

The Friary Surgery

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
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 previously carried out an announced comprehensive inspection at The Friary Surgery on 23 June 2016. Overall the rating for the practice was inadequate (safe and well-led inadequate, effective, caring and responsive as requires improvement) and was placed in special measures for a period of six months.

In particular, on 23 June 2016, we found the following areas of concern:

- There was an ineffective system in place for reporting and recording significant events. There was limited evidence to show that significant events and complaints were reviewed and thoroughly investigated to prevent further occurrences and secure improvements.
- When things went wrong, lessons learned were not communicated widely enough to support improvement. There was no evidence of any improvement action plans.
- Patients were at risk of harm because the systems and processes in place were ineffective. We found concerns

in relation to health and safety, management of safeguarding, recruitment of staff, medicines management, infection control, safe storage of patient records and the ability to respond to clinical and non-clinical emergencies.

- The outcomes of patients' care and treatment were not always monitored regularly.
- Clinical audits were not routinely carried out to improve care, treatment and people's outcomes.
- The practice could not demonstrate how they ensured oversight of role-specific training and updating for relevant staff. Staff received some training but we identified staff that had not completed training in a range of areas that included safeguarding adults, fire safety awareness, basic life support, infection control and information governance.
- Whilst complaints were responded to lessons learned and action taken was not sufficiently detailed to assure lessons had been learnt. Complaints were not monitored over time to enable the practice to look for trends and areas of risk that may be addressed.

Summary of findings

- The practice did not have an overarching governance framework which supported the delivery of good quality care. No formal meetings between staff took place. We were told any issues were discussed at daily coffee breaks. None of these meetings were recorded.

As a result of our findings at this inspection we took enforcement action against the provider and issued them with a warning notice for improvement.

Following the inspection on 23 June 2016 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations and the warning notices that we issued.

We carried out a further comprehensive inspection at The Friary Surgery on 7 February 2017 to check whether the practice had made the required improvements. We found that all improvements had been made.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- On all but a small number of comments cards received, patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

- The practice was equipped to treat patients and meet their needs. Some areas of the practice required maintenance and redecoration.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had significantly improved their governance framework. For example a structure of meetings, audits and completion of training had been put in place which provided an overarching governance framework which supported the delivery of the strategy and good quality care.
- The partners and new practice manager supported by staff demonstrated they had taken on board all the issues we identified at the previous inspection and had committed the practice to deliver improvement.
- The practice demonstrated a commitment to ensuring that the significant changes and improvement the practice had made would be monitored and embedded into future practice to ensure the improvement made was sustained.

The areas where the provider should make improvement are:

- Consider the arrangements for maintaining/ redecorating the practice to ensure infection control risks are minimised particularly in treatment rooms.
- Formalise the arrangements for managing test results.
- Review the arrangements in respect of the practices implementation of the Accessible Information Standard.
- Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.
- Ensure the improvement made is monitored and embedded into practice to ensure sustainability over time.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.

Good



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 the national average for all aspects of care.
- Most patients we received comment cards from said they were treated with compassion, dignity and respect. All those that referred to it said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs. Some areas of the practice required maintenance and redecoration.
- 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.

Good



Are services well-led?

The practice is rated as good 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 clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Figures comparing 2016 with 2015 showed an overall reduction in accident and emergency (A+E) attendances by patients in the over 75s age group by 22%. The practice reported that contributing factors to this reduction included that all patients all over 75s years on multiple medicines were having a medicines review with the practice CCG funded pharmacist and for all patients on the Avoiding Unplanned Admissions Register had a care plan in place.

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.
- Patients at risk of hospital admission were identified as a priority.
- Performance for the ten diabetes related indicators overall was higher than the England average being 97%, which was 7% points above the England average.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- 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.
- Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and for five year olds.
- 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 87%, which was higher than the England average of 81%.
- The practice offered emergency contraception, family planning and sexual health advice including administration of all long-acting reversible contraceptives (LARCs). Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability and patients who were carers and housebound.
- 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.
- As part of the local CCG strategy the practice was part of a CCG nursing workforce project. The practice had received funding for an additional practice nurse one day a week and a health

Good



Summary of findings

care assistant for one session a week. This project had been running for 12 months with clear benefits evident in a wide range of areas. Since the project began there had been a 12% decrease in A&E admissions in the Nursing Project area of focus, namely for patients in care homes and assisted living accommodation.

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was significantly higher than the England average of 84%.
- Performance for the six mental health related indicators was higher than the England average being 92%, which was 4% points above the England average. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 120 were returned. This represented 2% of the practice's patient list.

- 90% of patients said they could get through easily to the practice by phone compared to the local CCG average of 90% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 92% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local CCG average of 94% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 90% and the national average of 78%.

As part of our inspection we also asked for patient feedback prior to and on the day of our inspection. We received feedback from 58 patients which included CQC comment cards which patients completed prior to the inspection and questionnaires that patients completed on the day of our visit. Almost all of the feedback was positive about the care and treatment patients received. A small number of negative comments related to the attitude of GPs and a receptionist.

During January 2017, results for the Friends and Family Test showed that of the four respondents, three were extremely likely and one likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider the arrangements for maintaining/ redecorating the practice to ensure infection control risks are minimised particularly in treatment rooms.
- Formalise the arrangements for managing test results.
- Review the arrangements in respect of the practices implementation of the Accessible Information Standard.
- Review the system that identifies patients who are also carers to help ensure that all patients on the practice list who are carers are offered relevant support if appropriate.
- Ensure the improvement made is monitored and embedded into practice to ensure sustainability over time.

The Friary Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC Specialist Pharmacist and a CQC Inspection Manager.

Background to The Friary Surgery

The Friary Surgery, Queens Road, Richmond, North Yorkshire, DL10 4UJ is a semi-rural practice situated in Richmond serving Richmond and the surrounding villages. The registered list size is 5,850 and approximately 96% are of white British background. The practice is ranked in the eighth least deprived decile, (one being the most deprived and 10 being the least deprived). The practice age profile is comparable to the England average with the highest age range being 65 years plus. The practice is a dispensing practice and dispenses to approximately 25% of their patients.

The practice is run by four partners (three female and one male). There is a nurse prescriber, a practice nurse, a phlebotomist, a dispensary manager and a dispenser. The clinical team is supported by a practice manager and a team of administration/reception staff. The practice currently receives local CCG funding for a practice nurse one day a week and a health care assistant for one session a week as part of the local CCG Nursing Workforce Project. Funding has also been gained through the Heartbeat Alliance Federation for a pharmacist to work at the practice one day a week.

The practice is a teaching practice which takes final year medical students and Foundation Doctors (FY2). These are doctors in their second year after qualification.

The practice is open between 8.15am to 6pm Monday to Friday. The dispensary is open Monday to Friday between 9am and 1pm and 2pm to 6pm. Consulting times are 8.30am to 12pm and 2pm to 6pm. The surgery provides extended opening hours. These usually consist of one evening per week between 6.30pm and 7.30pm for pre-booked GP appointments only. There are two GPs on duty during this time. The dispensary is closed during these extended hours.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the 111 service.

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England.

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 practice had previously been inspected on 23 June 2016 and placed in special measures when we issued enforcement action. The latest inspection was planned to check whether the provider was 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 to share what they knew. The practice had provided us with an action plan which outlined the work and actions they would take to comply with the regulation breaches stated in the requirement and warning notices we had given them.

We carried out an announced visit on 7 February 2017. During our visit we:

- Spoke with a range of staff including GP partners, the practice manager, practice nurses and dispensing staff. We also received written feedback from non-clinical staff working at the practice.
- Observed how staff interacted with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

What we found at our previous inspection in June 2016

There was an ineffective system in place for reporting and recording significant events. There was limited evidence to show that significant events and complaints were always recorded, reviewed and thoroughly investigated to prevent further occurrences and secure improvements. When things went wrong, lessons learned were not communicated widely enough to support improvement. There was no evidence of any improvement action plans. Patients were at risk of harm because the systems and processes in place were ineffective. We found concerns in relation to health and safety, management of safeguarding, recruitment of staff, medicines management, infection control, safe storage of patient records and the ability to respond to clinical and non-clinical emergencies.

What we found at this inspection in February 2017

Safe track record and learning

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

- Staff demonstrated an understanding of their role in respect of responding to significant events. New systems had been put in place to ensure that when a significant event occurred that it was managed appropriately. The practice was focussed on promoting a culture of openness and involved the whole staff team in the significant event process.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence the practice was completing reviews of significant events at pre-arranged meetings. It was too early for the practice to have completed an annual

review of the significant events as the new reporting arrangements were in their infancy. The practice informed us they were planning for this at an appropriate time.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a new protocol had been developed and alerts used on the practice computer system to raise awareness of patients with the same or similar name.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding with a supporting deputy and administration lead. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses and health care assistants as well as administration staff were trained to the appropriate level and above.
- 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 who liaised with the local infection prevention teams to keep up to date with best practice.

Are services safe?

There was an infection control protocol in place and staff had received up to date training. Infection control inspections were undertaken bi-monthly by the infection control lead and any issues discussed at the next monthly practice meeting. We saw evidence that action was taken to address any improvements identified as a result. For example a programme of replacing the fabric chairs was in place, carpets had been deep cleaned, and most of the net curtains had been replaced with more appropriate privacy screening. We noted some areas of the practice still required maintenance/redecoration such as chipped door frames and exposed plaster work in a treatment room which posed an infection control risk. The practice had begun engagement with the company who managed the premises the practice was located within to raise such issues.

- Staff had been offered some but not all routine vaccinations.
- Patient records were securely stored.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the surgery for people who did not live near a pharmacy. Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). There was a system in place to ensure staff had read and understood them. Prescriptions were signed before being dispensed and there was a process in place to ensure this occurred.
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. There was a named GP responsible for providing leadership to the dispensary team. We saw records showing all members of staff involved in the dispensing process had received appropriate training, annual appraisals and regular checks of their competency.
- The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard; access to them was

restricted and the keys held securely. Balance checks of controlled drugs had been carried out regularly and there were appropriate arrangements in place for their destruction.

- Expired and unwanted medicines were disposed of according to waste regulations. There was a procedure in place to ensure dispensary stock was within expiry date, and staff recorded when checks were made. Staff told us about procedures for monitoring prescriptions that had not been collected. However, we found one prescription which had been dispensed on 24 November 2016 which had not been removed in accordance with the practice SOP. There was a system in place for the management of repeat prescriptions, including those for high risk medicines, and we saw how this worked to keep patients safe. Patients on repeat prescriptions had regular medicines reviews to ensure their treatment remained safe and appropriate.
- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) and we saw dispensing errors were also appropriately recorded. These were discussed at practice meetings, and learning shared to prevent recurrence. Dispensary staff responded appropriately to national patient safety alerts and we saw records of the action taken in response to these.
- We checked medicines and vaccines held in medicines refrigerators and found they were stored securely and were only accessible to authorised staff. Vaccines were administered by nurses using directions that had been produced in line with legal requirements.
- The practice kept blank computer prescription forms and pads securely, and there was a system in place to track their use in accordance with national guidance.
- We reviewed two personnel files and found 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. We were provided with evidence to show the DBS status for all staff that worked at the practice. This showed all but two non-clinical staff had a DBS check in place. A risk assessment was in place for the non-clinical staff to show the practice had assessed the risk of them not

Are services safe?

having one. They had also amended their recruitment policy so that all new recruits whether clinical or non-clinical had a DBS check before they commenced employment.

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 with a poster in the reception area and the practice manager's office which identified local health and safety representatives. The practice had been visited by the local fire service following our last inspection. There was evidence they had acted on their recommendations. The practice now had an up to date fire risk assessment, trained fire wardens and carried out regular fire drills. All staff had received fire safety training. 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 mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were protocols for staff to follow in the event of an 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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in June 2016

The outcomes of patients' care and treatment were not always monitored regularly. Clinical audits were not routinely carried out to improve care, treatment and people's outcomes. The practice could not demonstrate how they ensured oversight of role-specific training and updating for relevant staff. Staff received some training but we identified staff that had not completed training in a range of areas that included safeguarding adults, fire safety awareness, basic life support, infection control and information governance.

What we found at this inspection in February 2017

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice had systems in place to disseminate information to clinical staff although they did not have a system for checking that staff had read and implemented new guidance. The practice monitored these guidelines were followed through audits and random sample checks of patient records. For example minor surgery audits had been completed.

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. Exception reporting was similar to the England average at 10.2%, 0.4% points above the England Average. This had been reduced from 11.3% the previous

year. We reviewed exception reporting with the practice. We were satisfied with the explanation given to us and saw evidence the practice monitored exception reporting to ensure it was used appropriately.

Data from NHS Business Services Authority (NHSBSA) - electronic Prescribing Analysis and Costs (ePACT) showed the practice was an outlier in one area. This related to the percentage of antibiotic items prescribed that were Cephalosporins or Quinolones (01/07/2015 to 30/06/2016). Prescribing at the practice was 10% compared to the local CCG of 7% and the England average of 5%. We saw evidence to show this figure had reduced and was actively monitored by the practice.

- Performance for the ten diabetes related indicators overall was higher than the England average being 97%, which was 7% points above the England average. Some of the indicators were above and some below the England average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 85% compared to the England average of 78%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 74% compared to the national average of 80%.
- Performance for the six mental health related indicators was similar to the England average being 92%, which was 4% points above the England average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2015 to 31/03/2016) was 92% compared to the national average of 89%.
- Emergency admissions to secondary care were comparable to the England average. Accident and Emergency admissions to secondary care were below the England average. Figures comparing 2016 with 2015 showed an overall reduction in A+E attendances in the over 75s age group by 22%. The practice reported that contributing factors to this reduction included that all patients all over 75s years on multiple medicines were

Are services effective?

(for example, treatment is effective)

having a medicines review with the practice CCG funded pharmacist and for all patients on the Avoiding Unplanned Admissions Register had a care plan in place.

There was evidence of quality improvement including clinical audit.

- There had been at least five completed clinical audits where improvements had been implemented and monitored. All of these were initiated by practice events and which lead to system changes. These included an audit on patients with polymyalgia, antibiotic prescribing, GP bag content, blood tests for patients with irritable bowel syndrome (IBS) and numerous medication audits. In addition there was now a programme for ongoing clinical audits which was reviewed annually.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had developed induction programmes for all newly appointed staff. These had not yet been used as the practice had not recruited any new staff. This included the requirements to complete mandatory training in a range of areas within a set period of time.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those providing vaccination and immunisations and reviewing patients with long-term conditions.
- As part of the local CCG strategy the practice was part of a CCG nursing workforce project. As part of this project the practice had received funding for an additional practice nurse one day a week and a health care assistant for one session a week. This project had been running for 12 months with clear benefits evident in a wide range of areas. For example, improved chronic disease and frailty care for housebound patients; education and regular clinical support to care home staff in the ongoing management of their residents. Particular areas of focus included chronic disease management, end of life care, expectations around antibiotic prescribing, calling 999, A&E attendance and hospital admissions and integrated working with the

district nursing team. Since the project began there had been a 12% decrease in A&E admissions in the Nursing Project area of focus, namely for patients in care homes and assisted living accommodation.

- 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 had up to date training and 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. Nurse training in this area was up to date.
- 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, 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw recent a report from the CCG which showed the practice was managing referrals well. The practice was preparing to move to a system of e-referral by the beginning of April 2017.
- Records were summarised in a timely way with only a very small backlog of 38 that needed to be actioned. The practice was considering how this would be managed in the future due to staff changes.
- The practice was reviewing how they relayed messages within the practice as the current system of using paper messages provided no audit trail.

Are services effective?

(for example, treatment is effective)

- The practice staff did not have a formal process to follow for managing patient test results. Despite this we found no concerns with how patient test results were managed and responded to.
- The practice had arrangements in place for recalling patients to the practice for review. We were told the practice was reviewing the effectiveness and efficiency of these arrangements.

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. The practice, as part of CCG initiative to improve integrated working with other health professionals had changed the format of their monthly multi-disciplinary team meetings and now met jointly with another practice making more efficient use of community staff's time. Other health care representatives also attended these meetings which hadn't previously been the case. For example Adult Social Care and Integrated Care staff.

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. Fourteen out of the seventeen staff had completed training in this area.
- 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.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 87%, which was higher than the England average of 81%. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were high when compared to the England average for under two year olds and for five year olds. For example childhood immunisation rates for the vaccinations given up to age two was above the 90% national target; ranging between 98% and 100% scoring 9.9 out of 10 compared to the national average of 9.1. Vaccinations for five year olds ranged from 93% to 95% compared to the England average of 88% to 94%.

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

What we found at our previous inspection in June 2016

We were told the practice was not proactive in reaching out to the wider practice population to encourage carers to register. Some of the clinicians were unclear whether there was a register of carers in place.

What we found at this inspection in February 2017

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 that they could offer them a private room to discuss their needs.

Most of the 58 patient feedbacks we received were positive about the service experienced. Almost all patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 94% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% 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. Most patients 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 in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% 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 to the CCG average of 88% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 91% to the national average of 85%.

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

- The practice had a small number of non-English speaking patients. Staff were aware of translation services if needed.
- The practice was aware of the Accessible Information Standards. They did not have a formal implementation plan for this but demonstrated they had begun to consider how they would manage this. For example some staff had completed on-line training.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (1% of the practice list). This had increased from 20 at the previous inspection. We saw evidence the practice

had put measures in place to try and identify further carers. For example a question had been added to the new patient registration form to ask patients if they were a carer. The practice manager had also recently met with local carers services to explore how they could raise awareness of carers and carer services. Written information was available to direct carers to the various avenues of support available to them.

A new system had been put in place to alert GPs of bereaved families/carers that needed to be contacted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in June 2016

There were some disabled facilities available. Some areas of the practice were challenging for some population groups. For example, a steep ramp area down to some of the consulting rooms and steps to the rear fire exit. There were no action plans or risk assessments in place in respect of these issues. Some of the facilities were in need of repair or replacement, for example torn carpets and chairs. Whilst complaints were responded to and an apology given to the patient, the documentation lacked detail as to how complaints had been investigated. Lessons learnt and action taken was not sufficiently detailed to assure lessons had been learnt. Complaints were not monitored over time to enable the practice to look for trends and areas of risk that may be addressed.

What we found at this inspection in February 2017

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was part of a CCG led Primary Care Nursing Workforce Project. Successful joint working and sharing of skills across different nursing groups had benefited staff and patients. For example; the practice nurses funded by the CCG at the practice, as part of the Nursing Workforce Project, had been trained in complex wound management. This had resulted in relieving pressure on the district nursing team. Additionally this meant patients could be treated at the practice by a nurse trained in complex wound management rather than being treated by the district nursing team which often had long waiting times.

- The practice offered a 'Commuter's Clinic' for working patients who could not attend during normal opening hours. This was available one evening per week between 6.30pm and 7.30pm for pre-booked GP appointments only. Dates of this service were advertised in the practice and on the practice website.
- There were longer appointments available for patients with a learning disability.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately; including Yellow Fever.
- The practice offered a range of services aimed at providing care closer to the patient's home and avoiding attendance at secondary care. For example; ECG, phlebotomy, warfarin monitoring, minor injury and minor surgery.
- The practice provided care to patients living in five care homes. As part of the Nursing Workforce Project a nurse from the practice delivered education to one particular care home and would shortly be providing this to another.
- There were disabled facilities at the practice. A risk assessment had been put in place for the steep ramp used by patients which mitigated risks to patients. Accessibility of appropriate fire exits had been reviewed with the fire service. Action had been taken to address facilities in need of replacement such as torn chairs. The practice was engaging with the managing agent for the building the practice occupied to discuss redecoration/repair to areas that continued to pose an infection control risk.
- A hearing loop and translation services were available.

Access to the service

The practice was open between 8.15am to 6pm Monday to Friday. The dispensary was open Monday to Friday between 9am and 1pm and 2pm to 6pm. Consulting times were 8.30am to 12pm and 2pm to 6pm. The surgery provided extended opening hours. These usually consisted of one evening per week between 6.30pm and 7.30pm for pre-booked GP appointments only. There were two GPs on duty during this time. The dispensary was closed during these extended hours. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people 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.

Are services responsive to people's needs?

(for example, to feedback?)

- 82% of patients were satisfied with the practice's opening hours compared to the local CCG average of 83% and the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to the local CCG average of 90% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We looked at the appointments available and found a routine appointment with a GP was available the following day and with a nurse on the same day. The practice did not have a system in place to remind patients of booked appointments.

The practice had a system in place to assess:

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

Home visits were recorded in a central location by the administration staff. These requests were then looked at daily by the GPs and allocated out to the GPs on duty to make contact with the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation of clinical need. 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. The practice did not audit whether home visits were recorded in patients notes.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example a specific complaints leaflet and the practice leaflet as well as on the practice website.

We looked at the nine complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely, open and transparent way. Lessons were learnt from individual concerns and complaints. The practice had not yet carried out a formal review of complaints over a period of time to identify trends as the arrangements in place were in their infancy. The practice was planning this for the future.

Are services well-led?

Good 

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

Our findings

What we found at our previous inspection in June 2016

The practice did not have an overarching governance framework which supported the delivery of good quality care. The practice did not have an overarching governance framework which supported the delivery of good quality care. No formal meetings between staff took place. We were told any issues were discussed at daily coffee breaks. None of these meetings were recorded. Risks and issues were not always identified and if they were identified they were not always dealt with or dealt with in a timely way. The practice had a number of policies and procedures to govern activity; many of which we were told had been written or updated in the two weeks prior to the inspection. We found evidence that these were not always being followed by staff. Leaders did not demonstrate a clear understanding of their responsibilities under the HSCA or a clear understanding and awareness in respect of their current position at the practice. The majority of staff said they felt supported by management. However we were told that some staff, in particular the practice manager and some of the nursing staff did not have capacity to fulfil the requirements of their role. We were also told that issues had been raised with the partners but these were not responded to. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. Whilst these systems were in place these were not always followed. We were told there was a culture of openness and honesty. However we found issues recorded in the dispensary were not always being recorded as significant events.

What we found at this inspection in February 2017

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice demonstrated a commitment to delivering the improvements required.

- The practice had a statement of purpose and a practice charter.
- The practice had recently started to collate a risk register. The practice did not currently have a business plan.

Governance arrangements

The practice had significantly improved their governance framework. For example a structure of meetings, audits and completion of training had been put in place which provided an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, reviewed and were available to all staff. The practice demonstrated that they checked if staff had read some, but not all policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit had been put in place and had started to be used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had recently begun creating a practice risk register which would be reviewed and actioned at management meetings.

Leadership and culture

On the day of inspection the partners and the new practice manager in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They demonstrated they understood the performance of the practice and demonstrated a commitment to ensuring and maintaining safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff. The feedback from staff highlighted the improved culture particularly around improved communication, structure, training support and openness.

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). This included support training for all staff on communicating with

Are services well-led?

Good 

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

patients about notifiable safety incidents. The partners and practice manager encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Monthly full staff meetings had been established. These were minuted and circulated 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 said they felt much more valued, part of a team and supported.

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 a virtual Patient Participation Group (PPG) that consists of 29 members at the present time. The group did not meet at the practice and was communicated with via e-mail. The group was consulted on some matters but there was no evidence of the PPG leading on any work. The practice evidenced

they had taken steps to try and recruit more patients to the virtual group. For example by advertising in the practice leaflet, new patient's registration questionnaires and on the FFT questionnaire.

- The practice had gathered feedback from staff through staff meetings, mid-year reviews, appraisals and discussions. Staff told us they felt involved and engaged to improve how the practice was run.

It was evident that the practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of CQC referring our concerns to other partners following the previous inspection in June 2016.

Continuous improvement

All staff we met demonstrated a commitment to improvement within the practice. The partners and new practice manager supported by staff demonstrated they had taken on board all the issues we identified at the previous inspection and had committed the practice to deliver improvement. The practice had recently commissioned the services of an external organisation to work with the practice to undertake a risk analysis of the practice. The practice was now working through the issues they had identified to deliver further improvement.

The practice demonstrated a commitment to ensuring that the significant changes and improvement the practice had made would be monitored and embedded into future practice to ensure the improvement made was sustained.