with spillage of bodily fluids and sharps injury. Annual infection control 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for ensuring that, for high risk medicines, the GP carried out a review before authorising the next repeat prescription. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing

Are services safe?

medicines had received appropriate training and had opportunities for continuing learning and development. We saw that medicines incidents or 'near misses' were recorded for learning. Dispensary staff were involved in reviewing incidents regularly and we saw that when necessary changes had been made to improve the quality of the dispensing process. The dispensary manager showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We noted that these procedures had been signed by dispensary staff to show that they had read them, but that practice managers and GPs who occasionally worked in the dispensary had not signed them although we were assured they had been read. These were signed prior to the end of the inspection.

- The practice had processes in place for monitoring prescriptions that were not collected, particularly where patients had been identified as experiencing poor mental health. Some patients were prescribed weekly prescriptions and these patients were closely monitored. If they did not collect their prescription this was highlighted to the GP who contacted the patient for a welfare check. If they were unable to be contacted this was escalated to the mental health team.
- Patients on high risk medicines were reviewed in a timely way. When the medicine review date was reached the dispensary contacted the patient to inform them they were due a review and they ensured a blood test was carried out. This was to check that the medicines remained safe to prescribe. If patients did not attend for a blood test there was a system in place to follow this up with the patient.
- All older patients on regular medicine had an annual review of their health. This was prompted by their medicine review date and followed up as a safety net by the dispensary team. The dispensary team alerted the GPs to patients who were over-due a review. Other patients were picked up opportunistically if they attended the practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). We saw records to show that staff had received training on recent changes to

controlled drugs legislation. The controlled drugs were stored securely and the appropriate records were kept. The practice carried out regular checks on the stock levels as recommended by NICE guidance.

- We reviewed four personnel files and found that all had undertaken appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available but it had not been updated for two years. The practice did not have an up to date health and safety and fire risk assessment but there was evidence of recent fire drills. 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 a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff in the different teams was able to cover each other's roles and there were designated leads for clinical areas such as lung conditions, diabetes and cancer as well as for general work areas, such as training, safeguarding and practice education.
- The practice was actively recruiting a GP and was using locum GPs to provide extra appointment slots in the meantime. However the practice informed us that it is sometimes difficult to source a GP in their area.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- 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 business continuity plan in place for major incidents such as power failure or building damage was available, however some contact details were found to be inaccurate.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patient's care and treatment was planned and delivered in line with relevant nationally recognised evidence based guidance (including National Institute for Health and Care Excellence (NICE) best practice guidelines), best practice and legislation. This included during assessment, diagnosis, when patients were referred to other services and when managing patients' chronic or long-term conditions, including for patients at their last 12 months of their life. This was monitored to ensure consistency of practice.

- 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

We saw that staff were open about asking for and providing colleagues with advice and support. GPs told us that they supported all staff to continually review and discuss new best practice guidelines. We saw that this also took place during clinical meetings and the minutes we reviewed confirmed this. We saw that where a clinician had concerns they would telephone or message another clinician to confirm their diagnosis, treatment plan or get a second opinion.

We found from our discussions with the GPs and nurses they completed thorough assessments of patients' needs in line with NICE guidelines. These were reviewed when appropriate.

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 95% 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 83%. This was above the CCG average of 79% but slightly below the national average of 89%. The monitoring of patients with diabetes helped to ensure that patients' diabetes were well managed and that conditions associated with diabetes such as nerve damage, heart disease and stroke could be identified and minimised where possible.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 77% compared to the CCG of 74% and national average of 78%.
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 80% compared to the CCG of 75% and national average of 81%.
- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 70% compared to the CCG of 72% and national average of 77%.
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 79% compared to the CCG of 82% and national average of 88%.

We discussed these results with the GPs and they acknowledged that some areas of diabetes monitoring required improvement. They showed us the action plan they had produced to improve their performance for the current year. Their QOF data for 2015/16 showed that a marked improvement had been made and this unverified data reflected that the practice were on course to be above the CCG and national average.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions were in line with CCG and national averages for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 84% compared to the CCG average of 83% and national average of 83%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients who were treated with appropriate medicines for a particular condition related to heart failure was 98% compared to the CCG of 98% and national average of 98%.

Performance for patients with long-term lung conditions were similar or below CCG and national percentages. For example;

- The percentage of patients with asthma who had a review within the previous 12 months was 67% compared to the CCG average of 71% and national average of 75%. Also the exception reporting was 15% compared to CCG average of 7% and a national average of 7%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 92% compared with the CCG average of 89% and national average of 90%. However the exception reporting for this area was 41% compared to a CCG average of 15% and national average of 11%.

We discussed these results with the GPs and practice nurses and they informed us they were aware of the results and had been trying to recruit another practice nurse to assist in the respiratory clinics. We were shown 2015/16 QOF figures which showed a slight improvement but remained slightly below the CCG and national averages.

Some clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes.

- The practice kept a program of audits detailing what action had been implemented. There were several completed audits and others in progress. Areas audited included: prescribing of high risk medicines, minor surgery and antibiotic prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Clinical audits completed in the last two years included an audit of a particular high risk medicine. The results of the first audit identified a third of patients on this medicine were not being correctly monitored. An action plan was implemented and a re-audit showed a majority of patients had been reviewed, those still requiring review were sent a letter and an electronic note on their record identified the need for review.

- Findings were used by the practice to improve patients' outcomes. For example, an audit of asthma patients undertaken by a practice nurse regarding inhaler technique revealed an incorrect inhaler technique being used by a high number of patients. The practice implemented a system of giving verbal instruction and physical demonstration to all patients at their asthma review consultation to monitor correct usage. We were told that this would be re-audited in the near future.

Effective staffing

Each patients care and treatment needs and preferences were assessed by staff with the required level of skill and knowledge to ensure effective staffing.

- 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. Although we found that some non-clinical staff had not received safeguarding training
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, members of staff from the administration and reception teams had completed training courses in medical record keeping and customer service. Clinical staff had received training in areas such as diabetes, wound care, asthma and managing chronic kidney disease.
- Practice nurses performed defined duties and were able to demonstrate that they were trained to fulfil these roles. Practice nurses had advanced specialist training in asthma, diabetes coronary heart disease and chronic obstructive pulmonary disease. They also reviewed patients with long-term conditions, administered vaccinations and took samples for the cervical screening programme. They had undergone extended training and update to ensure nationally recognised evidence based guidance was being incorporated in their care delivery.
- 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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. However some staff had not received safeguarding training.
- Staff we spoke with provided us with examples of where the practice had supported them to improve their professional practice. For example; nursing staff had attended various courses. GPs had special interests in palliative care, mental health and dermatology.

Coordinating patient care and information sharing

The systems to manage and share the information that was needed to deliver effective care were coordinated across services and supported integrated care for patients.

- Staff worked together and with other health care professionals to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. Staff and services were committed to working collaboratively.
- Patients who had more complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care for patients. For example if a patient had two long term conditions a longer appointment would be arranged so both could be reviewed at one appointment.
- The practice held meetings with the health visitor and midwife to discuss any identified vulnerable patients including looked after children and/or at risk, also any pregnant patients who may have or develop complications.
- The practice used specific templates for the older person health check that prompted a falls assessment, dementia screening, carer details and that also offered carers' wellbeing/health checks.
- A&E attendance figures were lower than CCG and national data at a score of 13 per 1000 patients compared to the national average of 15 per 1000. The practice was commissioned for the unplanned

admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

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, 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, the Children Acts 1989 and 2004 and their duties in fulfilling it.
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- 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.
- All the clinical staff we spoke with understood the key principles of the relevant legislation and were able to describe how they implemented it. For some specific scenarios where capacity to make decisions was an issue for a patient, the practice had drawn up a policy to support staff.
- Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in and agreed with.

Are services effective?

(for example, treatment is effective)

- Written consent was obtained for minor surgery procedures where the relevant risks, benefits and possible complications of the procedure were explained.

The practice used templates for documenting consent for specific interventions. For example, for childhood vaccinations verbal consent was documented in the child's electronic patient notes with a record of who gave consent and who was present at the appointment.

Supporting patients to live healthier lives

Staff were consistent in supporting patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with a patient was used to do so.

- We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and advice on their diet and alcohol reduction if indicated.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice focused on helping patients understand their conditions, and signposted patients to relevant services such as Empower for patients newly diagnosed with diabetes, exercise on prescription, smoking cessation and healthy lifestyle clinics.
- Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol reduction. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 76% 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. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer uptake for both were slightly higher than CCG average and national averages.

- Females, 50-70, screened for breast cancer in last 36 months (3year coverage, %) was 76% compared to the CCG of 76% and national average of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5year coverage, %) was 62% compared to the CCG average of 62% and national average of 58%.

Childhood immunisation rates for the vaccinations given were above the CCG averages for 2014/2015. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 93% compared to the CCG range of 95% to 98%. Whereas five year olds vaccinations were comparable to CCG averages from 92% to 96%.

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.

We received 41 patient Care Quality Commission comment cards, 39 of these were positive about the service experienced. However, two raised concerns about the availability of appointments and early morning telephone access. 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. 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.

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

Results from the national GP patient survey, published in 2016 showed patients felt they were treated with care and concern. The practice scored higher than average for patient satisfaction in relation to consultations with doctors and nurses when compared to the average Clinical Commissioning Group (CCG) and national scores. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group CCG average of 88% and the national average of 89%.

- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% of patients said the nurse was good at listening to them compared to the clinical commissioning group CCG average of 92% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

Other responses were in line with the CCG and national average. For example;

- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

The practice scored slightly lower than the local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 78% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- 78% described their overall experience of the practice as good compared to the CCG average 84%, national average 85%.

We discussed these results with the practice. They were aware of the data and have made some changes to their processes and systems to try and improve satisfaction rates. They told us they had vacancies for a GP and practice nurse.

Care planning and involvement in decisions about care and treatment

Are services caring?

Patients told us through discussions and in comment cards that they felt listened to and involved in making decisions about the care and treatment they received. Results from the national GP patient survey, published in 2016 reflected this. The practice had scored consistently higher than local and national averages for patient satisfaction. For example:

- 91% said the GP was good at listening to them compared to a CCG average of 88% and a national average of 88%.
- 87% said the last GP they saw was good at explaining tests and treatments (CCG average of 84%, national average of 86%).
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average of 81%).

The same questions were asked about nursing staff and satisfaction rates were also higher than the CCG and national average. For example:

- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 94% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 90%).
- 88% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 87%, 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. We saw notices in the reception areas informing patients this service was available.
- There was a patient resource folder in the waiting room. This provided extensive information about services available at the practice, such as signposting to other local services and providing general healthcare related information.

Patient and carer support to cope emotionally with care and treatment

Carers were encouraged to make themselves known to the practice so that appropriate support and advice could be offered. The practice had identified 105 carers and this was 0.75% of their patient population. Information was available in the reception area advising them of external organisations they could contact.

The practice provided effective care and support for end of life patients. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.

There was a bereavement notice board in the staff only area. This was to ensure all staff were made aware of patients who had passed away. Details of external organisations that could provide support were on display in the reception area and also in the resource folder.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individual patients and were delivered in a way that promoted flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve the service provided. For example, the practice worked to reduce the risk of unplanned admissions to hospital through identifying patients who were at risk and developing care plans with them to maintain their healthcare conditions. There were longer appointments available for patients with a learning disability.

- Home visits were available for older patients and patients who would benefit from these. A nurse took all home visit requests to refine responsiveness and ensure all requests for visits were notified to the morning duty GP as soon as possible after they came in. The duty GP then attempted to make a home visit before 11am.
- 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/were referred to other clinics for vaccines available privately.
- There were facilities for people with disabilities and a hearing loop available.
- Translation services were available and the practice's web-site had an automatic translation facility which meant that patients who had difficulty understanding or speaking English could gain 'one-click' access to information about the practice and about NHS primary medical care.
- The practice nurses provided support for patients with diabetes who were initiating insulin therapy. This ensured the patient was supported through initiation therapy in a local and familiar environment.
- A health visitor held two clinics a month at the practice for baby checks.

- The practice offered a range of on-line services which included; appointment bookings, prescription requests, Summary Care Records and on-line access to clinical records

Access to the service

The practice core opening hours were between 8am and 6.30pm Monday to Friday with appointments available from 8.20am to 5.50pm daily. Extended opening hours were on Monday, Wednesday and Friday from 7am and on Thursday from 7.30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or lower to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 76%.
- 58% patients said they could get through easily to the surgery by phone compared to a CCG average 64%, national average 73%.
- 67% patients said they always or almost always see or speak to the GP they prefer compared to CCG average 75%, national average 76%.

Not all the patients we spoke with told us that they were able to get appointments when they needed them. We discussed this with the practice manager and GP. They told us that following the results of the national GP patient surveys and patient feedback, the appointment system was undergoing a review to assess appointment demand. As a result the practice was in the process of restructuring the appointment system. The practice was also in the process of reviewing clinics for patients with long term conditions and was revising the system to ensure patients with long-term conditions, co-morbidities and complex medicine needs received the time required with the clinician. In addition the practice had recently appointed an additional GP therefore the number of GP appointments available will soon increase.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and

Are services responsive to people's needs?

(for example, to feedback?)

- The urgency of the need for medical attention.

Urgent and non-urgent home visits for frail and house bound patients were triaged by a nurse. The practice/triage nurses had a list of patients who had been identified as requiring home visits and they assessed each request on an individual basis. 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.

Patients who had complex health needs or who were receiving end of life care had an electronic message on their notes which ensured that staff prioritised their calls to the practice and requests for appointments.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. A complaints policy and procedure had been shared with staff.

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

- There was a designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system was displayed at the reception desk. Patients could make a complaint in writing or verbally.
- Patients we spoke with were generally unaware of the process to follow if they wished to make a complaint, although they told us that they would feel confident to report any concerns should they arise.
- We noted that verbal complaints had been recorded in order to identify any learning needs and trends.
- We looked at 18 complaints recorded in the last 12 months and saw that these had been dealt with in a timely manner and learning outcomes had been cascaded to staff within the practice where appropriate.

A summary of each complaint included, details of the investigation, the person responsible for the investigation, whether or not the complaint was upheld, and the actions and responses made. We saw that complaints had all been thoroughly investigated and the patient had been communicated with throughout the process. The practice reviewed complaints to identify trends and themes but did not record this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

There were clear vision and values, driven by quality and safety, which reflected compassion, dignity, respect and equality. All staff told us they worked to deliver high quality care and promote positive outcomes for patients. The partners told us they wished to maintain accessible care for their patients but acknowledged improvements were required to continue to achieve this. They were recruiting a practice nurse and had successfully appointed a GP to achieve this.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. There had been no recent review of the governance arrangements, the strategy, plans or the information used to monitor performance. For example,

- There was a leadership and staffing structure. Named members of staff led in specific areas of responsibility. For example, safeguarding, infection control and complaints.
- < > were some systems to ensure staff training was scheduled and undertaken; however we found some non-clinical staff were yet to undertake safeguarding training for children and adults. Responsibilities in relation to Duty of Candour were found to be robust
- Whilst policies and documented procedures were in place, they had not all been regularly reviewed.
- Clinical audits had been conducted and used to inform improvements in care.
- The arrangements for identifying, recording and managing risks were not always in place, . The practice had not carried out a health and safety or fire risk assessment.

Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Communication across the practice was structured around scheduled meetings. Minutes were kept of these and were available to staff. Staff told us there was an open culture

within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us the partners were approachable and always took the time to listen to all members of staff and they felt respected and valued by the management team.

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 affected people reasonable support, truthful information and a verbal and written apology

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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice collated feedback from patients from the NHS Friends and Family test. The friends and family feedback form was accessible in the waiting room and patients were encouraged and supported to complete them. The forms could also be completed via the practice's web site. Results showed that 86% of respondents would recommend the practice to their friends or family.
- The practice also gathered feedback from staff through practice meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

The practice had monitored their satisfaction rates from the national GP patient survey published in January 2016

Are services well-led?

Good 

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

and had taken positive action to address and improve on their performance. Examples included the recruitment of additional staff and the reviewing of the appointment system.

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>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to undertake regular risk assessments of the environment.</p> <p>This was in breach of regulation 12(1)(2)(a)(b)(d)(h) 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person failed to ensure all staff had received training in safeguarding at the appropriate level.</p> <p>This was in breach of regulation 13(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>