

# Jenner Health Centre

## 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 Jenner Health Centre on 5 July 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 to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed although the management of safety alerts and the monitoring of patients prescribed Thyroxine needed to be strengthened to ensure patient safety.
- 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.

- 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 had difficulty making an appointment with a named GP although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw three areas of outstanding practice:

# Summary of findings

- The practice had set up a counselling service for young people registered at the practice in response to a gap in service provision for this age group. It had been extended to other local practices in the area and funded by the Clinical Commissioning Group. Patients were able to self-refer and the service had an average list size of approximately 13 patients at a time.
- The practice had taken a lead role in the development of the out of hours GP service in Peterborough which included a weekend service in the local hospitals accident and emergency department.
- A GP at the practice had set up a community DVT service (for treatment and diagnosis of deep vein thrombosis) which initially covered three local practices. This provided a pathway of care for patients based on guidelines issued by the National Institute for Health and Care Excellence (NICE). The service served the Peterborough area and enabled patients to be assessed and treated without needing to attend hospital. The service met patient's needs and preferences and had been very cost effective.

The areas where the provider must make improvements are:

- Ensure that patients with long term conditions receive the appropriate monitoring tests to reduce any risks to their health and manage their conditions effectively.

The areas where the provider should make improvements are:

- Develop a standard operating procedure for the safe destruction of controlled drugs and for the management of repeat prescription requests. Ensure that staff are familiar with, and follow these policies.
- Strengthen systems for monitoring incoming medical letters and patient safety alerts.
- Consider completing a risk assessment of the medicines carried by the GPs during home visits so that patient need and the safe management of medicines is considered.
- Improve the uptake of new patient health checks.
- Continue to prioritise work around the feedback received from patients in the national GP patient survey.

**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 shared with members of staff 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.
- Although the practice had a defined system in place for the management of patient safety alerts, records of this were not well maintained to demonstrate that remedial actions were taken.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included effective recruitment procedures and the management of infection control.
- The dispensary service and systems to ensure that the medicines were safely managed were in place although we found a few areas that should be further strengthened. There was no written procedure to guide staff in managing repeat prescription requests or for the destruction of controlled drugs. There were no standard guidelines in place to decide what medicines should be carried by GPs on home visits and there was no risk assessment in place to help manage this.
- 18 patients receiving the medication Thyroxine had not received the appropriate blood monitoring test in the last fifteen months.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes in 2014/2015 were below average compared to the national average in some areas. For example performance for diabetes related indicators scored 77 % compared with the CCG and the national average score of 90%.The practice had made improvements since this time and were continuing to do so.

# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were some clinical audits that 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.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey published in January 2016 showed patients rated the practice similarly to others for several aspects of care. For example 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 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. The practice website was very clear and contained a wide range of information for patients about the practice and many aspects of health care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Systems were in place to identify and support carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- The practice used innovative approaches and worked closely with other organisations in the local community to plan and develop how services were provided to ensure that they met patients' needs. The practice had set up and expanded a successful counselling service for young people.
- Patients said they often had difficulty making an appointment with a named GP although they had good access to urgent appointments available the same day. The practice was trialling a telephone triage system of rapid access to a health professional for advice and guidance. They were also considering the use of 'virtual consultations' to help improve access to appointments for some patients.

# Summary of findings

- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was not always in line with local and national averages. For example 55% of patients said they were able to get through to the practice by phone compared to the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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 meetings to review and discuss quality issues. However we found that two policies relating to the safe management of medicines were not in place to govern safe practice.
- 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 of the service. However, we also found that improvements were needed to ensure systems were in place to identify and mitigate some areas of clinical risks in relation to test results, incoming hospital letters, safety alerts and key national guidelines.
- 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.

# Summary of findings

- The practice had taken a lead role in several local service developments. This included the development of the out of hours GP service in Peterborough which has a weekend service in the local hospitals accident and emergency department. They also set up and expanded a community DVT service.

# 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 supported six local residential care /nursing homes and provided a weekly visit to each one from a named GP.
- Patients who had difficulty getting to a local pharmacy to collect regular prescriptions could have their medicines delivered to their home address.
- There were disabled facilities and a disabled parking space at the front of the practice.
- The practice worked closely with the multidisciplinary team to ensure care plans were in place to support patients to stay at home and avoid unnecessary admission to hospital.

### People with long term conditions

The practice is rated as requires improvement for patients with long term conditions.

**Requires improvement**



- Nursing staff had lead roles in chronic disease management with a supervising GP. Patients at risk of hospital admission were identified as a priority.
- Data from the QOF for 2014/15 showed the practice was below average in some areas. For example patients with diabetes scored 77% which was 12 % lower than CCG average and 13% lower than national average scores. The practice had introduced new measures to improve this although to date, this had had limited impact.
- We found that 18 patients taking the medication thyroxine, had not had the appropriate blood monitoring test.
- Longer appointments and home visits were available when needed.
- Patients with a longterm condition had a named GP. Many received a structured annual review to check their health and medicines needs were being met although monitoring systems to ensure patients received this required some improvement.



# Summary of findings

- 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 families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Performance data for cervical screening showed that attendance rates for eligible women were in line with CCG and national average attendance scores of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice team had established working relationships with the health visitors, midwives and school nursing team and worked together to improve outcomes for children and families.
- Patients could access a counselling service at the practice. This could be accessed through self-referral and appointments were available on several days of the week.

Good



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

The practice is rated as good for working age people.

- 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 reflected the needs for this age group. For example the practice offered extended hours appointments three days each week, and patients had access to online booking and prescription requests.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

Good



## People experiencing poor mental health (including people with dementia)

The practice is rated as good for people experiencing poor mental health.

- Performance for mental health related indicators was 81% compared with the CCG and the national average of 93%.
- 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 in July 2016. The results showed a mixed picture with the practice performing in line with local and national averages in some areas but below in areas relating to responsive care. 225 survey forms were distributed and 118 were returned. This represented a 52% response rate which was higher than the national average of 38%.

- 55% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were mostly positive about the standard of care received. Patients said that staff offered a caring, friendly and professional service. Some patients said there were not enough GP appointments and it wasn't always easy to book ahead. However, patients said the triage system meant they were seen the same day by a clinician if they needed more urgent medical attention.

We spoke with six patients during the inspection. All of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also told us that getting an appointment with a named GP was problematic at times. The practice monitored the feedback they received through the NHS friends and families test. During June 2016, the practice had received eight feedback cards. Three cards said the patient was unlikely to recommend the practice to others although comments did not help to identify the reasons for this.

## Areas for improvement

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

- Ensure that patients with long term conditions receive the appropriate monitoring tests to reduce any risks to their health and manage their conditions effectively.

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

- Develop a standard operating procedure for the safe destruction of controlled drugs and for the management of repeat prescription requests. Ensure that staff are familiar with, and follow these policies.

- Strengthen systems for monitoring incoming medical letters and patient safety alerts.
- Consider completing a risk assessment of the medicines carried by the GPs during home visits so that patient need and the safe management of medicines is considered.
- Improve the uptake of new patient health checks.
- Continue to prioritise work around the feedback received from patients in the national GP patient survey.

## Outstanding practice

- The practice had set up a counselling service for young people registered at the practice in response to a gap in service provision for this age group. It had

## Summary of findings

been extended to other local practices in the area and funded by the Clinical Commissioning Group. Patients were able to self-refer and the service had an average list size of approximately 13 patients at a time.

- The practice had taken a lead role in the development of the out of hours GP service in Peterborough which included a weekend service in the local hospitals accident and emergency department.

- A GP at the practice had set up a community DVT service (for treatment and diagnosis of deep vein thrombosis) which initially covered three local practices. The service served the Peterborough area and enabled patients to be assessed and treated without needing to attend hospital. The service met patient's needs and preferences and had been very cost effective.

# Jenner Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector, a second CQC inspector to inspect the dispensary service and included a GP specialist adviser.

## Background to Jenner Health Centre

Jenner Health Centre provides a range of primary medical services to approximately 7,800 registered patients and has a general medical services contract with NHS Cambridgeshire and Peterborough CCG. The practice is located in the centre of the small market town of Whittlesey in accommodation that was purpose built during the late 1960's. There is a small car park with parking for disabled badge holders. Additional parking is available nearby. The practice also has a dispensary service.

According to information taken from Public Health England, the patient population has a lower than average number of patients aged 0 to 15 years and 25 to 44 years compared to the practice average across England. The practice has a higher than average population of patients aged 50 years and over. According to the practice 23% of their registered patients are aged over 65 years. The practice supports approximately 160 patients who live across six local care or nursing homes.

The practice is run by four male GP partners who employ one full time female salaried GP who was on maternity leave. They employ a team of 20 additional staff. The nursing team comprises of a nurse practitioner, two practice nurses and two healthcare assistants. The

dispensary has a lead and two additional dispensary team staff. A practice manager and assistant practice manager oversees a support team, reception and administration staff.

The practice is open from 8.30am to 6pm weekdays with extended hours available on Mondays, Tuesdays, Thursdays & Fridays until 8pm. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we spoke with a range of staff including GPs, nurses, dispensers and administrative staff. We reviewed a range of the practice's policies and

# Detailed findings

procedures and a small sample of patients' records. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service and spoke with some patients.

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

The practice had a clear system in place for reporting, managing and learning from significant events. The practice manager received the initial incident report and ensured that the most appropriate person completed a review. A clear record was maintained to demonstrate the actions taken and that the learning was shared with relevant staff. Staff we spoke with were aware of the reporting policy and told us they felt confident in reporting any issues.

We found there had been 12 clinical incidents at the practice since October 2015. Records of these were detailed and clearly outlined the incident, what had been learnt and any changes required at the practice as a result. The outcomes of the incident review were discussed with staff at clinical meetings and with individual members of staff when this was relevant. For example, at a meeting held in March 2016 a recent event had highlighted an issue about the warfarin prescribing protocol for a specific group of patients. The practice developed a protocol for nursing staff to follow and this was discussed by the team to ensure that any patient assessments were robust and supported safe practice. We also saw that where appropriate, patients' complaints were treated as significant events.

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).

There was a system in place for receiving and sharing any patient safety alerts with all staff although records to demonstrate this were not well maintained and did not demonstrate the remedial actions that had been taken.

### 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 to safeguard children and vulnerable adults from abuse 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 designated lead member of staff for safeguarding and staff were aware of whom to approach for advice or support. The safeguarding lead had attended safeguarding meetings when possible and liaised with other agencies involved. Staff demonstrated that they understood their responsibilities and had received training relevant to their role.

- GPs and nurses were trained to child protection or child safeguarding level three.
- 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. A male member of staff had also completed the training in recent months so that the practice could meet any patient requests. (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. General cleaning of the premises was completed by a contracted cleaner. Records were completed by staff each week to demonstrate that clinical rooms were clean and fit for purpose. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example cleaning of carpeted areas had been requested and action taken. Some clinical areas required refurbishment and a rolling programme of improvements were in place to address the potential risks to the robust management of infection control in the practice. Hand hygiene audits were also completed from time to time and used to remind staff of good practice.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

# Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However we found that 18 patients receiving the medication thyroxine had not received a blood monitoring test in the last fifteen months. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from a named GP for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. 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. Dispensary staff showed us standard procedures which covered most aspects of the dispensing process (these are written instructions about how to safely dispense medicines). However, we found there was no clear written procedure to guide staff in managing repeat prescription requests. We asked GPs about the medicines they carried in their bags when visiting patients at home. There was no standard decision of what should be carried and no risk assessment had been completed to help manage this.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of

their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs although this was not guided by a written procedure.

## 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 in place and a poster was displayed in the staff kitchen to remind staff of their responsibilities. This identified local health and safety representatives. The practice had an up to date fire risk assessment. Although a fire drill was planned within a week of our visit, the last drill had taken place a year ago. The practice had a report to show that all electrical equipment had been checked to ensure the equipment was safe to use. They also held records from contractors who serviced electrical and clinical items in accordance with the manufacturer's instructions. 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, 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 each day. Staff often covered one another for annual leave.
- Two administrative staff dealt with incoming letters regarding the care and assessment of patients by other clinical staff for example following hospital admission or outpatient appointments. The information was coded, attached to the patient's electronic record and the GP was notified if further action or assessment was required. Staff had a clear protocol to support their decision making on when to refer the information to the GP for assessment and further action. We found that no checks had been completed to audit the accuracy of this work.
- Hospital test results were received electronically and distributed automatically to the appropriate GP. The duty doctor was responsible for reviewing results of an



## Are services safe?

absent GP. There was no agreed procedure for communicating results to patients. The provider has since told us a policy for the handling of results is in place and provided a copy of it.

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

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available at the reception desk.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw one audit of NICE guidelines in relation to the management of Atrial Fibrillation (a condition causing an irregular heart rhythm) to ensure that this guideline was being followed.

### 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 achieved 90 % of the total number of points available compared to the CCG average of 95% and the national average of 95%. Exception reporting was 9% and was similar to the CCG and national average rate. 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.

This practice was an outlier for some QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators scored 77 % compared with the CCG and the national average score of 90%.
- Performance for mental health related indicators was 81% compared with the CCG and the national average of 93%.
- Osteoporosis prevention of secondary fragility fractures scored 67% which compared with the CCG and national average scores of 82%.
- Chronic kidney disease indicators scored 68% which compared with a CCG average of 92% and a national average score of 95%.

- However other indicators scored well for example performance for asthma, atrial fibrillation, cancer and depression all scored 100%

We discussed the QOF performance figures for 2015/2016 during the inspection. These are not currently available to the public. The practice had made some improvements during that year. For example the practice reached maximum scores for patients with Chronic Kidney Disease. In addition, the practice had employed a nurse practitioner with specific skills in the management of patients with diabetes and a consultant to assist them with monitoring and managing data to improve patient outcomes. They also used a system whereby the practice continually reviewed QOF and monitored annual reviews for patients with a long term condition. If a patient did not attend their annual review they were sent up to three letters reminding them of the importance of attending and inviting them to book an appointment. If this did not result in a response a member of the clinical team phoned the patient to discuss their needs.

There was evidence of quality improvement which included clinical audit.

- There had been several clinical audits completed in the last two years. We reviewed six of these in total, two of which were full cycle audits. One of the two cycle audits looked at the dispensary to see whether the target of 48 hour turnaround for processing repeat prescriptions was being met. The majority of all requests were being completed within 12 hours. The audit also resulted in a change of one supplier for a particular medicine that was causing delays to issuing prescriptions.
- A further audit had looked at complications experienced by patients who had attended for a minor surgical procedure. There were plans to repeat this audit to help identify learning and improvement although there was no clear programme of continuous clinical and internal audit in place.
- Findings were used by the practice to improve services. For example, recent action taken following a significant event had resulted in improvements to the management of patients taking warfarin. All 154 patients on warfarin were closely monitored using in-house testing and had blood tests completed prior to issuing repeat prescriptions of their warfarin medication.

# Are services effective?

## (for example, treatment is effective)

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the registered nurses all received cervical screening and immunisation updates. For those reviewing patients with long-term conditions we saw that updates covered conditions such as diabetes, chronic obstructive pulmonary disease and coronary heart disease. The nurses and health care assistants also received training updates in phlebotomy skills
- Non clinical staff had access to training programmes shared by other practices in the clinical commissioning group (CCG) This had been a development earlier in the year and covered issues such as privacy and dignity and conflict resolution. Progress to ensure that these staff completed appropriate training was on-going.
- 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. An annual appraisal system was in place and we found these had been completed for all staff with two exceptions (maternity leave). The annual programme was due to commence within the next few weeks.
- 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. Staff we spoke with said they had good opportunities to access 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 electronic 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. This included the use of electronic tasks and request to pass on relevant information to internal and external staff.

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 on-going care and treatment. This included when patients moved between services, when they were referred for specialist treatment, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included meetings for patients with end of life needs. Plans of care were stored electronically and could be accessed by other services such as ambulance services, community teams and accident and the emergency department. This ensured that information was shared to provide continuity of the patient's care needs and preferences.

The practice provided GP care to older people living in six local residential care or nursing homes. We spoke with a representative from one of the homes who confirmed that the practice worked with them in a very supportive and pro-active way to ensure that residents at the home were supported to maintain good health. The practice had improved their access to health records while visiting the homes so that GPs could use their laptops to complete electronic patient records in real time. This meant that the patients' health information was maintained in a timely way and relevant information could be shared with other health and care professionals who used the same shared system.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. When providing care and treatment to patients staff sought appropriate levels of consent using templates within the electronic care records. This included an assessment of a patient's capacity to consent to decisions and treatment for children and young people in line with relevant guidance.

We found that staff understood the relevance of the Mental Capacity Act 2005 to ensure that relevant consent and

# Are services effective?

(for example, treatment is effective)

decision making requirements were followed. 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 had not been reviewed through a patient records audit so that the practice could be assured staff followed appropriate guidelines.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and were able to provide respond accordingly. 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.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. They had achieved 79% attendance for breast cancer screening

compared to a CCG and national average of 72%. The practice also achieved 62% for bowel cancer screening compared to the CCG rate of 59% and the national average of 58% attendance. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 99% compared with a CCG average of 92% and 96%. Vaccination rates for five year olds ranged from 92% to 99% compared with a CCG average of 87% and 95%.

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. However, we found that newly registered patients were not routinely offered a health check when they first registered. When health assessments and checks were completed any abnormalities or risk factors that were identified as part of the assessment were referred for follow up with a GP.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 34 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, supportive and treated them with dignity and respect.

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

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to 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 86% and the national average of 87%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 89%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There were very few patients in need of this service although staff described an example of how they had used a translator for a housebound patient. This enabled staff to assess and meet the patient's needs.

## Are services caring?

- Staff told us they took time to explain information to their patients and if they required additional time, for example if the patient had dementia or a learning disability, longer appointments were scheduled to enable this.

### **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. A wide range of 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 254 patients as carers (3.5% of the practice list). A member of the administrative team was the liaison officer for carers. They provided advice and helped to signpost them to

organisations that offered practical help and support. Written information was available to direct carers to the various avenues of support available to them and there was also useful information on the practice website.

Staff told us that if families had suffered bereavement, the member of staff who was most known to them made contact. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We spoke with a patient who told us they had received exceptional support from the practice team while caring for a close relative and during the bereavement period.

Patients could access a local counselling service available at the practice. It could be accessed through self-referral and appointments were available on several days of the week.



# 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 partners had been involved in a number of local initiatives to improve services in the area. For example:

- The practice set up a counselling service for young people aged 14-25 as a registered charity in response to a gap in the provision of counselling support for young people. Initially only for patients registered at the practice, the service is now open to a wider local area and is supported by the local commissioners. Two members of staff continue to be trustees for the charity; four counsellors are contracted to the service which supports an average number of 13 on-going clients at one time.

In addition we found that:

- The practice offered extended hours appointments to patients on a Monday, Tuesday, Thursday and Friday evenings until 8pm for working patients or those who are unable to attend during normal opening hours.
- There were longer appointments available for patients who needed them for example for patients with a learning disability.
- The practice achieved a high volume of home visits in response to a high percentage of housebound patients who due to complex needs, were unable to attend the practice.
- The practice had implemented a triage system similar to the local 111 service whereby patient's calls were put straight through to a GP or nurse practitioner to seek advice. This gave prompt and convenient access to an assessment of needs and the patient received advice or an appropriate appointment at the surgery. This system had been in place approximately three months and had not been formally evaluated by the practice although feedback from staff and patients was being monitored.
- The practice were exploring the use of virtual consultations and planned to implement the use of "Skype" appointments to improve access for some of their patients.

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel advice and travel vaccinations available on the NHS as well as vaccines that required private payment as they were not NHS funded.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday with extended opening on Monday, Tuesday, Thursday and Friday evenings until 8pm. GP appointments were from 9.00 to 12.30 every morning and 3.30-5.30pm in the afternoons and were available until 8pm on days with extended opening. The practice closed at weekends and on bank holidays. In addition to pre-bookable appointments that could be booked up to four weeks in advance for GPs and twelve weeks in advance for nurses, 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 not always in line with local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 83% of patients said they were able to get an appointment the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 55% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.
- 69% describe their experience of making an appointment as good compared to the CCG average of 78% and the national average of 73%.
- 48% usually get to see or speak to their preferred GP compared to a CCG average of 59% and a national average of 59%.

The practice was aware of these results and since the survey information was collected, service improvements had been made. A triage service had been introduced in order to assess need and make more efficient use of

# Are services responsive to people's needs?

(for example, to feedback?)

appointment times. The opening hours had been extended. There were further plans to review service arrangements when two nurse practitioners commenced post.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them. Some patients told us they had to wait several weeks to see a GP of their choice.

## **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 on the electronic screen in the waiting room, in the practice leaflet and on the practice website.

The practice had received five complaints in the last 12 months. We tracked two of these and found that each one had been dealt with in a timely manner, the issues had been considered and the practice had identified where things had gone wrong. Action had been taken and the patient had received an apology and explanation of what had happened and the action taken. For example when the practice receive notification from external services that a patient's appointment has been postponed or cancelled, a member of staff now telephones the patient to ensure they have been made aware of the change. We saw that learning from complaints was shared with staff at meetings.



# 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. In May 2015 the practice team had worked together to develop their own set of values and beliefs about their service. These values were displayed in rooms around the practice to make them visible to patients and had been shared with the members of the PPG.

The practice had a development plan for the service which included improvements to managing on the day requests for advice from patients and improving on-line access to services and their use by patients.

### Governance arrangements

The practice had an overarching governance framework to support 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
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

There was an established leadership structure with clear allocation of responsibilities amongst the GPs, practice manager, nurses and the practice staff. The practice had a clear set of policies and procedures to support its work and meet the requirements of legislation. We viewed many of these which were comprehensive, dated, and monitored as part of the practice's quality assurance process. Staff understood and had access to the policies.

However, we found that there was no policy to guide staff in the management of repeat prescription requests and there were no guidelines in place to decide what medicines should be carried by the GP for home visits.

We found the governance and performance management arrangements were kept under review and the practice

actively sought out and used data from a wide range of sources to improve patient outcomes. This had included a focus on ways to improve the use and management of data in the clinical system.

Communication across the practice was structured around key scheduled meetings. These included a monthly staff meeting, a weekly management meeting and monthly multidisciplinary meetings attended by external health and social care professionals. Records of these meetings were maintained and action points were documented so that improvement could be monitored.

All staff received regular appraisal of their performance and the practice had developed a staff training matrix to help monitor training. The practice manager ensured staff completed key training and was working to ensure that staff progressed and completed other identified training.

### Leadership and culture

On the day of the inspection the leadership team demonstrated they had the experience, capacity and capability to run the practice and deliver high quality care. They told us they were committed to the provision of safe, high quality care that met the needs of local people.

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 open and honest communication with staff to discuss and learn from notifiable safety incidents. 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 the management team. The management team had recently introduced a staff achievement award which was issued every three months to recognise a significant contribution to practice and local life. Staff were encouraged to take break times together when possible to help promote good working relationships. The management team fostered an open culture and were keen to ensure that staff remained informed of matters relating

# Are services well-led?

Good 

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

to the smooth operation of the service. A weekly newsletter was produced for staff by the practice manager and included information updates from the CCG, feedback from patients, planned commitments of team members and messages from the management team.

We found that regular team meetings were held and staff were able to contribute items for discussion on the agenda. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. They also told us they felt respected, valued and supported. The management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice and considered staff views.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG held formal meetings every two months, carried out patient surveys and reviewed proposals for improvements with the practice management team. One or two members of the management team attended the PPG meetings. An action plan had been developed that took into account feedback from the NHS friends and family test, the national GP patient survey and a small survey completed by the PPG in 2015. This included key areas of improvement such as online access to services that would benefit patients, improved car parking and better access to clinical staff. It will be reviewed in March 2017.

The practice gathered feedback from staff on an informal basis and through practice meetings, one to one meetings and during staff appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

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

Practice staff had taken a leadership role in setting up a seven day GP led service across the local CCG area including a weekend service based at the local hospitals accident and emergency department. During weekends, 35% of patients who walk into the emergency department are seen by a GP which relieves some of the pressure from the hospital service.

A GP partner developed a community based DVT service (Deep Vein Thrombosis) where patients were assessed and treated in line with NICE guidelines. This service is now provided across the local area and may be expanded to cover the large geographical area of the CCG. Between April 2015 and March 2016 799 patients were seen and treated by the service without the need for a hospital visit. This was more convenient for patients and promoted a better use of finance and resources.

The practice had employed a consultant to assist them in developing better ways to use information on the clinical system. For example improving the document library for meeting records and monitoring staff training, and improving the use of electronic referrals to specialist services. It has also been useful to focus on patient's records for issues such as timely medication reviews and the management of pathology results. This work is ongoing and will also help to improve the use of online services for patients.

Additionally, the practice had recruited two nurse practitioners that were due to commence employment in the coming months. This was to enable the practice to reorganise their workload and respond to urgent appointment requests as well as an increasing demand for home visits from elderly and vulnerable patients.

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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The provider did not have robust systems in place to ensure that patients receiving long term thyroxine medication all received blood monitoring tests to manage their condition effectively.</li></ul> <p>Regulation 12 (1) (2)</p>