

Rudgwick Medical 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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rudgwick Medical Centre on 5 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months.

The practice was also issued with Warning Notices and a further focused inspection was carried out on 17 May 2017 to ensure that the practice had complied with the legal requirements of the Warning Notices. We found that these notices had been met.

The full comprehensive report on the 5 January 2017 and 17 May 2017 inspections can be found by selecting the 'all reports' link for Rudgwick Medical Centre on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 28 September 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had a process in place for reporting incidents and near misses. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The provider had taken steps to improve their review system. Investigations relating to significant events were now comprehensively maintained and discussions, learning and action to ensure improvements were documented.
- Risks to patients were now assessed and well managed. There was a risk assessment process within the practice and management of risks was prioritised. Risk had now been assessed relating to areas such as legionella and control of substances hazardous to health.
- Staff had received fire safety training and the practice now undertook fire drills. Action relating to fire risks had been taken following a fire incident in November 2016.

Summary of findings

- The practice had policies in place relating to safeguarding children and vulnerable adults, staff had received training at an appropriate level and were aware of who the safeguarding lead was.
 - The practice infection control policy was up to date and infection control lead had been appointed. Cleaning schedules were now in place together with a comprehensive infection control audit.
 - There was a system in place for responding to and managing complaints, records relating to complaints demonstrated a thorough investigation and action to mitigate any associated risks.
 - Recruitment checks were in place and files included satisfactory information about conduct in previous work for staff prior to commencing their employment.
 - All clinical staff, including those undertaking chaperone duties had a Disclosure and Barring Service check in place; the practice had now assessed the risks of not having checks in place for all non-clinical posts.
 - Data showed patient outcomes were comparable to or above the national average. The practice had undertaken clinical audits and these had been full cycle.
 - The practice had a number of policies and procedures to govern activity, a number had been reviewed and updated.
 - Controlled drugs were stored securely. Systems were in place to ensure regular disposal of controlled drugs returned by patients. Monthly audits of controlled drugs were consistently undertaken in accordance with their own policy. The practice had established a relationship with the police liaison officer to ensure timely destruction of unwanted controlled drugs.
 - The practice had introduced a cold chain policy for the safe storage and management of medicines requiring refrigeration.
 - The practice had identified areas of mandatory training for each role within the practice. Attendance at training such as safeguarding, fire, health and safety, infection control and information governance was consistent and there were no significant gaps in training records.
 - The practice had a clear leadership structure in all areas and there was leadership capacity and formal governance arrangements had significantly improved.
 - An appraisal system was in place and all clinical and non-clinical staff had received a recent appraisal that included a review of training and development.
 - Patients said they were treated with compassion, dignity and respect. Appointment availability was good and staff listened to and involved them in their care and treatment.
 - The practice sought help from the Royal College of General Practitioners (RCGP) following the inspection on 5 January 2017 to assist with their action plan.
- However, there were also areas of practice where the provider needs to make improvements.
- In addition the provider should:
- Review and keep their significant events log up to date to ensure all actions are captured to aid further analysis of themes and audit of the significant events system.
 - Continue to review patient outcomes for long term conditions such as those with high exception reporting within the practice in relation to asthma, chronic obstructive pulmonary disease and cancer indicators.
 - Continue to monitor the number of carers known to the practice to ensure they identify any new and existing carers.
 - Review the provision of extended hours in order to enhance the service provided to patients who work.
 - Continue to sustain and embed the improvements made over time
- I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



Following our initial inspection of 5 January 2017 the practice had made significant improvements. At our inspection on 28 September 2017 we found:

- The practice had implemented safety systems which assessed monitored and mitigated risks to the health, safety and welfare of patients.
- We saw evidence of updated policies on safeguarding, health and safety, infection control and a Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Infection control audits were carried out on a regular basis.
- There were systems in place to ensure the safe management of medicines. This included systems to manage controlled drugs.
- Appropriate recruitment checks were carried out
- Safety alerts were received and actioned by the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



Following our initial inspection of 5 January 2017 the practice had made significant improvements. At our inspection on 28 September 2017 we found:

- Nurses had received a recent appraisal and there was evidence of clinical supervision.
- The practice had identified what constituted mandatory training for each role within the practice. A substantial amount of training had been undertaken and there were no significant gaps in staff training.
- Multidisciplinary working was taking place.
- There was evidence of improvement to the clinical audit programme within the practice.
- Patient outcomes were comparable to local and national averages.
- High exception reporting within the practice was under review.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Following our initial inspection of 5 January 2017 the practice had made significant improvements. At our inspection on 28 September 2017 we found:

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Following our initial inspection of 5 January 2017 the practice had made significant improvements. At our inspection on 28 September 2017 we found:

- Survey results showed that patients were satisfied with how they could access appointments.
- There were no extended hours appointments available for working patients.
- Patients could get information about how to complain in a format they could understand. There was evidence that learning from complaints had been shared with staff.

Good



Are services well-led?

The practice is rated as good for providing well-led services.

Following our initial inspection of 5 January 2017 the practice had made significant improvements. At our inspection on 28 September 2017 we found:

- The leadership structure had been addressed to provide clarity to the staff team with the introduction of a staffing structure and key roles list. This included areas such as infection control and safeguarding.
- The practice had a number of policies and procedures to govern activity and these had been reviewed.

Good



Summary of findings

- Risk management processes were improved and demonstrated actions taken to address health and safety concerns in relation to patients.
- Systems for the management of significant events and complaints were effective with improved recording and evidence of learning and staff discussion.
- There was evidence of greater emphasis on learning and planning within the practice.

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

Our inspection in January 2017 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of older people.

At the inspection in September 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group.

Examples of good practice.

- 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 provided additional dedicated appointments during the winter months for people over the age of 75 at the beginning and end of usual surgery times.
- The practice provided medical support to care and nursing homes in the area.

Good



People with long term conditions

Our inspection in January 2017 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people with long-term conditions.

At the inspection in September 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group.

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.
- Performance for diabetes related indicators was similar when compared to the national average, for example the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 84% compared to 82% (clinical commissioning group (CCG)) and 78% (national) averages.

Good



Summary of findings

- 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 and new patients with a long term condition were offered a review with a GP.
- Multi-disciplinary discussions were held for those patients with the most complex needs.

Families, children and young people

Our inspection in January 2017 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of families, children and young people.

At the inspection in September 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group.

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 A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- All staff had attended the appropriate level of safeguarding training and were aware of who the safeguarding lead was within the practice.

Good



Working age people (including those recently retired and students)

Our inspection in January 2017 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of working age people (including those recently retired and students).

At the inspection in September 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group.

Good



Summary of findings

Examples of good practice.

- The practice offered online services such as repeat prescription ordering and appointment booking as well as health promotion and screening that reflects the needs for this age group.
- The practice offered an in-house smoking cessation service.

People whose circumstances may make them vulnerable

Our inspection in January 2017 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people whose circumstances make them vulnerable.

At the inspection in September 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group.

Examples of good practice.

- The practice offered longer appointments for patients with a learning disability and others where a need had been identified.
- 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. They had appointed a staff member to a care coordinator role.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.

Good



People experiencing poor mental health (including people with dementia)

Our inspection in January 2017 identified issues which resulted in the practice being rated inadequate overall. This affected all patients including this population group and the practice was rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

At the inspection in September 2017 we saw significant improvements and the practice is now rated as good overall, this affected all patients including this population group.

Examples of good practice.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG (85%) and national (84%) averages.

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented (92%) was similar to the CCG (92%) and national (89%) averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Longer appointments were available for patients with poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2017. The results showed the practice was performing above the local and national averages. Two hundred and fourteen survey forms were distributed and 119 were returned. This represented 3% of the practice's patient list.

96% of patients found it easy to get through to this practice by phone compared to the local CCG average of 76% and the national average of 71%.

89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 83% and the national average of 75%.

91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 86% and the 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. Comments included that patients were satisfied with the service they received and that staff were efficient, caring and professional. We also received feedback that emergency situations were dealt with in a very professional and supportive way.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They told us they had no issues with the availability of appointments or getting through on the phone.

A recent Healthwatch enter and view report documented that patients were on the whole very satisfied with the services they received. Patients commented that they were not rushed and found it easy to get an appointment. Patients also felt it would be good to have access to the practice on a Saturday as they worked during the week. Healthwatch had shared its findings with the practice and they were reviewing this at the time of our inspection.

Areas for improvement

Action the service SHOULD take to improve

- Review and keep their significant events log up to date to ensure all actions are captured to aid further and audit of the significant events system.
- Continue to review patient outcomes for long term conditions such as those with high exception reporting within the practice in relation to asthma, chronic obstructive pulmonary disease and cancer indicators.
- Continue to monitor the number of carers known to the practice to ensure they identify any new and existing carers.
- Review the provision of extended hours in order to enhance the service provided to patients who work.
- Continue to sustain and embed the improvements made over time.

Rudgwick Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Rudgwick Medical Centre

Rudgwick Medical Centre offers general medical services to people living in Rudgwick, Horsham with a patient list size of 3,600. The practice population has a slightly higher than average proportion of elderly patients and those with long standing health conditions. They had a lower proportion of children under 18 and a lower than average number of working patients and also patients that are unemployed. The practice is placed in one of the least areas of deprivation.

The practice holds a General Medical Services contract and is led by two GP partners (male). The GPs are supported by a part time salaried GP (female), two practice nurses, a healthcare assistant, a practice manager, and a team of dispensary, reception and administrative staff. This comprises of roles that include a combination of reception and dispensing duties. In addition the practice had appointed a new member of staff to provide support to the practice manager and GPs in addressing the areas of practice activity where improvements were required.

A range of services are offered by the practice including asthma reviews, child immunisations, diabetes reviews,

new patient checks, and smoking cessation. The practice has a dispensary offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises.

The practice is open between 8.30am and 6.30pm on a Monday to Friday. Telephone lines are open from 8.00am. Appointments are available between 8.30am and 12.00pm and between 2.00pm and 6.30pm. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them. The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Services are provided from:

Rudgwick Medical Centre

Station Road

Horsham

West Sussex

RH12 3HB.

Why we carried out this inspection

We undertook a comprehensive inspection of Rudgwick Medical Centre on 5 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued warning notices to the provider in respect of safe care and treatment and good governance and informed them that they must become compliant with the

Detailed findings

law by 20 April 2017. We undertook a follow up inspection on 17 May 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the January 2017 and May 2017 inspections can be found by selecting the 'all reports' link for Rudgwick Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Rudgwick Medical Centre on 28 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the Clinical Commissioning Group and Healthwatch to share what they knew. We carried out an announced visit on 28 September 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, a healthcare assistant, practice management staff, reception and administration staff, the chair of the patient participation group and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- 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.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 5 January 2017, we rated the practice as inadequate for providing safe services as; the arrangements in respect of cleanliness and infection

control were not adequate, risks and significant events were not adequately managed, lack of monitoring of controlled drugs, arrangements relating to the cold chain were not effective and recruitment processes did not always include obtaining satisfactory information about conduct in a previous role.

We issued a warning notice in respect of infection control, risk assessment and significant event procedures, the management of medicines and recruitment practices. We found arrangements had improved when we undertook a follow up inspection of the service in respect of this warning notice on 17 May 2017 and this notice had been met.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 28 September 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events, and this was now used consistently.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system and this was always used.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and were given a verbal and or written apology.
- It was evident from the records kept that the practice carried out a thorough analysis of each significant event. Significant events were recorded, evidenced discussion at team meetings and involvement of staff in actions and learning outcomes. This was a significant improvement since the previous inspection. For example, there had been two incidents where patients had presented at the practice with symptoms of acute

illness. As a result of these incidents emergency procedures within the practice had been reviewed and an emergency flowchart had been created. The practice manager and GP had met with staff involved and discussed learning and arrangements were in place to ensure this information was cascaded to all staff. We noted that whilst individual records of events contained a full account of the event and actions taken this was not always fully recorded on the practice significant events log.

- Staff we spoke with on the day of inspection were aware of significant events that had occurred within the practice. They told us that information had been shared through meetings and email updates.

Overview of safety systems and process

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was now a clearly identified lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- Notices in the waiting and in consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The practice had taken steps to address concerns raised at the inspection in January 2017. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The practice had identified an infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result following the most recent audit in August 2017.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. 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 and patient specific prescriptions or directions from a prescriber were produced appropriately.

The practice is a dispensing practice.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development.
- The practice had been undertaking weekly controlled drug audits since our last inspection and had recently moved to monthly audits now that improvements to the systems had been made. In addition the lead dispenser within the practice was regularly attending a dispensary forum within the locality.
- Records showed fridge temperature checks were carried out which ensured medicines were stored at the appropriate temperature and staff were aware of the procedure to follow in the event of a fridge failure.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors.

Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. Dispensary staff were able to demonstrate how errors were responded to. During the inspection we noted an error had been logged and this was awaiting a significant event review. Following the inspection the practice sent evidence of the process followed to record and respond to this incident.

- 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. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.

We reviewed one personnel file for the only member of staff employed since our last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the disclosure and barring service (DBS).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was an up to date health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. We saw evidence that action had been taken in response to fire incidents. For example, the practice had replaced fluorescent lighting in the practice with LED lighting following issues with a defective starter system on the old lighting. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

Are services safe?

- The practice had systems for being aware of notifiable safety incidents and alerts and sharing the information with staff and ensuring appropriate action was taken.
- The practice had a variety of other risk assessments 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). The practice had updated their guidance on substances hazardous to health (COSHH). We noted that cleaning products and other chemicals now had a sticker advising the user that an information sheet was available for that product.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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

At our previous inspection on 5 January 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of the monitoring of training, clinical audits and staff appraisal needed improving.

These arrangements had improved when we undertook a comprehensive follow up inspection on 28 September 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

The overall clinical exception rate was 7.8% compared with the clinical commissioning group (CCG) average of 10.1% and the national average of 9.8%. (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). However, there were some areas where exception reporting was higher than average, for example in relation to asthma performance where exception reporting at 16% was 5% higher than the CCG

average of 11% and 9% higher than national average of 7%. This was specifically in relation to patients having received an asthma review in the preceding 12 months. Exception reporting at 21% for chronic obstructive pulmonary disease (COPD) was 7% higher than the CCG average and 10% higher than the national average in relation to patients who had received a review in the preceding 12 months. Exception reporting for cancer was also higher than average with 44% of patients being exempted from having a record of a review six months following diagnosis compared with the local average and national average of 25%.

The practice had reviewed these exception rates and could demonstrate appropriate recalls had been made however they identified that these recalls had been made early on in the year and in close succession. They were now trying to space out recalls and were keeping these figures under review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators was similar when compared to the national average, for example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months was 84% compared to 82% (CCG) and 78% (national) averages.

Performance for mental health related indicators was comparable the national average, for example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented. This was comparable to the national average of 89% and the local CCG average of 92%.

The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% compared to the local CCG average of 85% and the national average of 84%.

There was evidence of quality improvement including clinical audit:

- On 5 January 2017 we saw evidence of single cycle, incomplete clinical audits. There was limited evidence that the findings were used by the practice to improve services or that they were being used within the practice to assess and monitor the quality and safety of services provided. On 17 May 2017 we found that since the

Are services effective?

(for example, treatment is effective)

previous inspection work had developed in relation to clinical audits with evidence of further single cycle audits, for example, in relation to the use of a medicine in the treatment of abnormal heart rhythm and appropriate monitoring of patients. We saw that the use of clinical audits had been discussed at management meetings and we were told of plans in place to undertake repeat cycles of some existing audits over the coming months

- At this inspection we found that the practice had a programme of clinical audits, two of these were completed audits where the improvements made were implemented and monitored. Further cycles of audits had been recommenced including diabetes and patients being treated for hypertension who were also diagnosed with gout.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the assessment and treatment of osteoporosis for patients treated with regular corticosteroids resulted in the increased uptake within the patient group of bone protecting medicines.

Effective staffing

At the inspection on 5 January 2017 we found that the practice could not demonstrate staff had the training and support to deliver effective care and treatment.

At this inspection we saw evidence that showed significant improvements in this area to ensure the effective delivery of 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, for those reviewing patients with long-term conditions and for staff working in the dispensary had appropriate qualifications and competency assessments.
- 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 learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months and this included discussions and plans to facilitate continual professional development. This included practice nurses and the healthcare assistant.
- The practice had reviewed and updated their training plan and identified key training as a priority to update which included safeguarding, fire safety awareness, basic life support, infection control, the mental capacity act and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- Smoking cessation advice was available from one of the nurses and a healthcare assistant has been trained to take on this role.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG average of 84% and the national average of 81%.

The practice achieved comparable results in relation to its patients attending national screening programmes for bowel and breast cancer screening. For example, 61% of eligible patients had been screened for bowel cancer, which was similar to the CCG average of 63% and above the national average of 58%. Seventy per cent of eligible patients had been screened for breast cancer, which was in line with the CCG and national average of 72%.

Childhood immunisation rates for the vaccines given were generally comparable to CCG/national averages although slightly lower for under twos and higher for five year olds. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 59% to 100% compared to the CCG average of 72% to 96% and five year olds from 80% to 93% compared to the CCG average of 70% to 95%. The 90% target was exceeded in three out of four parameters for under twos.

Following the inspection the practice sent us updated information on the one parameter for under twos that had scored 59% for this time period. They were able to demonstrate that they had achieved 100% for this indicator.

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

Are services caring?

Our findings

At our previous inspection on 5 January 2017, we rated the practice as good for providing caring services.

The practice is still rated as good for providing caring services.

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. This was confirmed by the patients we spoke with.
- 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 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. Three patients we spoke with shared the same level of satisfaction with the service.

We spoke with one member of the patient participation group (PPG). 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 for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 86%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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. Patient feedback from the comment cards we received was positive and stated that staff were caring and professional. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were either above or 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 92% and the national average of 89%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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.

Are services caring?

- Information leaflets were not routinely available in easy read format although staff told us they would access these if needed.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (0.94% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice had appointed a care co-ordinator who had reviewed the systems to identify carers. They had undertaken an audit between May and July 2017 and as a result identified an additional 16 carers. We saw evidence that this work is ongoing with further reviews planned. Information for patients on carers was shared in the practice/PPG newsletter and the local parish magazine. We were told that the staff planned to discuss the subject of carers with patients who attend the flu clinics in October.

Staff told us that if families had suffered bereavement, their usual GP contacted and would be followed by a patient consultation at a flexible time to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 5 January 2017 we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 28 September 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice did not offer extended hours appointments for working patients who could not attend during normal opening hours although we were told that telephone appointments were available where appropriate.
- We noted that the practice had responded to patient need providing a 'winter pressures' service between 1 December 2016 and 31 March 2017 for patients under the age of 16 and those over the age of 75 where additional appointments were added to the beginning and end of surgeries to meet additional seasonal needs and reduce the risk of unplanned admissions to hospital.
- There were longer appointments available for patients with a learning disability and others where the need was identified.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with appointments also available during this time. Telephone access was from 8.00am and included access to a GP in an emergency. The practice did not provide extended hours appointments. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81 and the national average of 80%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 71%.

People told us on the day of the inspection that they were able to get appointments when they needed them. This was also reflected in the comments received in Care Quality Commission comment cards

The practice had a system in place to assess:

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

There was a system in place where the GPs could telephone the patient or carer to enable an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example the practice had a detailed complaints leaflet explain the process of making a complaint and the steps the individual could take if they were unhappy with the response of the practice to their complaint.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, there was evidence of openness and transparency with dealing with the complaint.

At our last inspection we found that the practice could not evidence that lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

At this inspection we found that complaints were a standing agenda item at practice meetings. We saw evidence that complaints were discussed at these meetings and actions taken as a result. For example, when a patient complained about fees charged for services and the tone of a letter sent to them, they received prompt response and an apology. The matter was discussed at the practice meeting and as a result the standard letter template was modified to improve the wording, fees for private services were reviewed and displayed at the practice and on their website.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 5 January 2017, we rated the practice as inadequate for providing well-led services as the overarching governance structure was not supported by effective systems in relation to the management of significant events and complaints, the management of policies and procedures and the management of risk within the practice.

We issued warning notices in respect of these issues and found arrangements had improved when we undertook a follow up warning notice inspection of the service on 17 May 2017 and this notice had been met.

These arrangements had significantly improved when we undertook a comprehensive follow up inspection on 28 September 2017. The practice is now rated as good for being well-led.

Vision and strategy

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

- The practice had a mission statement and a statement of core values. Staff knew and understood the values.
- Since our inspection of the practice on 5 January 2017, the practice had concentrated on developing an action plan and strategy to improve services. This has included updating their business plan, a risk analysis of the practice and review of systems and processes.

Governance arrangements

The practice now had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. A leadership structure and key/additional responsibilities chart had been introduced.
- Practice specific policies were implemented and were available to all staff. These were now updated and

reviewed regularly. We saw evidence of these reviews and the sharing of policies and information with the practice team at meetings and on the practice computer system.

- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The practice had now introduced a whole practice meeting alongside individual clinical and non-clinical meetings.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A regular audit structure had been introduced as part of the practice's improvement plan.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared, following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems 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 now a clear leadership structure and staff felt supported by management.

Are services well-led?

Good 

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

- The practice had taken steps to ensure all staff were aware of the roles and responsibilities of individual team members and had produced a structure chart and key roles list. For example, the leads for safeguarding, infection control and fire safety were now clearly documented.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. For example, we saw minutes of regular palliative and pro-active care team meetings.
- Staff told us the practice held regular team meetings and we saw evidence of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All 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.
- The practice used available resources to gather feedback such as the Friends and Family Test. Friends and family results showed that all respondents would recommend the practice to their friends and family. There had been no practice focussed patient survey since our last inspection although the practice were aware of the national GP patient survey where they scored above average in a number of areas.
- The practice had gathered feedback from staff through staff meetings and from general informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the practice management.
- The practice was visited by Healthwatch in August 2017 as part of their enter and view programme. Feedback from this visit was positive and captured the views of patients who attended the practice on the morning of the visit. The practice was reviewing the feedback and was looking at the provision of risers for chairs in the waiting room to assist patients who may have difficulty getting up from the current chairs.

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

The practice encouraged and valued feedback from patients and staff. It was working to engage patients in the delivery of the service.

- The practice has established a patient participation group (PPG) and we met with the PPG chair during our inspection. They were working to develop ways of engaging with patients and a practice newsletter had been circulated to patients covering varying topics from practice appointments and opening times to community support initiatives. The PPG were in the process of setting up a health education based event for the area and will be attending the flu clinics to assist and engage with patients.

Continuous improvement

There had been significant improvement to demonstrate continuous learning and improvement since our last inspection. Clinical audits were now being taken to full cycle and considered as part of a programme for improvement. Risk management processes, significant event and complaints management were now managed in a way that demonstrated that there were considered as part of the continuous learning and improvement.

The nursing staff had received appraisals and training needs had been reviewed and addressed. The practice team engaged with other local practices through attending teaching sessions and protected learning days in the locality.