

# Kingsbridge 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kingsbridge Medical Practice on 11 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Not all patients said they found it easy to make an appointment with a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

The practice was involved in an innovative over 75's project. The practice offered a face-to-face home visit for all patients over 85 years, and for all patients who scored highly in a screening questionnaire. A nurse carried out a two hour holistic biopsychosocial assessment. In 2015-2016, 307 visits were carried out. As a result of these visits, a total of 74 referrals had been made to services

# Summary of findings

such as social services, memory clinic, falls clinic and physiotherapy. The practice had assisted 129 patients with making benefit claims and assisted 61 patients to apply for their blue parking badge.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- When employing locum GPs, have systems in place to assure that all appropriate recruitment checks have been carried out, either by themselves or by the locum GP agency.
- Have medicines available to treat possible complications associated with inter uterine coil fitting (atropine) as per good practice guidelines.

In addition the provider should:

- Develop and implement a robust system to follow up and document outcomes for monitoring children who do not attend hospital appointments.
- Regularly monitor fridge temperatures to ensure vaccines are stored within the manufacture's recommended temperature..
- Develop and implement a protocol for dealing with uncollected prescriptions.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. However, there was no robust system in place for monitoring children who did not attend hospital appointments.
- The practice maintained appropriate standards of cleanliness and hygiene. Patients commented that the premises were clean and hygienic.
- Appropriate recruitment checks had been undertaken prior to employment. However the practice was not able to assure themselves that all of the appropriate recruitment checks had been carried out for locum GPs employed to work at the practice.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, but these could be strengthened. The practice did not have medicines available to treat possible complications associated with inter uterine coil fitting (atropine) as per good practice guidelines.
- Shortfalls were identified in monitoring fridge temperatures to assure vaccines were stored within the manufacture's recommended temperature range.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.

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- Clinical audits demonstrated quality improvement. The practice was involved in an innovative over 75's project. The practice offered a face-to-face home visit for all patients aged over 85, and all patients who scored highly in a screening questionnaire. In 2015-2016, 307 visits were carried out, and appropriate referrals made to support services.
- Data presented by the practice showed that 463 patients were contacted or seen during 2015-2016 as a result of a project to reduce A&E attendance and emergency admissions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example, 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 80 patients as carers (0.94% of the practice list).

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. The practice was aware of these difficulties and had plans for addressing them.

# Summary of findings

- Extended hours appointments were offered every Saturday between 08.00am to 10.00am. Approximately 60% of appointments were available for booking on the day, and 35% were routine, pre-bookable appointments. The remaining appointments were for urgent cases.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk although improvements were required in some areas.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a patient participation group and the practice had plans to increase GP involvement with this group.
- There was a strong focus on continuous learning and improvement at all levels. The practice team was dynamic and forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



The practice is rated as good for the care of older people.

- The practice had a higher proportion of older patients when compared with local and national averages.
- 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 for all patients over 85. year and urgent appointments for those with enhanced needs. In 2015-2016, 307 visits were carried out. As a result of these visits, a total of 74 referrals had been made to services such as social services, memory clinic, falls clinic and physiotherapy. The practice had assisted 129 patients with making benefit claims and assisted 61 patients to apply for their blue badge.
- All patients over the age of 75 years had a named GP.

### People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions.

- Performance was higher than the local and national average in all except one of the diabetes related indicators. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation was 99%, this was higher than the CCG average and the national average of 94%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 85% compared to the CCG average of 84% and the national average of 88%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had produced self-management plans for patients with diabetes, asthma and chronic obstructive pulmonary disease.

# Summary of findings

## Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, there was not a robust system for following up or documenting outcomes for children who did not attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82% which was the same as the CCG and the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Same day emergency appointments were available for children.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Weekly well baby clinics were held at the practice and baby checks were carried out in house.
- The midwife held twice a week clinics at the practice.
- The surgery offered contraception services including oral contraception, intrauterine devices and contraceptive implants.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended hours appointments were available each Saturday morning.
- The practice had a web site allowing patients to order medication, make and cancel appointments and email the practice with questions.
- A sphygmomanometer (instrument for measuring blood pressure) was available in the waiting room so patients could drop in for a blood pressure check without needing to make an appointment.



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- A review of admissions for the 2% most vulnerable patients registered with the practice was undertaken. Vulnerable patients who attended the A&E department or were admitted to hospital were reviewed weekly at practice meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staffs were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 80 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 a named carers' champion who acted as the point of contact for carers.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 84%, which was the same as the CCG and the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 93% compared with the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

- The practice carried out advance care planning for patients with dementia, patients with serious mental health problems, and patients with opioid addiction. This covered social aspects, physical and mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided a shared care opioid maintenance programme for patients with opioid addiction.
- Same day appointments are given to patients in crisis.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing below local and national averages. Survey forms were distributed to 218 patients and 120 were returned. This represented 1.4% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared 87%o the CCG average of national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 81% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mostly positive about the standard of care received. Patients told us that staff were very professional, helpful and caring. Patients felt they received an excellent service and received the right care and treatment. However, a small number of patients told us that they sometimes found it difficult to get through to the practice over the phone and to make an appointment.

# Kingsbridge 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 advisor and a practice manager specialist advisor.

## Background to Kingsbridge Medical Centre

Kingsbridge Medical Practice is an urban practice situated in Newcastle Under Lyme, Staffordshire. The practice is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services contract with NHS England and is part of the NHS North Staffordshire Clinical Commissioning Group. Car parking, (including disabled parking) is available at this practice.

At the time of our inspection the practice had 8,458 registered patients. The practice is registered to undertake minor surgery.

The practice area is one of less deprivation when compared with the local and the national average.

The practice is an advanced training practice and supports medical students from Keele University.

The practice staffing comprises:

- Six GP partners (three males and 3 three females) providing 37 sessions per week which equates to 4.11 whole time equivalent. One honorary partner offering four sessions per month, one salaried GP offering four sessions per week, and two registrars.

- Three practice nurses and two health care support workers.
- Practice manager, deputy practice manager and office manager.
- A team of 13 reception and administrative staff.

The practice is open 8.30am to 6.00pm Monday, Tuesday, Wednesday and Friday and 8.30am to 5.00pm on Thursdays. The practice is also open on Saturday between 7.45am and 12.00pm. The practice is closed each Wednesday between 12.30pm and 1.30pm for staff training.

Appointments are from 9.00am to 11.50am on Monday, 08.35 to 11.50 on Tuesday, Wednesday, Thursday and Friday mornings. Afternoon appointments are from 2.00pm to 5.30pm each day except for Thursday when appointments are from 2.00pm to 5.00pm.

Extended hours appointments are offered every Saturday between 08.00am to 10.30am.

When the surgery is closed the phone lines are switched to an answering machine message that instructs patients to dial 111 or 999 in an emergency. Out of hours care is provided by Staffordshire Doctors Urgent Care Ltd.

## Why we carried out this inspection

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

# 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 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.

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 July 2016.

During our visit we spoke with a range of staff including GPs, the practice manager, health care support worker, deputy practice manager and reception and administration staff. We observed how patients were being cared for and reviewed an anonymised sample of the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, and received a written apology.
- The practice had recorded 33 significant events in the previous year. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, staff were reminded and re-trained to put vaccines straight into the fridge following an incident where the delivery of vaccines had not been refrigerated and were left out overnight.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses had received level two training and health care assistants and other staff had received level one training.

- Staff were made aware of children with safeguarding concerns by computerised alerts on their records. All letters from A&E for multiple attendances in children were screened by the lead GP to identify any issues relating to child safety including child protection. The practice liaised regularly with the Health Visiting team, who were situated within the health practice. No protocol however was in place for monitoring children who did not attend hospital appointments.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). However, these were not always robust. There were two fridges in the practice used for the cold storage of vaccines. We checked the recording of the temperatures in both fridges. We found a number of gaps in the records showing that the fridge temperatures in one fridge had not been checked on a number of occasions. For example, gaps were evident on 12 working days within the month prior to the inspection. A data logger was used by the practice to monitor fridge temperature on an ongoing basis. However, the results showed that the fridge temperatures for the proceeding month had been in line with manufacturers' guidelines for storing vaccines.

## Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice did not have a protocol for dealing with uncollected prescriptions. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. One practice nurse was training to become a nurse prescriber and there were plans to enrol the third nurse in September.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were found to be signed and up to date
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We were told that the practice occasionally employed locum GPs for example to cover busy periods. The practice used a locum agency to source locum GPs. There was no documentation available which recorded the details of the locums used or information about the recruitment checks carried out prior to their employment. The practice was therefore not able to assure themselves that all of the appropriate recruitment checks had been carried out for locum GPs employed to work at the practice or carried out robust risk assessments..

### Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice however was unable to show us formal legionella risk assessment on the day of the inspection. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This was discussed on the day of the inspection. Staff told us that they had been advised by their health and safety consultant that this was not required due to the age of the building and had been assessed as low risk for legionella.. Information sent to us following the inspection supported this.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also panic buttons in each clinical room, at reception and in the practice managers room.
- All staff received annual basic life support training. There were emergency medicines available accessible to staff. Staff knew of their location. We saw that the practice did not have medicines available to treat possible complications associated with inter uterine coil fitting (atropine) as per good practice guidelines. This was discussed with the practice. The practice responded to our concerns and told us at the end of the inspection that they had ordered the medicine. Following the inspection the practice confirmed that they had obtained the medicine.
- 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.

## Are services safe?

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 showed that the practice had achieved 99.7% of the total number of points available. This was higher than the local CCG average of 92.9% and the national average of 94.8%. Clinical exception rate was 8.9%, which was in line with the CCG rate of 7.79% and the national rate of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Information provided to us by the provider showed that performance for year 2015-2016 had improved on the previous year and that the practice had gained 100% score with a lower exception rating.

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

Performance was higher than the local and national average in all except one of the diabetes related indicators. For example:

- The percentage of patients with diabetes, on the register, who had influenza immunisation was 99%, this was higher than the CCG average and the national average of 94%.

- The percentage of patients on the diabetes register, with a record of a foot examination

and risk classification was 85% compared to the CCG average of 84% and the national average of 88%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less in the last 12 months was 82%, which was higher than the CCG average of 80% and national average of 81%
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 83%. This was higher than the CCG average of 76% and national average of 78%.

Performance for mental health related indicators were comparable to the CCG and national average. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 84%, which was the same as the CCG and the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the last 12 months was 93% compared with the CCG average of 87% and the national average of 88%.

There was evidence of quality improvement including clinical audit. There had been a number of audits completed in the last two years that had been both internally and externally driven. Some of these audits were completed audit cycles, where the improvements made were implemented and monitored. For example, one of the completed audits had looked at the prescribing of topical antibiotics to check the practice followed the latest best practice. A repeat audit showed improvements. The practice also participated in local audits, national benchmarking, accreditation, peer review and research.

The practice was involved in an innovative over 75's project. The practice offered a face-to-face home visits for patients over the age of 85, and all patients who scored highly in a screening questionnaire (which asked a range of questions covering mental and physical health as well as

# Are services effective?

## (for example, treatment is effective)

social support). The patients were visited at home by a nurse who carried out a two hour holistic biopsychosocial assessment covering medical issues, medication, dementia screening, falls assessment, fire safety and financial issues. Data presented by the practice showed that in 2015-2016, 307 visits were carried out. As a result of these visits, a total of 74 referrals had been made to services such as social services, memory clinic, falls clinic and physiotherapy. The practice had assisted 129 patients with making benefit claims and assisted 61 patients to apply for their blue badge.

The practice had developed a project whereby they reviewed the number of admissions for the most vulnerable patients registered with the practice. (This was above the 2% recognised as part of the Directed Enhanced Services (DES). Vulnerable patients who attended the A&E department or were admitted to hospital were reviewed weekly at practice meetings. The practice contacted those patients and they were reviewed by a clinician. Data presented by the practice showed that 463 patients were contacted or seen during 2015-2016 as a result of this project. Care plans had been agreed with patients and their families, with typical interventions. These included support in completing application forms for attendance allowance, provision of falls alarms, altering medication, emergency social care and multi-disciplinary care packages (physiotherapy, nursing and occupation therapy), and falls clinic referrals. Data shared by the practice showed that this had resulted in a reduction in A&E attendances and emergency admissions.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those involved in the cervical screening programme had attended recent training to update their skills in this area.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care 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. 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.

### Consent to care and treatment

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

# Are services effective?

## (for example, treatment is effective)

- Staff demonstrated a good understanding of 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. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82% which was the same as the CCG and the national average.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 82% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 79% and the national average of 72%.
- 67% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer within the last 30 months. This was comparable to the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 95% to 100%.

Vaccination rates for uptake of the seasonal flu vaccination were above national averages. For example:

- 79% of patients aged 65 or over had received the vaccinations. This was higher than the national average of 73%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

was situated away from the main waiting area to promote patient confidentiality.

All of the 29 patient Care Quality Commission comment cards we received were mostly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were very professional, polite, helpful and caring. Patients commented that they felt staff treated them with dignity and respect. However, a small number of patients told us that they sometimes found it difficult to get through to the practice over the phone and to make an appointment.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that staff were well thought of and we saw examples where patients felt staff had carried them through difficult times.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.

- 85% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also mainly positive and aligned with these views. We also saw that care plans were detailed and 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 in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 80% 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%.

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language, although this service was not often required.

### **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 80 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 a carers' group that met once a quarter. The group had arranged for speakers to come into the practice to raise awareness and share relevant information with carers. The practice also had a named carers' champion who acted as the point of contact for carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours could attend appointments with the GPs every Saturday morning between 08.00am to 10.30am.
- There were longer appointments available for patients with a learning disability and for patients with more complex issues.
- The practice offered flexibility in the way patients could book an appointment, including face-to-face, telephone and online booking.
- A number of same day appointments were available for children and those patients with urgent medical problems that require same day consultation.
- As part of an innovative project, all patients over the age of 85 and all patients who scored highly in a screening questionnaire, (which asked a range of questions covering mental and physical health and social support), were offered home visits.
- Patients with known drug misuse issues had a named GP. The practice provided a shared care opioid maintenance programme for patients with opioid addiction.
- Clinical staff had received additional training to enable them to provide additional services, for example, international normalised ratio (INR) testing. (INR is used to monitor patients who are being treated with the blood-thinning medicine warfarin). This flexible approach to care provided choice and continuity of care.
- The practice had carried out a review of admissions of patients over the age of 75 years who attended the A&E department or who were admitted to hospital over the

previous week. They were discussed at weekly multi-disciplinary team meeting. All identified patients were then contacted and reviewed by a member of the clinical team.

- The building was purpose built offering disabled facilities, with clinical areas situated on the ground floor.
- The practice had a text phone to allow patients who were hard of hearing to contact the surgery easily, and was increasing the use of email within the practice to communicate with patients. A hearing loop system was available for patients with a hearing aid.

### Access to the service

The practice was open 8.30am to 6.00pm Monday, Tuesday, Wednesday and Friday and 8.30am to 5.00pm on Thursdays. The practice was also open on Saturday between 07.45am and 12.00pm. The practice was closed each Wednesday between 12.30pm and 1.30pm for staff training.

Appointments were from 9.00am to 11.50am on Monday, 08.35 to 11.50 on Tuesday, Wednesday, Thursday and Friday mornings. Afternoon appointments were from 2.00pm to 5.30pm each day except for Thursday when appointments were from 2.00pm to 5.00pm.

Extended hours appointments were offered every Saturday between 8.00am to 10.30am.

Approximately 60% of appointments were available for booking on the day, and 35% were routine, pre-bookable appointments. The remaining appointments were for urgent cases.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages, in some instances significantly lower, for example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.



# Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 87% and the national average of 85%
- 52% of patients felt they didn't normally have to wait too long to be seen compared to the CCG average of 63% and national average of 58%.
- 91% of patients said the last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 64% of patients described their experience of making an appointment as good compared with the CCG average of 78% and the national average of 73%.

Some people told us that it was sometimes difficult to pre-book appointments when they needed them and it was difficult sometimes to get through on the phone. The practice was aware of these difficulties and had plans for addressing them. For example, the practice planned to promote on-line booking and review the appointment mix to ensure they were offering a 50/50 split between routine and on the day appointments enabling patient choice. The practice was also considering the initiation of a telephone consultation clinic and the development of web-based consultation services. As well as producing their own action plan, the practice had recently asked the Supporting Change in General Practice Team from NHS England to come in to help look at some of the issues.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. A comprehensive complaint leaflet was available on the practice web site and at reception.

The practice had received 11 complaints within the last 12 months. We looked at a sample of information and correspondence relating to complaints received in the last 12 months. They were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Appropriate responses had been given and the patients provided with feedback. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Learning from complaints was used as a training opportunity by the practice and action taken to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision which was to provide high quality, evidence based, patient centered holistic medical care. The practice had a mission statement and staff knew and understood the values. The practice was working on the development of a three to five year business strategy aiming at taking into account known future changes in the practice, including new ways of working.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, although improvements were required in some areas.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and discussed at weekly clinical meetings. The practice was a high Quality and Outcomes Framework (QOF) achiever. There was a nominated GP lead for QOF.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- We identified improvements were required to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example: checking of fridge temperatures, and risk assessments to monitor the safety of the premises.

### Leadership and culture

On the day of inspection the partners demonstrated they had the experience, and capability to run the practice. They told us they prioritised safe, high quality and professional care.

The provider was aware of and complied 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). The partners encouraged a culture of openness

and honesty. The practice had systems in place for knowing about notifiable safety incidents. Staff told us the partners were approachable and always took the time to listen to them.

There was a clear leadership structure in place and staff felt supported by the management. Staff told us that the GP's and managers were all approachable.

- Staff told us the practice held regular team meetings, which included weekly clinical meetings. Staff met monthly during their protected learning time and whole team meetings took place quarterly.
- 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. All staff were involved in discussions about how to run and develop the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG). The practice had plans to increase GP involvement with this group.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, changes to staff job descriptions was done only with staff agreement.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was dynamic and forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Members of the practice had led international developments in evidence based care, for example, in the management of musculoskeletal conditions. One of the partners was the vice chair of the Local Medical Committee.



## Are services well-led?

Good 

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

The practice was an advanced training practice with two trainers. The practice had an honorary partner, who was the National lead for Academic Clinical Fellows in General Practice and training lead for the National Institute for Health Research School of Primary Care Research.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not ensured that there was a sufficient quantity of medicines to ensure the safety of service users and to meet their needs.</p> <p>The practice had not ensured that medicines were available to treat possible complications associated with inter uterine coil fitting (atropine) as per good practice guidelines.</p> <p>Regulation 12</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not obtained all of the required information as outlined in Regulation 19 and Schedule 3 (Information required in respect of persons seeking to carry on, manage or work for the purposes of carrying on a regulated activity) for all staff employed by the practice.</p> <p>The practice was not able to assure themselves that all of the appropriate recruitment checks had been carried out for a locum GP employed to work at the practice.</p> <p>Regulation 19.</p>