

# Drs Takhar, Nally & Hume - Wansford

## 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 Wansford Surgery on 22 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments with a GP were available on the same day.
- Information about services and how to complain was available and easy to understand.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- There were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example; prescriptions were not tracked and fridge temperatures were not monitored regularly.

The areas where the provider must make improvements are;

- The practice must ensure all medicines needing cold storage are monitored and kept at an appropriate temperature.
- The practice must ensure the dispensary is secure at all times.

# Summary of findings

- Ensure prescriptions are signed by a GP before collection by the patient.
- Ensure all medical consumables are within their expiry date.

The areas where the provider should make improvements are;

- The practice should be proactive in identifying carers.
- Ensure prescription forms are tracked and there is a system to monitor their use.

**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 an effective system in place for reporting and recording significant events.
- Lessons were generally shared to make sure action was taken to improve safety in the practice however minutes from a dispensers' meeting did not contain sufficient detail to give assurances that they had been shared.
- When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and 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 safeguarded patients from abuse.
- Annual infection control audits were undertaken. We saw evidence of three recent audits and actions taken to address the shortfalls identified as a result.
- The practice had a Legionella policy and documented risk assessment in place.
- The practice did not ensure all medicines needing cold storage were regularly monitored and kept at an appropriate temperature.
- We were concerned that the security arrangements at the branch surgery dispensary were not robust.
- At the branch surgery, the practice dispensed and allowed patients to collect medicine that they had as a repeat prescription before the GP had signed the prescription form.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework showed patient outcomes were generally below the average for the locality and compared to the national average.
- Staff assessed patients' 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.

# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams 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



- Data from the National GP Patient Survey showed patients rated the practice generally above the average for several aspects of care.
- The practice had identified 30 patients as carers (0.41%). Carers' forms were available on the practice website and also on the new patient registration form. Carers were referred to various charities and support groups. The practice should be more proactive in identifying carers.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice offered extended surgery hours on Tuesday evenings from 6.30pm to 8pm and urgent GP appointments on a Saturday morning for patients who could not attend during normal opening hours.
- The practice's standard appointment time was longer than the average of other practices at 15 minutes.
- Patients said that urgent appointments with a GP were available on the same day.
- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.

# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice 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 knowing about 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.
- The practice offered health checks for patients aged over 75.
- GPs regularly visited patients in three care homes and liaised with the home managers.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in end of life care.

### 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.
- 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. Data from 2014/2015 showed that performance for diabetes related indicators was 89% which was below the CCG and England average by 1% with an 11.9% exception reporting compared to the CCG average of 12.9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.
- Longer appointments and home visits were available to patients when needed.
- The practice offered health checks for patients who needed long term condition management.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# 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. Children and young people's safeguarding meetings were held regularly with health visitors and safeguarding was a standing agenda for the weekly GPs' meetings. GPs and nurses were safeguarding level three trained (safeguarding children and young people).
- Immunisation rates were generally in line with local and national averages for the 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 77%, which was below the CCG and England average by 5%.
- 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.
- The practice had a private room available for mothers who were breast feeding.

## 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 operated extended hours opening on a Tuesday evening from 6.30pm until 8pm. They offered telephone consultations during the day to patients that might not be able to attend the surgery during normal hours. Appointments could be booked in advance and the practice offered same day urgent appointments.
- The practice offered online appointments and prescription requests as well as a full range of health promotion and screening that reflected the needs for this age group.

## 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 homeless people, travellers and those with a learning disability. They had identified 13 patients with a learning disability and eight had received an extensive health check in the previous 12 months. The practice referred patients to various support services and had regular liaisons with the local learning disability nurses.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

- The practice carried out care planning for patients with dementia.
- 69% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG and the England average by 15%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those 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 might have been experiencing poor mental health including patients seen during out of hours. The practice and the out of hours service used the same clinical computer system and could access information about patients when needed.
- 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 was published in January 2016. Results showed that the practice was performing better than the local and national averages. 233 survey forms were distributed and 115 were returned. This represented 49% of the surveys sent out.

- 88% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 94% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 86% and a national average of 85%.
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 80% and a national average of 78%.
- 80% found it easy to get through to this surgery by phone compared to a CCG average of 75% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, 17 were positive about the standard of care received from the practice. Patients described the practice as professional, with caring, respectful, helpful and efficient staff. The three negative comments were regarding the availability of appointments.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice's patient participation group (PPG) regularly gathered feedback from patients and found that patients received high quality care and that they were treated with kindness and their dignity was respected.

## Areas for improvement

### Action the service **MUST** take to improve

- The practice must ensure all medicines needing cold storage are monitored and kept at an appropriate temperature.
- The practice must ensure the dispensary is secure at all times.
- Ensure prescriptions are signed by a GP before collection by the patient.

- Ensure all medical consumables are within their expiry date.

### Action the service **SHOULD** take to improve

- The practice should be proactive in identifying carers.
- Ensure prescription forms are tracked and there is a system to monitor their use.

# Drs Takhar, Nally & Hume - Wansford

## 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 second CQC inspector, a GP specialist adviser and a practice manager specialist adviser.

### Background to Drs Takhar, Nally & Hume - Wansford

Wansford Surgery is situated in Wansford, Peterborough, Cambridgeshire. The practice provides services for approximately 7300 patients. It holds a General Medical Services contract. The practice has a branch surgery in Kings Cliffe. The practice has two GP partners (one male, one female) and four salaried GPs (two male, two female). The team also includes two female practice nurses, three female health care assistants and two community practitioners. They also employ a practice manager and a team of dispensary/reception/administration/secretarial staff. The practice is a training practice and regularly trains qualified doctors to becoming a GP. Three GPs within the practice are trainers. There is a separate pharmacy on site.

The practice's opening times are from 8am until 6.30pm Monday to Friday, with extended hours on Tuesday evening from 6.30pm until 8pm. The practice has appointments with a GP for urgent appointments on a Saturday morning.

The practice has opted out of providing GP services to patients outside of normal working hours. During these times GP services are provided by Herts Urgent Care via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population under 40 and a higher than average practice population between 40-70 than national England average. The deprivation score was lower than the average across England.

### Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 April 2016.

# Detailed findings

During our visit we:

- Spoke with a range of staff which included; GPs, practice nurses, community practitioners the practice manager and members of the dispensary/reception/administration/secretarial team. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Patients affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. Safeguarding was a standing agenda for the weekly GPs meetings, and the practice provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nursing staff were trained to safeguarding level three (safeguarding children and young people).
- 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be clean and tidy. A practice nurse was the infection control clinical lead and had been trained for the role. There was an infection control protocol in place which had been recently reviewed and staff had received up to date training. Annual infection control audits had been undertaken regularly and we saw evidence of three annual audits, the most recent dated February 2016. Identified shortfalls were addressed and improvements made as a result. There were daily cleaning check lists. Carpets and chairs were deep cleaned every six months and the practice used disposable curtains which they changed every six months. Bodily fluid spillage kits were available in the practice and a log card was filled in when used. There were hand washing signs next to all sinks and alcohol hand gel was available for use. There was a sharps' injury policy, a risk assessment and a procedure poster displayed in the treatment rooms. Clinical waste was collected weekly.

- We reviewed five personnel files and found appropriate staff 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 (DBS). (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).
- 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.

### Medicines Management

Within the main site there was a dispensary for patients living in the local community. These medicines were prepared into blister or nomad packs enabling patients a safer and easier method of managing their medicines. There were 140 patients using blister packs. The main dispensary for the practice was located in the branch surgery at Kings Cliffe, 10 miles away. We visited both dispensaries.

We were concerned that the security arrangements at the branch surgery were not robust. For example, the practice was often staffed by one member of staff, who covered both reception and dispensary duties. When the

## Are services safe?

dispensary was left unattended, the door was not closed and locked. A member of the public had easy access to the dispensary and the medicines inside. The door to the dispensary was not sufficiently robust, it only had an internal door single lock, the windows did not have any security bars and looked out on to an area which the public could access. Since the inspection, the practice shared with us some improvements that have been made. When we re-inspected we will be able to reflect these.

There was a named GP responsible for the dispensaries and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. All dispensing staff were trained to NVQ level two. There were two members of staff in training. The staff told us that they had access to appropriate training and had received an appraisal in March 2016. They told us that they had found this useful.

Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. We reviewed the 'near misses' log in each dispensary. In total there had been 13 events in the past 12 months. These events had been documented. We saw in the minutes of a dispensers' meeting that they had reviewed these, however, the minutes did not contain sufficient detail to give assurances that they had been shared to the relevant staff. Other communication methods they used to share learning was through the electronic system of notifications and through speaking with each other. Staff we spoke with assured us that learning was shared, that the team worked well together. Significant events were written on the appropriate form and passed to the practice manager.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These had been reviewed in January 2016, staff had signed to say that they had read and understood them.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). These drugs were stored in appropriately locked cupboards and key security was good. The practice did have systems in place to ensure safe destruction of controlled drugs.

We also noted that at the branch surgery, the practice dispensed and allowed patients to collect medicine that they had as repeat prescriptions before the GP had signed the prescription form. Staff told us that prescriptions for controlled medicines were always checked and signed by the GP before giving to the patient. Since the inspection the practice has shared with us details of improvements they have made. When we re-inspect we will reflect these changes.

We saw an area of good practice where the dispensary staff had recognised that there was a risk to patients if the incorrect dose of high risk medicines were dispensed. To ensure that this did not happen, the higher dose and less frequently dispensed medicine to patients was kept in the locked medicines cupboard, separate from the lower dose.

Within the nurse treatment room the fridge used for the storage of medicines that could be given to patients was not well managed to ensure patients were kept safe. For example the air flow within the fridge was compromised. Medicines had been stored on the bottom shelf. A log of temperatures was kept, however, this showed that the practice did not routinely check the temperatures for example, in February the temperature was recorded on eight days only, in March nine days and in April seven days and no actions had been logged when the temperature exceeded the cold chain temperature limit. All medicines checked were in date.

We checked the fridge in the dispensary and found that the temperatures were routinely recorded. We found a medicine (lidocaine) that had expired September 2014 and a box that contained chloramphenicol eye drops that had a sticker stating 'Has been dispensed'. Staff could not explain why the item was in the fridge or what the message meant.

Prescription pads and forms were stored securely; however, there was no system to monitor their use.

### 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. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had oxygen signs on the doors of the room where it was held. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

## Are services safe?

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 a risk assessment and policy for legionella testing (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 that enough of them were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult and children's pads however the children's pads expired in 2014. Oxygen was available with adult and children's masks. The practice had a bag stocked with an extensive amount of emergency kit however a dressing for a burn had expired in 2009. 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 showed the practice had achieved 432 points out of a possible 559 which was 77% of the total number of points available, with 8.8% exception reporting (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was 89% which was below the CCG and England average by 1% with an 11.9% exception reporting which was similar to the CCG exception reporting average of 12.9% and the England average of 10.8%.
- Performance for asthma related indicators was 88% which was below the CCG and England average by 10% with a 3.1% exception reporting which was better than the CCG exception reporting average of 7.2% and the England average of 6.8%.
- Performance for hypertension related indicators was 88% which was below the CCG and England average with a 5.2% exception reporting which was similar to the CCG exception reporting average of 4.2% and the England average of 4.8%.
- Performance for chronic kidney disease related indicators was 61% which was below the CCG average

by 31% and the England average by 34% with a 4.9% exception reporting which was better than the CCG exception reporting average of 7.9% and the England average of 7.5%.

- Performance for atrial fibrillation related indicators was 98% which was below the CCG average by 1% and the same as the England average with a 3.6% exception reporting which was better than the CCG exception reporting average of 13.4% and the England average of 11%.

The practice explained that they had changed their computer system during the period of 2014/2015 and this had influenced a lower QOF result for that year. The practice showed us their figures for 2015/2016 where they had achieved 524 points out of a possible 545 which was 96% of the total number of points available. The data had not yet been verified but showed a large improvement from the previous year's results.

### Clinical audits demonstrated quality improvement

- The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.
- High risk medications were monitored monthly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recalls in place were robust and the practice regularly checked that patients had been in for their blood tests and monitoring. For example; all eight patients on Methotrexate (a cancer and auto-immune condition medicine) had received the appropriate blood tests and the one patient on Lithium (a psychiatric medicine) had received their appropriate blood test.
- We looked at the most recent clinical audits where the improvements made were implemented and monitored, including an audit of antibiotics. The purpose of the audit was to check that patients placed on the medicines had received a face to face consultation prior to starting the medicine and that the correct treatment guidelines had been followed. The audit showed that 100% patients had been seen and 90% were within the guidelines. The practice explained



# Are services effective?

## (for example, treatment is effective)

the reasons why the antibiotics were issued outside of the guidelines which was in the patient's best interest due to their specific conditions. The audit was repeated six months later with the same results.

- 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 an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, health and safety, fire procedure training and confidentiality.
- The practice had community practitioners who offered advice over the phone, or arranged a same day appointment with either the on call GP or another clinical staff member including the community practitioners (community practitioners are trained emergency care practitioners / paramedics who work within GP practices). If patients were housebound, or terminally ill they arranged home visits. The community practitioners were responsible for the nurses and health care assistants' appraisals, completing medication reviews, treating minor injuries, some long term condition reviews and palliative (end of life) care for patients.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, update courses and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of their practice development. Staff had access to appropriate training to meet their needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, 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, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training which was entered on a staff training log.

### 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information in a timely way, for example when referring patients to other services. The practice and the out of hours service used the same clinical computer system and could access information when needed.

Staff worked together and with other health and social care services 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. We saw evidence that multi-disciplinary team meetings (MDT) took place on a monthly basis and that patients' care plans were routinely reviewed and updated.

The practice had regular weekly referral meetings which were used as a teaching and learning tool. Figures we saw showed that the practice had achieved a 10% reduction in referrals since commencing the meetings.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of mental 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.

# Are services effective?

## (for example, treatment is effective)

- The process for seeking consent was monitored through records' audits.

### Supporting patients to live healthier lives

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

- 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, smoking and alcohol cessation and sexual health advice. Patients were then signposted to the relevant service either internally (with a GP or nurse) or an external provider.
- Smoking cessation advice was available from the nursing team.
- The practice had a self-check blood pressure monitoring machine at both surgery sites.
- The practice's uptake for the cervical screening programme was 77%, which was below the CCG and England average by 5% with an exception reporting of 3.5% which was better than the CCG exception reporting average of 7.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice results for patients aged 60-69 screened for bowel cancer in the last 30 months were 64% with a CCG average of 59% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months were 75% with a CCG and England average of 72%.
- Childhood immunisation rates for the vaccinations given were generally in line with the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 100% with a CCG range from 52.1% to 95.7% and five year olds from 94.9% to 100% with a CCG range from 87.7% to 95.4%.
- The practice had given flu vaccinations to 70% of their eligible patients.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- The practice were part of the MID-Frail research study (a study to examine the effectiveness of medicines management and diet and exercise combined). The practice also donated gym equipment for resistance training (resistance training is any exercise that causes the muscles to contract against an external resistance with the expectation of increases in strength, tone, mass, and endurance).
- The practice had identified 13 patients with learning disabilities and eight had received a health check at the time of our inspection which included a care plan. The practice referred patients to various support services and had regular liaisons with the local learning disability nurses.
- The practice housed an ultra sound service, aortic screening service and a physiotherapist service on site.

# 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.
- A private room was available for breast feeding.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, 17 were positive about the standard of care received from the practice. Patients described the practice as professional, with caring, respectful, helpful and efficient staff. The three negative comments were regarding the availability of appointments. CQC Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 99% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 92% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.

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

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

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

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

Staff told us that translation services were available for patients who did not have English as a first language. The self check-in screen had three languages available. The practice's website had a translation facility.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patients' waiting room told patients how to access a number of support groups and organisations. A poster advising patients how to access out of hours care was out of date with some incorrect information displayed.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients on the practice list (0.41%) as carers. Carers' forms were available on the practice website and on the new patient registration form. Carers were referred to various support groups and

charities. Posters and information was displayed in the waiting room. The practice identified both carers and cared for patients however the practice should be more proactive in identifying carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the GP supported them through the bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended surgery hours' on Tuesday evenings from 6.30pm to 8pm and urgent appointments on a Saturday morning with a GP for patients who could not attend during normal opening hours.
- There were longer appointments available for reviews of patients with a learning disability, long term conditions and for patients aged over 75.
- The practice offered online appointment booking and online repeat prescription requests.
- A telephone appointment was available to patients if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- GPs regularly visited patients in three care homes and liaised with the home managers.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a translation service and a hearing loop available.
- The practice used social media to gain patient feedback and keep patients updated on practice news.
- The practice referred patients to the Joint Emergency Team (JET provides 24 hours urgent care provision as a support to the admissions avoidance team).
- The practice was part of the Prime Ministers challenge fund where local practices offered extended hours at each practice and could book patients into appointments at other sites.
- A number of the practice's patients provided transport for fellow patients to hospital which was overseen by the reception/administration staff.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended surgery hours were offered on Tuesday evenings between 6.30pm and 8pm. In addition to

appointments that could be booked in advance, urgent appointments were also available for people on the same day that needed them. The practice offered a text reminder system. The standard appointment time was 15 minutes which was longer than the average practices' appointment time of 10 minutes.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were generally above the local and national averages.

- 88% were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 65% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 59%.
- 80% patients said they could get through easily to the surgery by phone compared to the CCG average of 75% and national average of 73%.
- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

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

### 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; there were posters displayed in the waiting room, information was available on the practice website, and in the practice leaflet and from the reception staff.

We looked at two of the complaints received in the last 12 months and found that these were satisfactorily handled, and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, in response to a complaint regarding a missing prescription, the practice had re-issued

# Are services responsive to people's needs?

(for example, to feedback?)

the prescription and apologised to the patient. Complaints were dealt with on an individual basis and discussed during meetings. The practice monitored both verbal and written complaints.

# 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

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures 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 and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- Staff felt they were listened to, for example, the dispensary staff identified that the storage arrangements for medicines was not as organised as it could be, they suggested a different layout and this was approved by the partners.

However there were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example; prescriptions were not tracked and fridge temperatures were not monitored regularly.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure quality care.

They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the Patient Participation Group (PPG), through a suggestion box, and through surveys using the friends and family test and the GP patient survey.

We spoke with four members of the PPG. This group had been working with the practice for the past 35 years and one member we spoke with was a founder member. The group explained that they gathered information and



# Are services well-led?

Good 

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

feedback from patients via the PPG meetings but also at a coffee morning they held monthly, these attendees at their meeting were aged from 60 to 90 years old. 35 people attended the last meeting.

The PPG was actively trying to recruit younger members to join them and were currently thinking about options of using email and social media.

The group held PPG meetings quarterly and usually a GP or the practice manager attended. The meetings could include a guest speaker, for example at the last meeting a dietician attended. The group discussed topics such as commissioning as well as more local topics such as access.

The group reported that patients did find it more difficult to get an appointment with the GP of their choice but that patients were always seen on the same day if needed. The group told us that patients reported that they received high quality care and that they were treated with kindness and their dignity was respected.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended requested courses identified during their appraisals, community practitioners acted as mentors to the health care assistants and registrars training at the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had completed 60 research studies in the past 10 years and had just finished a six year aspirin study. The practice employed a counsellor who was also a mental health care worker who ran sessions at the practice.



This section is primarily information for the provider

## 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>The registered person did not have a system in place to ensure the proper and safe management of medicines. The provider did not ensure that medicines were dispensed following national guidance. The provider did not ensure there were systems in place for the safe and secure storage of medicines.</p> <p>This was in breach of regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>