The Hadleigh Practice

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hadleigh Practice on 25 April 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the recording of outcomes arising from investigations of significant events was not always thorough enough to guarantee that learning had occurred.
- Feedback from patients about their care was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- There were gaps in the training staff needed to undertake their roles. For example, not all staff had received regular training in basic life support, infection prevention control and child safeguarding.
- 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.
- 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.
- The practice had governance arrangements in place which promoted quality and safety; however these were not consistently followed through.

We saw an area of outstanding practice:

- The practice had set up and ran a community ophthalmology service, dealing with eye problems such as glaucoma, external eye issues such as eyelid and conjunctival problems, assessment of cataracts and iritis but excluding conditions requiring surgical

Summary of findings

intervention or more specialist ongoing review ant treatment – such as macular degeneration, sudden loss of vision or cataract removal. The practice employed an optometrist and had purchased specialised equipment to provide screening and treatment for conditions such as glaucoma. One of the GP partners was dual qualified as an ophthalmologist. The aim of the service was to prevent patient referrals to hospital for specialist ophthalmology treatment and to provide care to patients in a local and familiar environment for them. The practice provided data for 2014-15 which showed the practice reduced its referral rate to hospital by 71%. The service is offered to patients throughout the locality.

However, there were areas of practice where the provider must make improvements:

- Ensure staff receive the training required for them to carry out their roles. For example in basic life support, infection prevention control, fire safety and safeguarding.
- Ensure recommendations from infection control audits are implemented.
- Ensure the security of staff information and medicines, including vaccines and emergency medicines, stored within the practice.
- Ensure that vaccines are consistently stored within the correct temperature range and that this is appropriately monitored.
- Ensure that a system is developed to monitor the use of blank prescriptions.
- Ensure that governance systems are robust. For example, the practice must review the system in place for handling significant events so that actions, who is responsible for the action and time frames for completion are clearly documented.

There were areas of practice where the provider should make improvements:

- Proactively offer health checks for vulnerable patients, such as patients who are also carers and people with learning disabilities.
- Review the use of curtains in consulting and treatment rooms to ensure patient dignity is protected at all times.

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?

Requires improvement

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

- There was a system in place for reporting and recording significant events. However, minutes of meetings where significant events were reviewed did not give details of actions needed, time frame for completion and individuals responsible for carrying out actions.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Policies were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- GPs and nurses had the correct training for adult and children's safeguarding however not all staff had received the required training in level 1 children's safe-guarding, infection prevention control, fire safety and basic life support.
- Risks to patients were assessed but were not consistently well managed.
- All of the practice fridges used to store vaccines had temperature readings taken on a daily basis. However, on occasion the fridge temperatures was not in the expected range for safe storage of vaccines.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, the percentage of patients with chronic respiratory disease who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 87% compared to a national average of 89%.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had an annual appraisal and not all training needs had been met.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- 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. We observed that doors where patients were undergoing consultations or treatments were shut. However, curtains in one treatment room were not always used to protect patients' privacy during procedures.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had liaised with the Clinical Commissioning Group to develop a health and well-being worker for school aged children. The practice liaised with a local dementia support group to change the practice environment to better suit the needs of patients with memory problems.
- There are innovative approaches to providing integrated patient-centred care. For example, the practice held a weekly 'one-stop shop' clinic for children under five years of age. Families were able to access immunisations, health checks and advice from health visitors and GPs in the same afternoon. The practice also ran a community ophthalmology service for patients at the practice and in the wider locality.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient

Summary of findings

participation group. For example, the practice had taken steps to become a dementia friendly practice in response to suggestions from patients. Patients can access appointments and services in a way and at a time that suits them.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- The overarching governance framework which supported the delivery of the strategy and good quality care was not always effective.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings, however the policies and procedures were not monitored to see if always followed. For example, all staff had received inductions but not all staff had received regular performance reviews.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust enough. For example not all staff had the required training; and matters related to medicines management as well as infection control had not ways been addressed.
- 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 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.

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

Requires improvement

The provider was rated as good for caring and responsive, requires improvement for effective, safe and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- A GP conducted weekly ward rounds in five nursing homes that the practice supports.
- The practice held regular meetings with community matrons, social services and the adult mental health team to prevent admission to hospital and to ensure appropriate care plans were in place.

People with long term conditions

Requires improvement

The provider was rated as good for caring and responsive, requires improvement for effective, safe and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, whose HbA1c (a test of the average blood sugar reading over three months) was in the acceptable range in the preceding 12 months was better than the national average. The practice achieved 85% compared to a national average of 77%.
- Longer appointments and home visits were available when needed.
- 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.

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Families, children and young people

Requires improvement

The provider was rated as good for caring and responsive, requires improvement for effective, safe and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 73% compared to a national average of 75%.
- 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 85%, which was better than the CCG average of 77% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses. For example, the practice ran a weekly joint clinic with health visitors and practice nurses aimed at children. Families could receive immunisations, health checks and advice in one visit.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as good for caring and responsive, requires improvement for effective, safe and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours and telephone appointments to those who could not attend the practice in usual opening hours.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement 

The provider was rated as good for caring and responsive, requires improvement for effective, safe and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and patients who were also carers.
- 23% of patients with a learning disability had received an annual health check.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a policy to follow-up vulnerable patients who failed to attend appointments to see a specialist. The practice contacted these patients within 72 hours of being notified they did not attend.
- 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.
- The practice held regular meetings with community matrons, social services and the adult mental health team to prevent admission to hospital and to ensure appropriate care plans were in place.

People experiencing poor mental health (including people with dementia)

Requires improvement 

The provider was rated as good for caring and responsive, requires improvement for effective, safe and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses with an agreed care plan documented in the preceding 12 months was 98%, which is better than a national average of 88%.
- A total of 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.

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- 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.
- The practice took the care of people with Dementia seriously. All staff had received dementia training, so knew more about how they could help people with the condition. The practice liaised with local dementia support groups to improve the practice environment for people with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 109 were returned, which is a response rate of 42%. This represented approximately 0.5% of the practice's patient list.

- 86% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 100% said the last appointment they got was convenient, compared to a CCG average of 94% and a national average of 92%.
- 96% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Patients commented upon how friendly and professional staff were, upon how they felt listened to and that they valued being able to speak to a doctor on the same day.

We spoke with 13 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us that staff gave them the appropriate time during appointments, staff were helpful and kind and that appointments were not difficult to access.

The Hadleigh Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team also included a GP specialist adviser, a practice manager advisor and an expert by experience (patient advocate).

Background to The Hadleigh Practice

The Hadleigh Practice is located at Hadleigh House, 20 Kirkway, Broadstone, Dorset BH18 8EE. The practice is purpose built and based in an urban area of Poole. The practice provides services to patients living in the Broadstone and Corfe Mullen areas of East Dorset.

The practice provides services under a NHS Personal Medical Services contract and is part of NHS Dorset Clinical Commissioning Group (CCG). The practice has approximately 20,000 patients registered and is situated in an area of low deprivation and low unemployment compared to the averages for England. The practice population has a higher proportion of older patients and a lower proportion of working aged patients compared to the averages for England. The practice population has a similar number of patients with a long-standing health condition compared to the national average. A total of 52% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The Hadleigh Practice has a branch surgery three miles away at Hadleigh Lodge, 216a Wareham Rd, Corfe Mullen, Wimborne BH21 3LN. The management of both locations is organised at The Hadleigh Practice, and staff work across both sites. Patients are able to make appointments at both locations. We did not visit the branch surgery as part of this inspection.

The practice has six male GP partners, three female GP partners, and five female salaried GPs. Together, the GPs provide care equivalent to approximately 12 full time GPs over approximately 100 sessions per week across both sites. The GPs are supported by one full-time Nurse Practitioner, who is a non-medical prescriber. Six practice nurses and four health care assistants also provide a range of services to patients. Together the nurses are equivalent to just over six full time nurses. The clinical team are supported by a management team including secretarial and administrative staff. The practice is a training practice for doctors training to be GPs and a teaching practice for medical students. At the time of our inspection, there were four GP registrars (trainee GPs) who were supported by the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12pm and again from 2pm to 6.30pm daily. Extended hours appointments are offered every Monday, Tuesday and Wednesday between 6.30pm and 8pm and twice a month on Saturdays from 8am until 12pm. The practice telephone lines and reception desk are open between 8am and 6.30pm. The Hadleigh Practice have opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service, or to the nurse-led Minor Injuries Unit in Wimborne, four miles away.

The practice offers a range of additional in-house services to patients including antenatal care, midwifery, ophthalmology, travel advice, cryotherapy, physiotherapy, sexual health services, joint injections and minor skin operations. The practice offers online facilities for booking of appointments and for requesting prescriptions.

Detailed findings

We visited The Hadleigh Practice located at Hadleigh House on this inspection. The practice has not previously been inspected by the Care Quality Commission.

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 25 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, the practice management team, a practice nurse, receptionists, administration staff and professionals linked to the practice. 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 an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

The systems in place for reporting and recording significant events needed improvement.

- 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 an analysis of the significant events
- However, we found that documentation relating to significant events did not always set out how changes to practice would be achieved. For example, the practice had experienced a total power failure at one site and rearranged clinics to the branch surgery. The practice felt this had gone well but identified that communication between clinicians and staff could be improved. However there was no action plan which set out how this would be achieved and monitored. This meant the practice could not be reassured that learning and improvement to practice had occurred.

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. For example, a patient received a referral letter for another patient attached to their letter. This was a breach in confidentiality. The patient notified the practice who apologised to both patients concerned. The practice has now changed its systems so all correspondence to patients is double-checked.

There was a significant event where the practice had experienced a total power failure at one site and rearranged clinics to the branch surgery. The practice felt this had gone well but identified that communication between clinicians and staff could be improved. However there was no action plan which set out how this would be achieved and monitored. This meant the practice could not be reassured that learning and improvement to practice had occurred.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse; however improvements were needed in some areas.

- Policies were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated they understood their responsibilities. GPs were trained to safeguarding children level 3
- A notice in the waiting room and clinical areas 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 check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice did not consistently maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most staff had received up to date training. Non-clinical staff had not received regular annual training in infection control. The practice considered this to be mandatory. For example, of 24 reception staff, 12 had undertaken the training.
- Annual infection control audits were undertaken and the lead nurse carried out additional audits to check the practice of clinical staff and make improvements where necessary. For example, an audit of aseptic technique (a method to prevent contamination from microorganisms to minimise the risks of infection) had been conducted and identified that procedures could be improved by using different dressing packs. These were supplied by the practice.
- Monthly checks of the practice for infection control risks were also conducted however, these were not always

acted upon. For example, curtains in clinical areas were disposable and should be changed every six months. We found they had not been replaced since July 2015. This poses an infection control risk for patients and staff.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the (including obtaining, prescribing, recording, handling, storing and security). 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.
- Temperature readings of fridges that store vaccines were taken and recorded on a daily basis. However, on more than one occasion, high readings (in excess of 8°C) and low readings (below 2°C) were recorded in one of the fridges without a satisfactory explanation or check to establish if this was an ongoing problem. The practice had a cold chain policy dated August 2015 which detailed how vaccines should be stored and managed. The policy stated that a cold chain audit would be conducted on an annual basis to review systems and processes for vaccines. However we found that this had not been conducted and practice staff had no knowledge of the audit. This means the practice could not be reassured that vaccines were stored safely and were effective.
- One of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- The practice had systems in place to ensure the safety of patients taking repeat medicines and high risk medicines.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

Monitoring risks to patients

Risks to patients were assessed but were not consistently well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in staff areas which identified local health and safety representatives. The practice's last full fire risk assessment with an external contractor was in 2008, and the practice had a full fire risk assessment booked for May 2016. We saw that the practice carried out a review of fire safety in 2014. The practice carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 telephones in all the consultation and treatment rooms which alerted staff to any emergency.
- The majority of clinical staff received annual basic life support training. However, two members of clinical staff had not completed training since 2014.The practice policy stated that all staff should attend basic life support training, however not all staff were up to date with this training. For example, of 66 staff, 16 had not

Requires improvement

Are services safe?

undertaken this training since 2013 or 2014 and two had not received this training. This means practice staff were not fully prepared to act in the event of an emergency. The practice told us that they had recently changed to an online training platform to help keep on track of the training staff required.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use. Emergency medicines were kept on a shelf in a storage room easily accessible by the public and we observed the room to be unlocked. The practice had conducted a risk assessment in April 2016 and determined that a key pad lock needed to be fitted to this room to prevent unauthorised access.
- 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.

Requires improvement

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 patients' 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 were 96% of the total number of points available, with 11% exception reporting. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes on the practice register, in whom the last blood pressure reading (measured in the preceding 12 months) was acceptable, was 81%, compared to a national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average.
- Performance for mental health related indicators was similar to the national average. 88% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, had a face to face review in the last 12 months compared to a national average of 84%.
- Clinical audits demonstrated quality improvement.
- There had been clinical audits conducted in the last year, of which were prescribing audits supported by the Clinical Commissioning Group. All were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

Information about patients' outcomes was used to make improvements. For example, the practice reviewed QOF performance data to plan additional clinical staff to manage the clinical workload.

Effective staffing

Staff had the experience, knowledge and had access to training to enable them to deliver effective care and treatment. However, training was not up to date for all staff.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The GPs attended weekly educational meetings which focused upon audit, significant events or clinical topics.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. staff had had an appraisal within the last 12 months. We saw evidence that a plan for staff appraisals was in place.

Requires improvement

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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 (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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 and best interest decisions.
  When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients , carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service
- The practice referred patients for smoking cessation advice to a local service.

The practice's uptake for the cervical screening programme was 85%, which was better than the CCG average of 77% and national average of 74%. Nurses telephoned patients who did not attend for their cervical screening test to remind them to attend and to discuss any concerns patients may have with attending. The practice had also offered appointments for smears on a Saturday mornings, but had recently stopped this due to low demand. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake was better than the Clinical Commissioning Group (CCG) average at 85%, compared to a CCG average of 76%. Uptake for bowel cancer screening was also higher than the CCG average at 70% (CCG average of 64%).

Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates given to under two year olds ranged from 92% to 99% compared to a CCG average of 94-98%. Childhood immunisation rates given to children under five years old ranged from 93%-99%, compared to a CCG average of 92-98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations in the reception area could be overheard by people in the waiting room, or waiting at reception. The practice had consulted with the patient participation group to explore ways of minimising this for patients. A sign was used at reception to ask patients to stand back. A self-check-in screen had also been installed to minimise queuing at reception. Patients we spoke to told us they liked reception as it was.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 95% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to a national average of 90%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 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 similar to local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 95% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.
- 75% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Good

Are services caring?

The practice told us that less than 1% of their population had English as a second language. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing staff on how to access this service.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. A range of information leaflets were also available in English for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 2% (350 patients) of the practice list as carers. Of these, approximately 2.5% (nine patients) had received an annual health check. Information was available to direct carers to the various avenues of support available to them. The practice had a member of staff designated as 'carers lead' whose role it was to update resources for carers, liaise with the Clinical Commissioning Group about the needs of carers and to maintain the carers register in the practice. The practice also had a dedicated carer's board in the patient waiting area, which provided information on local services and support groups aimed at carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Good

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. For example, the practice recognised it served a predominantly older population who might be affected by common eye problems. It had set up and ran a community ophthalmology service, which was then commissioned by the local CCG. The practice employed an optometrist and had purchased specialised equipment to provide screening and treatment for conditions such as glaucoma. The service focused upon treating common eye problems such as glaucoma, external eye issues such as eyelid and conjunctival problems, assessment of cataracts and iritis but excluding conditions requiring surgical intervention or more specialist ongoing review ant treatment – such as macular degeneration, sudden loss of vision or cataract removal. One of the GP partners was also dual qualified as an ophthalmologist. The aim of the service is to prevent patient referrals to hospital for specialist ophthalmology treatment and to provide care to patients in a convenient and familiar environment for them. The practice provided data for 2014-15 which showed the practice reduced its referral rate to hospital by 71%. The service is offered to patients throughout the locality.

The practice conducted routine weekly ward rounds for patients who were resident in care homes with nursing and registered at the practice. The aim of the ward rounds was to ensure the health of these patients was optimal and to prevent any avoidable deterioration. We spoke to staff at the nursing homes who reported this had improved the health of patients resident in the homes.

The practice recognised there was a gap in the primary care services offered to school age children. We saw evidence that the practice had proactively engaged with the local commissioning group and other community services for children such as school nursing and community paediatric teams. The practice had started a monthly multidisciplinary team meeting for children which included GPs, school nurses, health visitors and community mental health workers to ensure the health needs of this group were met.

The practice engaged with the local community by liaising with local support groups to make improvements to the practice. For example, a local dementia charity had been consulted with regard to making the practice environment easier for people with dementia to use. The local charity approved the practice as being 'dementia friendly'. The charity also provided practice wide training to staff about dementia and the needs of people with the condition.

The practice actively tried to improve the health of patients in the local population. The practice voluntarily wrote a monthly health information item for the local newspaper. This focused upon items that were topical, such as flu vaccines, provided general health information or updated readers on developments at the practice.

- The practice offered extended hours on Monday, Tuesday and Wednesday evenings until 8.00pm and on two Saturdays every month from 8am to 12pm across both practices.. Patients were able to attend either practice for appointments, if this was more convenient for them.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children, carers and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, baby-changing and translation services available.
- The practice used text messaging to remind patients of appointments and when routine reviews were due.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available for patients that needed them. On the day telephone appointments with a GP or nurse practitioner were also offered to patients.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 73%.
- 91% of patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 66% of patients feel that they don't normally have to wait too long to be seen compared to a CCG average of 64% and national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Patients told us they valued the online services and extended hours offered by the practice.

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. .

We looked at 19 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency with dealing with the complaint. The practice carried out an annual review of complaints to identify any complaint themes areas for improvement. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained that a receptionist had given inappropriate advice relating to an out of hours appointment. The patient was apologised to. The complaint highlighted a training issue for reception staff. This was discussed with the whole reception team to prevent this happening again.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a vision to deliver high personalised care and promote good outcomes for patients. The practice focused upon the prevention of ill health through promoting healthy living.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and which was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which aimed to support the delivery of the strategy and good quality care. However not all governance arrangements had been effective.

- 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.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust enough. For example not all staff had the required training; and matters related to medicines management as well as infection control had not ways been addressed.
- Personal staff information was not kept locked,it was held in a room accessible to the public and although there was a sign on the door advised that the door should be kept closed at all times we observed the door to be open at times. The practice could not therefore be reassured that unauthorised access to the room was prevented

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, 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 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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information 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, particularly by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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), the friends of the practice group and through surveys and complaints received. There was a PPG with about 70 members who met virtually and commented upon practice news items and suggested areas for

Are services well-led?

Requires improvement

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

improvement. For example, the PPG suggested disabled access could be improved. The practice plans to undertake building work to install automatic doors to be completed by December 2016. The practice also had a 'friends of the practice' group which met face to face. The friends group carried out patient surveys, fund raising on behalf of the practice and assisted with health promotion. For example, the friends group promoted the flu vaccine campaign by helping to co-ordinate flu clinics.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, in response to concerns raised by staff, a check of staff workstations was underway to ensure these were suitable or should be replaced as appropriate. Staff also told us they felt well supported by the practice with regard to difficult personal issues. Staff told us they felt involved and engaged to improve how the practice was run. We also spoke with staff who worked closely with the practice. They reported that the practice was good at communicating so that patients received the best care and their input and knowledge was valued by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had engaged with the Clinical Commissioning Group to discuss areas where improvements for school age children could be made. The practice had proposed and was involved with developing the business case for a health and well-being worker to focus on the needs of this group. The role will focus upon safe-guarding, the health needs of this group, liaison with relevant agencies and better access to primary care for school aged children.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.** • A robust system was not in place to review and action fridge temperatures that exceeded or were below recommended levels for the safe storage of vaccines. • A robust system was not in place to monitor the use of blank prescription pads. This was in breach of Regulation 12. 12 (2) (b) (g)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises 1. All premises and equipment used by the service provider must be: a. clean b. secure • The cupboard used for storing medicines, vaccines and staff information cleaning products was not secure to prevent unauthorised access. • Infection control procedures were not fully implemented. Disposable curtains had not been replaced at the recommended frequency. This was in breach of Regulation 15(1)(a)(b)

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).** **Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.** • **The provider had failed to ensure the planning and delivery of staff training in the areas required for them to carry out their role.** • **Effective systems to monitor risks were not in place such as for medicines management.** **This was in breach of regulation 17 (1) (2)(b) of the Health and Social Care Act 2008**
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.** • Not all staff had received training required for their role such as in infection control, child safeguarding and basic life support. **This was in breach of Regulation 18 (1) (2a).**