

Family Medical Centre - Kirkby

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Family medical centre - Kirkby on 14 July 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing safe, effective and well led services. It also required improvement for providing services for all the population groups we inspected. It was good for providing caring and responsive services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, information about safety was not sufficiently recorded to ensure incidents had been appropriately reviewed, addressed and there was shared learning with staff.

- Risks to patients were not well assessed and managed, with some areas of medicines management, risk management plans and arrangements for dealing with emergencies needing strengthening to ensure people using the service received safe care.
- Performance data showed most patient outcomes were comparable to the local average; with the exception of health promotion and screening.
- Although some clinical audits had been carried out audits were not driving improvement in performance and patient outcomes.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Nationally published and practice supplied data showed most patients were happy with the telephone access and appointment system. Patients told us they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand and records showed

Summary of findings

the practice responded quickly to written complaints received. Learning from verbal complaints was not always recorded to evidence improvements made and shared learning with staff.

- The practice had suitable facilities to treat patients and meet their needs.
- Although there was a clear leadership structure and staff felt supported by management, the practice was not proactive in seeking feedback from staff and patients to improve the quality of services.

The areas where the provider must make improvements are:

- Ensure there are robust governance arrangements in place ensuring accurate, complete and detailed records are kept in respect of the management of the regulated activities. This includes: information on significant events, incidents and near misses, verbal complaints and information on when complaints should be escalated to other appropriate bodies and their contact details.
- Ensure effective systems are in place to enable the provider to identify, assess and mitigate risks to the health and welfare of patients and others. This includes ensuring: the immunisation status for clinical staff is obtained; the issue and tracking of blank prescription forms kept in the doctor's bag for home visits meets national guidance; and effective systems are in place to follow-up on secondary care information such as out of hour's reports, 111 reports and pathology results in the absence of the lead GP.

- Ensure views of staff and patients are proactively sought to inform the delivery of care and that staff are fully engaged and aware of the practice vision.

The areas where the provider should make improvement are:

- Provide accessible information for carers and those experiencing bereavement to enable them to access support.
- Be more proactive in respect of care planning for older people living in long term accommodation (care homes) and where appropriate advance care planning and engaging patients in health promotion and screening programmes.
- The practice should have a PPG in place or an alternative mechanism for obtaining patient feedback to enable them to improve the quality of services provided.
- Ensure audits complete their full audit cycle to demonstrate improvements made to practice.
- Ensure procedures for following up uncollected prescriptions are implemented in line with practice policy.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, records were not sufficiently detailed to show that when things went wrong, reviews and investigations were thorough enough and lessons learned were communicated widely enough to support improvement.

Some risks to patients were assessed; however the systems and processes to address these risks needed strengthening to ensure patients were kept safe. This included improving the arrangements for handling uncollected prescriptions and tracking prescription pads kept in the GPs bag; recording the immunisation status for clinical staff, and undertaking a detailed risk assessment to indicate how the practice would deal with emergencies in the absence the availability of oxygen.

Appropriate arrangements were in place to recruit appropriate staff, ensure enough staff were on duty and to safeguard patients from abuse.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Most of the data reviewed showed patient outcomes were in line with the local and national averages; with the exception of health checks for people with learning disabilities; patients aged 40 to 74; and bowel and breast screening.

Clinical audits were not driving improvement in performance and patient outcomes as they were not completed audit cycles and the practice could not demonstrate improvements following initial audit. Arrangements for advance care planning and / or admissions avoidance for older people living in care homes were not robust and there were no care plans in place for these patients at the time of our inspection.

Multidisciplinary working was taking place with evidence of patients' needs being assessed, care being planned and delivered in line with current legislation. Patients' consent to care and treatment was sought in line with legislation and guidance. There were systems in place to ensure appropriate information was shared with other health providers.

Requires improvement



Summary of findings

Staff referred to local and national guidance including from National Institute for Health and Care Excellence (NICE). Staff had received training appropriate to their roles.

Are services caring?

The practice is rated as good for providing caring services.

Data showed the majority of patients rated the practice positively 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Information for patients about the services available was easy to understand and accessible. However, there was a lack of information to help carers understand the services available to them and for those who experienced bereavement.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The staff engaged to some degree with the NHS England area team and the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, they worked in collaboration with eight local practices (also referred to as JAKS federation) to improve access for patients by hosting a weekly walk in service for patients on Wednesday (6.30pm to 8pm) and Saturday (9am and 12pm). This service was accessible to all patients registered with the eight local practices. A range of in-house services for each population group we inspected were offered.

Patients said they found it easy to make an appointment with urgent appointments available the same day and continuity of care was mostly maintained. This was supported by data which showed most patients were satisfied with telephone access and availability of appointments. Reasonable adjustments were made to ensure people with disabilities or those requiring support were able to access services equally.

Information about how to complain was available and easy to understand and records showed the practice responded quickly to written complaints received. However, learning from verbal complaints was not always recorded to evidence improvements made and shared learning with staff.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

The practice had a vision and a strategy but our overall inspection findings showed positive outcomes for patients were not always

Requires improvement



Summary of findings

achieved and limited staff engagement in developing the vision. The practice did not have robust and effective governance arrangements to enable them to assess, monitor and drive improvement in the quality and safety of services provided.

For example, whilst clinical audits had been completed, none of these were a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit. The CCG also told us the practice had no wider involvement in their improvement agenda.

The practice was aware of its future challenges and was looking at ways to address this. For example, succession planning due to GP retirement, and setting up an active patient participation group (PPG) to maximise on patient feedback and support with service delivery improvement.

There was a clear staffing structure in place. Staff were aware of their own roles and responsibilities; and felt supported by management. Staff were supported with learning and received regular performance reviews to improve their professional development. The practice had a number of policies and procedures to govern activity, and most of these were implemented in practice by staff.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice was rated as requires improvement in respect of providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Every patient over the age of 75 years had a named GP. Influenza and shingles vaccinations were offered to older patients in accordance with national guidance. Home visits to patients in their own homes or care homes were carried out when requested but arrangements for advance care planning and / or admissions avoidance for older people living in care homes were not robust and there were no care plans in place for these patients at the time of our inspection.

Monthly multi-disciplinary care meetings were held to ensure care was discussed and agreed for older people with complex health care needs.

Requires improvement



People with long term conditions

The practice was rated as requires improvement in respect of providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained registers of patients with long term conditions. The 2014/15 data showed good outcomes were achieved for most conditions with improvements required for care of diabetes and stroke.

The GPs were supported by nursing staff in chronic disease management and patients at risk of hospital admission were identified as a priority. Most of these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met. Recall systems had been improved to ensure patients attended.

The practice worked with multi-disciplinary teams in the case management of people with long-term conditions. Longer appointments and home visits were available when needed.

Requires improvement



Families, children and young people

The practice was rated as requires improvement in respect of providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

Immunisation rates were high for all standard childhood immunisations and children were given priority for appointments. Systems were in place to identify and follow up children living in disadvantaged circumstances and those at risk of abuse. Appointments were available outside of school hours and we saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice was rated as requires improvement in respect of providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Systems to proactively promote health and offer advice needed strengthening. The uptake levels in respect of national screening programmes were lower than the CCG and national average and more proactive steps were needed to secure improvements in this area. For example, the practice had completed 61 NHS health checks for patients aged 45 to 74 years (62% of target) compared to the CCG average of 102%.

Online services for booking appointments and prescriptions were offered. A range of services that reflected the needs of this age group were carried out at the practice. This included family planning services for women of working age and travel vaccinations.

Requires improvement



People whose circumstances may make them vulnerable

The practice was rated as requires improvement in respect of providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had carried out annual health checks for people with a learning disability and 46% of those on the register had been completed. Records showed liaison with other professionals for follow-up where patients had not attended.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. All staff knew how to recognise signs of abuse in vulnerable adults and children. They 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice was rated as requires improvement in respect of providing safe, effective and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Practice supplied data for 2014/15 (which had not yet been verified and published) showed 100% of people experiencing poor mental health had been offered an annual physical health check; and care plans were in place for those that required them. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and dementia. Longer appointments and / or home visits were offered.

The practice assessed patients with risk factors associated with dementia. The practice had achieved a dementia diagnosis rate of 66% and this was in line with the England target rate of 65% and slightly below the CCG average of 71.1%.

Requires improvement



Summary of findings

What people who use the service say

We spoke with eight patients on the day of our inspection. Six out of eight patients said the practice offered a good service and that staff treated them with care and concern. They said staff generally treated them with dignity and respect. Positive comments related to: ease of phone access, availability of GP and nurse appointments, caring nature of staff, processing of prescriptions and the review of their health needs and medicines. Less positive comments related to specific individual care provided to two patients.

We received three completed comment cards. These were all positive. Themes from the comment cards included: patients reporting being well looked after, appointments being easy to access and staff being caring, helpful and professional.

We looked at the results of the national patient survey from July 2015. Questionnaires were sent to 329 patients and 127 people responded. This was a 39% response rate. The three areas the practice performed well when compared with others in the CCG were as follows;

- 97% of respondents found it easy to get through to this surgery by phone (compared to CCG average of 67%)
- 89% described their experience of making an appointment as good (compared with a CCG average of 72%) and
- 85% said they usually got an appointment with their preferred GP (compared to a CCG average of 54%).

The practice used the NHS friends and family test (FFT) results to obtain patient feedback. The results for period January to June 2015 showed the majority of patients were likely to recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are robust governance arrangements in place ensuring accurate, complete and detailed records are kept in respect of the management of the regulated activities. This includes: information on significant events, incidents and near misses, verbal complaints and information on when complaints should be escalated to other appropriate bodies and their contact details.
- Ensure effective systems are in place to enable the provider to identify, assess and mitigate risks to the health and welfare of patients and others. This includes ensuring: the immunisation status for clinical staff is obtained; the issue and tracking of blank prescription forms kept in the doctor's bag for home visits meets national guidance; and effective systems are in place to follow-up on secondary care information such as out of hour's reports, 111 reports and pathology results in the absence of the lead GP.
- Ensure views of staff and patients are proactively sought to inform the delivery of care and that staff are fully engaged and aware of the practice vision.

Action the service **SHOULD** take to improve

- Provide accessible information for carers and those experiencing bereavement to enable them to access support.
- Be more proactive in respect of care planning for older people living in long term accommodation (care homes) and where appropriate advance care planning and engaging patients in health promotion and screening programmes.
- The practice should have a PPG in place or an alternative mechanism for obtaining patient feedback to enable them to improve the quality of services provided.
- Ensure audits complete their full audit cycle to demonstrate improvements made to practice.
- Ensure procedures for following up uncollected prescriptions are implemented in line with practice policy.

Family Medical Centre - Kirkby

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP, a second CQC inspector and a practice manager.

Background to Family Medical Centre - Kirkby

The practice provides primary medical services to approximately 3,600 patients through a general medical services (GMS) contract. The services are provided from a single location in the centre of Kirkby-in-Ashfield. The area is a former mining community and has a higher level of deprivation than the national average.

The surgery is a purpose built building over two floors with a lift and stairs to the first floor. Patient facilities are available on the ground floor. Parking is available in the adjacent supermarket car park without charge for up to three hours.

The practice team comprises two GP partners (one male and one female) one of whom is on long term sick leave. The senior GP partner provides ten clinical sessions per week and is supported by part-time locum GPs.

The doctors are supported by two part time practice nurses and a part time phlebotomist (who are all female). The practice employs a full time practice manager, six staff who undertake reception and administrative tasks and two part-time cleaners.

The practice is open between 8am to 6pm Monday to Friday. GP appointments are available from 8.30am to 5.40pm on weekdays. The nursing appointments vary with appointments being available 8am to 11am Monday and Thursday, 8.30am to 5.40pm on Tuesday and Wednesday, and 9am to 3pm on Fridays.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS) when the practice is closed. Walk in clinics are hosted by the practice on a Wednesday evening and a Saturday morning. These can be used by patients who are registered with a practice within the locality group.

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. This 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.

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.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as the Mansfield and Ashfield clinical commissioning group (CCG) and NHS England to share what they knew. We carried out an announced visit on 14 July 2015.

During our visit we spoke with a range of staff including the GP, a locum GP, a practice nurse, the practice manager and reception staff. We spoke with eight patients who used the service. We observed how people were being cared for. We reviewed comment cards where patients and members of the public shared their views and experiences of the service and practice records to corroborate our findings.

Are services safe?

Our findings

Safe track record and learning

Staff understood their responsibilities to raise concerns and to report incidents, significant events and near misses. For example, following an incident where fridge temperatures were below the recommended ranges, the practice sought advice from the manufacturers of the medicines and disposed the unsafe medicines as advised.

However, significant event forms were insufficiently detailed to demonstrate that information about safety was clearly recorded, monitored, appropriately reviewed and addressed. For example, staff told us significant events were discussed at practice meetings and some of them could give an example. However, the meeting minutes did not cover in detail the discussions around the individual significant events and the reflection undertaken. We saw that when significant events had been raised there was little documented evidence that action had been taken to investigate the occurrence and prevent it happening again in the future.

National patient safety alerts were disseminated by email to relevant practice staff. Some staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

The practice had suitable arrangements in place to ensure vulnerable adults and children were safeguarded against the risk of abuse and harm. This included staff having access to policies and procedures which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and staff had received training relevant to their roles.

The senior GP partner was the lead member of staff for safeguarding vulnerable adults and children. They could demonstrate they had the necessary experience and training to enable them to fulfil these roles. Staff used the required codes on the electronic case management system to ensure risks to children and young people who were subject to child protection plans were clearly flagged and reviewed.

Meeting minutes reviewed demonstrated liaison with other services in relation to safeguarding matters and the

practice manager held monthly meetings with the health visitor to discuss children and vulnerable adults including pregnant women and patients at risk of domestic violence. Agreed actions were not always recorded as being completed; although two patient records we looked at confirmed appropriate follow-up had been taken as agreed.

Patients had access to a chaperone if required and a notice was displayed in the waiting room and the practice website advising of this. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure

All staff who acted as chaperones were trained for the role and understood their responsibilities including where to stand to be able to observe the examination. A disclosure and barring check (DBS) had been undertaken on all staff undertaking chaperone duties. 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.

Medicines management

The arrangements for managing medicines within the practice needed strengthening to ensure safe prescribing, recording, handling, storage and security. Specifically, the serial numbers of prescription pads carried in the GPs bag for home visits were not recorded and could not be tracked, and patients who did not collect their repeat prescriptions were not followed-up unless this was for a controlled drug.

Some staff told us they entered "not collected" on patient's record for any uncollected prescriptions and shredded the form without informing the prescribing GP unless this was for a controlled drug. This was not in line with the practice's prescription management policy and the prescribing GP would not necessarily know that prescribed treatment had been interrupted.

All prescriptions were reviewed and signed by a GP before they were given to the patient and blank prescription pads were securely stored. Medicines stored in the treatment rooms and medicine refrigerators were stored securely, within their expiry date and were only accessible to authorised staff.

Are services safe?

The practice had some systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) although regular audits of the prescribing of controlled drugs were not carried out.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. They had received training and been assessed as competent to administer the medicines.

We spoke with and received written feedback from the clinical commissioning group (CCG) prescribing advisor. They told us the practice had a good working relationship with the practice and staff engaged well with the CCG primary care pharmacist who routinely visited the practice. The CCG benchmarking data showed the practice was above its budget for prescribing and GPs had prescribed more antibiotics than other local practices in the last quarter. This was being monitored by the CCG.

Cleanliness and infection control

Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The premises were visibly clean and tidy; and appropriate standards of cleanliness and hygiene were followed. Records were kept to confirm the cleaning undertaken and personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.

The practice manager was the infection control lead and had completed an audit in 2014. We saw evidence to confirm appropriate action had been taken to address most of the improvements identified as a result. There was an infection control protocol in place and staff had received up to date training. We saw evidence to confirm non-clinical staff's immunity to the hepatitis B vaccination but no records were kept for clinical staff as it was deemed their professional responsibility to ensure they had been vaccinated. The provider confirmed relevant documentation would be obtained from the clinicians after our inspection.

The practice had commissioned an external company to undertake a risk assessment in respect of legionella (a

bacterium which can contaminate water systems in buildings). Records confirmed the practice was carrying out regular checks in line with the recommendations to reduce the risk of infection to staff and patients.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. All electrical equipment was checked to ensure it was safe to use. All portable electrical equipment was tested annually and displayed stickers indicating the last testing date was October 2014. Calibration of clinical equipment such as weighing scales and blood pressure measuring devices was due for review in October 2014. We saw evidence to show testing had been booked for July 2015.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Three staff files we looked at contained evidence to demonstrate that appropriate recruitment checks had been undertaken prior to employment such as proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty to keep patients safe. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. The staff told us they had buddy arrangements with a nearby practice if they did not have adequate numbers of clinical staff.

The practice manager showed us records to demonstrate that actual staffing levels and skill mix met planned staffing requirements; although staffing levels had previously been affected by staff absence due to sickness.

Monitoring safety and responding to risk

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. This included risk assessments related to physical security of premises, the environment, manual handling and health and safety. The risk assessments needed strengthening to ensure mitigating actions were recorded to reduce and manage the risk; and were discussed with all staff.

Are services safe?

The practice had a health and safety policy and staff had received relevant training including one to one discussions as part of their induction.

Staff were able to identify and respond to changing risks to patients including deteriorating health and well-being. For example staff gave examples of how they responded to patients experiencing poor mental health or drug and alcohol issues, including supporting them to access emergency care and treatment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to manage emergencies but these needed strengthening. The practice had a business continuity plan which identified a range of emergencies that may impact on the operation of the practice and emergency contact numbers for staff. The plan assessed and analysed the impact of each risk but mitigating actions were not sufficiently detailed to give clear guidance to staff

All staff had received basic life support training within the last 12 months and had access to emergency equipment such as an automated external defibrillator (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm).

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their

location. These included those for the treatment of cardiac arrest and anaphylaxis. All the medicines and equipment we checked were in date and fit for use although no documentation was available to confirm they were regularly checked as reported by staff.

We saw that the practice did not have an oxygen cylinder, to enable the administration of oxygen in an emergency. The British Thoracic Society (BTS) recommend that GP practices have oxygen cylinders capable of delivering high-flow oxygen. The BTS exists to improve standards of care for people who have respiratory diseases and to support and develop those who provide that care. There was no risk assessment to indicate what actions staff would take in an emergency situation in the absence of oxygen being available.

Following our inspection, we received written documentation stating the practice had decided oxygen was not required on the basis: they had a quick response time of up to five minutes from local ambulance services; were relatively close to a hospital with an accident and emergency (A&E) service and oxygen was flammable therefore a fire risk.

The practice had carried out a fire risk assessment in April 2015 that included actions required to maintain fire safety. Records showed staff were up to date with fire training; fire drills were undertaken and fire equipment was checked regularly.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

Nursing staff attended regular protected learning sessions organised by the clinical commissioning group (CCG) where updates to clinical practice are discussed and disseminated. The GPs and nurses worked together to enable the practice to focus on the management of chronic diseases, for example diabetes and asthma. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

Management, monitoring and improving outcomes for people

The practice did not have an effective system in place for completing clinical audit cycles. The practice provided us with an “audit on cancer diagnosis reviewed from April 2013 to March 2014”. Our review of this document showed it was a case review rather than a completed clinical audit.

The document indicated 16 patients had been diagnosed with cancer and 75% had been referred via the two week wait referrals. There was limited information on how long patients had been symptomatic before the referral was made. The review was repeated the following year but the pathway to diagnosis was not considered only the cancer diagnosis. There was no evidence to demonstrate this review led to improvements in patient outcomes.

Following our inspection we received summaries of three clinical audits undertaken between December 2010 and August 2011. These related to a review of patients on cholesterol-lowering medication, aspirin prescribing and intrauterine contraceptive devices. Although learning points were identified, we could not determine if changes to treatment or care were made where needed as the audits were not repeated to demonstrate outcomes for patients had improved since the initial audit.

The practice also used the information collected for the quality and outcomes framework (QOF) to monitor outcomes for patients. QOF is a voluntary incentive scheme

for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Data supplied by the practice indicated they had achieved a total of 94.62% QOF points in respect of clinical indicators for 2014/15, (although this data had not been verified and published). This was an improvement from 90.8% in 2013/2014. Comparable QOF data showed the practice performed above the CCG and national averages for most clinical indicators in 2013/14.

They did not perform as well as others in relation to the care of patients diagnosed with chronic obstructive pulmonary disease (COPD is the name for a collection of lung diseases), learning disabilities and depression, being 19%, 23.8% and 75.2% points below the CCG average respectively.

The practice was aware of the areas where performance was not in line with national or CCG figures and they had taken some action to address these. For example, we saw evidence of the improvement in the practice’s management of COPD. In 2013/2014 the practice had achieved 76.5% of the available QOF points but had increased this to 95.04% in 2014/2015 according to data supplied by the practice. This data had not been verified and published. One of the practice nurses had been supported to complete training in COPD and worked with a respiratory nurse to increase their knowledge. Additionally, the prescribing of inhalers for patients with asthma was improved as a result of working with respiratory nurse.

The practice participated in local benchmarking run by the CCG comparing practice performance to similar surgeries in the area. The benchmarking data for the period June 2014 to May 2015 showed the practice had comparable rates to the CCG average for accident and emergency (A&E) and walk in centre attendances, non-elective emergency admissions and most referrals to secondary care.

Feedback received from the CCG prescribing team showed the GPs had demonstrated changes in their prescribing behaviour in a number of areas. For example, following updated local and national guidelines in relation to prescribing for asthma and prescribing in accordance with guidance determined by the Area Prescribing Committee.

Are services effective?

(for example, treatment is effective)

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. Staff told us the practice was proactive in providing training and funding for relevant courses. Records showed staff had the skills, knowledge and experience to deliver effective care and treatment. For example:

- The practice had an induction programme for newly appointed locum GPs and non-clinical members of staff; and performance reviews were undertaken to monitor their competency to undertake their role.
- The learning needs of staff were identified through a system of supervision and appraisals. All staff employed for over a year had a completed appraisal and development plan in place.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included one-to-one meetings, use of e-learning training modules and in-house training and protected learning time. Staff training included safeguarding children and vulnerable adults, basic life support, fire safety and confidentiality.
- All GPs were up to date with their yearly continuing professional development requirements and all either have been revalidated or had a date for revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.
- All staff had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. This included practice nurses who administered vaccines, undertook cervical cytology and reviews of long-term conditions such as asthma and diabetes.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. We found information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way both electronically and by post.

Out-of-hours reports, 111 reports and pathology results were all sent to the lead GP and actioned on the day they were received. There were no formal arrangements in place

to cover the review of communications in the absence of the lead GP and although the lead GP had only taken four days off since the beginning of the year, there was a risk follow up actions may not be taken in a timely manner.

The practice held monthly multi-disciplinary team meetings to discuss patients with complex needs such as people with palliative care needs and those at high risk of unplanned admission to hospital. Care plans were in place to ensure their needs were met and to reduce the need for them to go into hospital. These meetings were attended by the lead GP, the community matron, physiotherapist, district nurse and social worker.

Arrangements for advance care planning and / or admissions avoidance for older people living in care homes needed to be improved on as no care plans were in place at the time of our inspection. This was specific to all eight patients.

Information sharing

The practice used several electronic systems to communicate with other providers. These included:

- a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner
- being signed up to GP2GP electronic system which enabled patients' electronic health record (EHR) to be transferred electronically from their previous GP practice and
- use of the electronic summary care record where consent had been obtained. These records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours. However this was not actively promoted on the practice's website.

Staff used an electronic patient record to coordinate, document and manage patients' care. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The practice was up to date on the management of correspondence relating to patient care at the time of our inspection.

Consent to care and treatment

Staff we spoke with told us patients' consent to care and treatment was always sought in line with legislation and guidance. We saw that patients' verbal consent for cervical smear and ear syringing were documented in their

Are services effective?

(for example, treatment is effective)

individual records. Staff demonstrated awareness of the decision-making requirements of the Mental Capacity Act 2005, Children Acts 1989 and 2004 and their duties in fulfilling it.

All clinical staff demonstrated a clear understanding of the Gillick competency test, used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. The care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient's preferences for treatment and decisions.

Ten out of 13 patients with learning disabilities had been offered a health check and six of these patients had been reviewed and had a care plan in place. This represented 46% of patients reviewed. Records showed patients who did not attend for their review were appropriately referred to the learning disability health facilitator for follow-up.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example, smoking cessation advice was available from a local support group.

All newly registered patients completed a comprehensive health questionnaire and were offered a health check. However, patients did not always have access to appropriate health assessments and checks. For example;

- 2014/15 data showed the practice performance was below the CCG average in respect of NHS health checks offered and completed for patients aged 40 to 74 years. The practice had completed 62% of their NHS health check target compared to the CCG average of 102%. The practice told us that their performance had been affected by staffing shortages due to long term staff absence but this had now been addressed and was a priority area.
- Comparative data showed the practice patient uptake rates for bowel and breast screening were below the CCG average. For example, 50.4% of eligible patients had participated in bowel screening tests compared to a CCG average of 57.3% and 50% of breast screening tests were completed compared to a CCG average of 81.1%.

Areas where the practice performed well included:

- childhood immunisation rates - 100% uptake for all vaccinations given to under two year and five year olds was achieved in 2014/15.
- flu vaccination rates for the over 65s were 75.1% compared to the CCG average of 74.4%.
- cervical screening was 79.3% compared to the CCG average of 78.6%. Systems were in place to follow-up patients who did not attend for their cervical screening test.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Six out of eight patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

All three Care Quality Commission (CQC) comment cards we received were positive about the service. Patients commented they felt the practice offered an excellent service and that staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey results published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice had comparable rates for its satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and national average of 89%.
- 91% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Due to the limited size of the reception area there was a potential for private conversations between patients and reception staff to be overheard. Reception staff told us when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Data showed 92% of respondents found the receptionists helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Six out of eight patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

The national GP patient survey results showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Patients generally rated the practice well in these areas, and most of the results were above local and national averages. For example:

- 91% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 85% and national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 88% say the last GP they saw or spoke to was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

The practice supplied data showed that suitable systems were in place for the care planning arrangements for most of the population groups we inspected. For example people experiencing poor mental health and most people with long-term conditions had received a health review and were involved in agreeing to their care plans.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

Are services caring?

- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required. Notices in the patient waiting room also told patients how to access a number of support groups and organisations.

The practice used their computer system to record if a patient was also a carer, however this was not linked to the

patients they cared for (if registered at the practice) and there was no available information on carers. Following our inspection, the practice manager told us they had sourced information to give to carers and this would be shared and displayed for patients.

The GP told us that if families experienced bereavement they would be visited if this was considered necessary or referred to a counselling service if required. Not all reception staff were aware of services that were available for bereaved families and we saw no bereavement information on display in the practice waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged to some degree with the NHS England area team and the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the CCG told us the lead GP attended and contributed in meetings held with eight other local practices (referred to as JAKS federation commissioning group) within the area.

We found services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- A walk in service was hosted on a Wednesday evening (6.30pm to 8.30pm) and Saturday morning (9am to 12pm). The clinics are manned by two GPs from one of the eight JAKS surgeries and patients registered with these practices could access this service. An evaluation of this service during the trial period showed out-of-hours attendance and the use of emergency department and minor injuries units had reduced. The CCG commented "the pilot has achieved good success. Patients are being seen/treated in a local and more convenient way. Clinicians are coming together to provide a need in a deprived community".
- The practice used a telehealth mobile phone texting service called Florence (or Flo) to engage patients with their own healthcare. For example, a patient would send in texted responses to questions or readings of vital signs related to blood pressure and weight management and this would be used to review/monitor their health.
- The practice provided a range of in house services including family planning and sexual health, nurse led clinics for the management of long-term conditions and child immunisations.
- Maternity services and antenatal clinics for pregnant women were hosted on a Tuesday each week with the community midwife.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with

learning disabilities, those experiencing poor mental health and / or with long-term conditions. Home visits and a phlebotomy service were available for older patients. Urgent access appointments were available for children and those with serious medical conditions.

The practice was accessible to patients with disabilities and facilities included an automatic door, services being provided on the ground floor and an induction loop to help people who are deaf or hard of hearing hear sounds more clearly. Patients were able to register with the practice, including those with "no fixed abode" with a form of ID.

Staff we spoke with demonstrated awareness of anti-discriminatory practice and the need to ensure reasonable adjustments were in place; however equality and diversity training had not been provided. The practice manager told us translation services were available but some reception staff that we spoke with were not aware of this although they highlighted they had never been requested / required by patients.

Access to the service

The surgery was open from 8am to 6pm Monday to Friday. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. GP appointments were available from 8.30am to 5.40pm on weekdays. The nursing appointments varied with appointments being available 8am to 11am Monday and Thursday, 8.30am to 5.40pm on Tuesday and Wednesday, and 9am to 3pm on Fridays.

The patient survey information we reviewed showed patients responded positively to questions about access and availability of appointments. They generally rated the practice well in these areas and rates achieved were mostly above the CCG and national averages. For example:

- 97% said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 90% said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 84% were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 77% feel they don't normally have to wait too long to be seen compared to the CCG average of 61% and national average of 58%.

Six out of the eight patients we spoke with were satisfied with the appointments system and said it was easy to book an appointment. They confirmed they could see a doctor on the same day if they felt their need was urgent and could wait to see another doctor if there was a wait to see the GP of their choice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. This included having a complaints policy in line with recognised guidance and contractual obligations for GPs in England and a designated person (practice manager) who handled all complaints in the practice.

Some information was available within the practice to help patients understand the complaints system including a

poster in the waiting area. There was however no information within the practice on the agencies to contact if a patient required support or were unsatisfied with the investigation process or outcome. Additionally the practice website did not have information on the complaints procedure.

Patients we spoke with told us they would report their complaints to the lead GP and / or practice manager. Two of the patients we spoke with told us the verbal complaints they had raised with the lead GP had been dealt with appropriately. Staff spoken with told us they would try to resolve any issues themselves but would refer complaints to the practice manager if required.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely manner and investigated thoroughly. However, the practice did not have robust systems in place for recording learning from verbal complaints. For example, the practice manager told us about a verbal complaint received and how processes were changed as a result of this; however, there was no recorded evidence to verify this.

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's vision was detailed in its statement of purpose. This included: a focus on prevention of disease by promoting good health, offering a friendly and professional service, and involving patients in decisions about their care. However, systems in place to assess and monitor the quality of service needed improvement to promote good outcomes for patients.

Most of the staff we spoke with told us they had not been involved in developing the practice's vision and strategy. However, staff demonstrated awareness of the aims and objectives to achieve the vision; and displayed appropriate values such as offering a friendly and caring service that was accessible to all patients.

The lead GP told us they were looking to retire and as part of succession planning advertisements for new GP partners to take over the running of the practice had not been successful. They told us of challenges they had experienced including unsuccessful plans to merge with other local practices, resignation of a salaried GP and the absence of the female GP partner due to ill-health. The practice was employing locum GPs in the interim.

Governance arrangements

There was a clear leadership structure with named members of staff in lead roles. Staff we spoke with were clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice had some systems in place to assess and monitor the quality of services. However, the lack of records relating to staff employed and the management of regulated activities did not provide assurances that the practice policies were being followed or were in line with recommended guidance. For example, the lack of information on clinical staff Hepatitis B immunisation status, the lack of oxygen to deal with medical emergencies, prescription handling and limited records to support that the outcome of clinical audits and reviews of significant events were shared with staff to ensure the practice improved outcomes for patients.

The practice had a number of policies and procedures in place to govern activity and most of these were implemented in practice by staff. Staff knew where to find these policies if required. All policies and procedures we looked at had been reviewed and were up to date.

The GP carried out clinical audits which it used to monitor quality and systems to identify where action should be taken. None of these were a completed audit cycle where the practice was able to demonstrate the changes resulting since the initial audit.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF is an incentive scheme rewards practices for the provision of quality care and helps to fund further improvements in the delivery of clinical care.

The 2013/14 QOF comparable data showed this practice was performing above the CCG and national averages for most clinical indicators. Some of the meeting minutes we reviewed showed QOF data was discussed at monthly team meetings, but the recording was not sufficiently detailed to evidence action plans in place to maintain or improve outcomes.

Leadership, openness and transparency

The practice leadership was visible. Staff told us that they were approachable, took time to listen to their views, felt respected and valued. Practice meetings were held monthly. Staff told us there was an open culture within the practice and most of them they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did.

Seeking and acting on feedback from patients, public and staff

Staff told us they encouraged and valued feedback from patients, to improve the delivery of the service. The practice had gathered patient feedback through completion of family and friends test (FFT) questionnaires, comments and complaints. The results of the FFT from January to June 2015 showed on average that 88.4% of patients would recommend the practice to friends and family.

The practice did not have a patient participation group (PPG) in place to help it engage and obtain patient views. A PPG is a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them. The

Are services well-led?

Requires improvement 

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

practice staff told us although they had actively promoted setting up a PPG including displaying notices within the waiting area; they had received very limited expression of interest.

This was an agenda item planned for discussion at a team meeting scheduled for 22 July 2015 as the practice was aware that from 1 April 2015, it is a contractual requirement for all practices to form a PPG during the year ahead and to make reasonable efforts for this to be representative of the practice population.

The practice gathered feedback from staff through meetings, appraisals, training events and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Most staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

Staff told us the practice supported them to maintain their clinical professional development through training and peer supervision. For example, practice nurses met with two other practice nurses every four to six weeks to share learning for one hour a week. Staff files reviewed showed annual appraisals took place and this included a personal development plan. Staff told us that the practice was very supportive of training and that they had protected learning time every month.

We found limited records to demonstrate that significant events were discussed with staff to ensure the practice improved outcomes for patients. Meeting minutes were brief and did not sufficiently demonstrate the shared learning and review of changes made. The lead GPs priority was to ensure the same level of service was being provided following absence of key staff and therefore there was limited innovation.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider did not have robust governance arrangements in place to ensure accurate, complete and detailed records were kept in respect of the management of the regulated activities. This included:</p> <ul style="list-style-type: none">• information on significant events, incidents and near misses,• verbal complaints and information on when complaints should be escalated to other appropriate bodies and their contact details. <p>The provider did not have effective systems in place to identify, assess and mitigate risks to the health and welfare of patients and others. This included ensuring:</p> <ul style="list-style-type: none">• the immunisation status for clinical staff is obtained;• the issue and tracking of blank prescription forms kept in the doctor's bag for home visits meets national guidance;• and effective systems to follow-up on secondary care information such as out of hour's reports, 111 reports and pathology results in the absence of the lead GP.• oxygen was available to meet people's needs in the event of an emergency. <p>The provider did not proactively seek the views of staff and patients to inform the delivery of care and that staff were fully engaged and aware of the practice vision.</p>