

Dr Ildiko Spelt

Quality Report

17 North Road
Clacton On Sea
Essex
CO15 4DA

Tel: 01255 224600

Website: www.greatclactonmedicalpractice.co.uk

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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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



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 Dr Ildiko Spelt on 23 June 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice was rated as inadequate for providing safe, effective and well-led services. It was rated as requires improvement for providing caring and responsive services. It was rated as inadequate for providing services to older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise safety concerns but learning identified as a result of investigations was not being routinely cascaded to staff or recorded.
- There was an inconsistent approach to recording meetings and they were not being used to cascade issues affecting the practice such as complaints, significant events, safeguarding and action taken to improve safety or the services provided.
- There was no health and safety risk assessment in place as required by legislation.
- Systems in place to monitor emergency and high-risk medicines were not robust. Fridge temperatures were not being monitored nor action taken when temperatures exceeded the levels required for the safe storage of medicines.
- The practice monitored their prescribing patterns and managed repeat prescriptions effectively.
- Nurses and health care assistants were carrying out clinical roles without appropriate training or supervision. They were not supported with written protocols or procedures.
- National patient safety and medicine alerts were not being monitored or acted upon appropriately.
- Staff had received safeguarding and chaperone training. Clinical staff had received training in the treatment of long-term conditions.

Summary of findings

- Control measures used to mitigate the risk of legionella were not being recorded.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Recruiting processes had improved since our inspection in June 2014 but not all staff had received appraisals.
- 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.
- The appointments system was the subject of patient dissatisfaction and there was no system in place to obtain feedback about their concerns or to assess the effectiveness of improvements.
- The practice held some governance meetings and issues were discussed at ad hoc meetings but minutes of meetings taking place were not being consistently recorded.
- The practice had not sought a broad range of feedback about the services provided particularly in relation to the appointment system.

The areas where the provider must make improvements are:

- Ensure clinical staff receive appropriate training, supervision and appraisal including to enable them to carry out minor illness consultations and manage changes in warfarin dosages.
- Implement a robust system for the management of national patient safety and medicine alerts.
- Ensure patients taking high-risk medicines are monitored effectively and in line with relevant guidance.
- Implement a system for monitoring fridge temperatures including the action to take in the event that the temperature falls outside of the required temperature range.
- Record when action is taken in relation to the control measures identified to reduce the risk of legionella.
- Implement a system to monitor emergency medicines and equipment and maintain records.
- Undertake a health and safety risk assessment and maintain records when action is taken to mitigate risks.
- Implement systems to monitor and assess the quality of the services provided by the practice which includes feedback from patients and staff on areas for improvement as well as audits.
- Ensure there is clinical oversight of complaints raised by patients and that records adequately reflect the learning identified and how and when it is cascaded to staff members.
- Ensure audits are undertaken, including completed clinical audit cycles.
- Ensure that clinical staff undertaking patient consultations and the monitoring of patients on warfarin medicine have appropriate protocols, procedures and guidance to carry out their role.

On the basis of the ratings given to this practice at this inspection, and the concerns identified at the previous inspection in June 2014, I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the service the reassurance that the care they get should improve.

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 inadequate for providing safe services and improvements must be made. Staff were encouraged to report incidents, near misses and concerns. Learning was not being communicated with staff to reduce the risk of a reoccurrence. Nurses undertaking consultations with patients for minor illnesses had not received training or supervision of their competence. Nurses and health care assistants monitoring patients taking blood thinning medicine had not received training or had their competency assessed. There was no protocol or procedure in place to support them. The system of acting on national patient safety and medicines alerts was not robust. Patients receiving high risk medicines were not being effectively monitored. The temperature of the fridge used for the storage of vaccines and other medicines was not being robustly monitored to ensure medicines remained effective. A health and safety risk assessment had not been undertaken at the practice. There was no system in place for the use and monitoring of emergency medicines. A legionella risk assessment had been carried out but control measures that had been put in place were either not being completed or not recorded.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made. Performance was being monitored but there was no action plans in place to manage under performance. Training was not being monitored or identified effectively. There was no system in place to keep up with changes in clinical guidance and good practice. Patients with complex needs or long-term health conditions had their healthcare needs reviewed. There was no evidence that audits were being used to drive improvement in performance to improve patient outcomes. Multidisciplinary working was taking place. Some staff had not received appraisal and supervision.

Inadequate



Are services caring?

The practice is rated as requires improvement for providing caring services. Data showed that areas for improvement were required specifically relating to elements of care provided by the GPs. Some 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Requires improvement



Summary of findings

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Feedback from patients and the national GP patient survey 2015 reported dissatisfaction with the appointment system and waiting times. Complaints did not receive clinical oversight. There was no evidence that learning from complaints had been shared with staff. The practice was equipped to treat patients and meet their needs. Patients at risk of deteriorating rapidly had their healthcare and treatment needs discussed and planned for.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made. It had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management. There was a lack of effective leadership from the clinical lead. The practice had a number of policies and procedures to govern activity. There was an absence of some protocols to support clinical staff. Governance meetings were held but inconsistently recorded. The practice sought feedback from patients about some of the services provided but had failed to identify and act on concerns about the appointment system. Some staff had not received regular performance reviews. The system for assessing and monitoring the services provided required improvement.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for providing safe, effective and well-led services and rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nurses provided consultations for minor illnesses and for warfarin monitoring but had not received formal training or supervision of their competency. A duty doctor system operated and telephone consultations and longer appointments and home visits were available. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to expected.

Inadequate



People with long term conditions

The practice is rated as inadequate for providing safe, effective and well-led services and rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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. Home visits were available for patients with diabetes and respiratory problems. Information was shared with the out of hour's provider for continuity of care purposes. Patients with palliative care needs received a multidisciplinary treatment approach and were monitored. Structured annual health reviews took place. Where performance data reflected that the practice was lower than the local or national average there was no action plan for improvement.

Inadequate



Families, children and young people

The practice is rated as inadequate for providing safe, effective and well-led services and rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Staff had received child safeguarding training. Appointments were available outside of school hours. Cervical screening was available and the performance of the practice was in line with local and national averages.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe, effective and well-led services and rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered flexible extended opening hours for appointments. Patients could book appointments and order repeat prescriptions online. Health reviews and advice were offered to new patients and those under the age of 65 and information was available to patients to promote a healthy lifestyle.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe, effective and well-led services and rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability. The flu vaccination was available for vulnerable patients with relevant health conditions. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff were aware of their responsibilities regarding safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe, effective and well-led services and rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Patients suffering from dementia received a face to face annual health review. Where performance data reflected that the practice was lower than the local or national average there was no action plan for improvement. Home visits and longer appointments were available for patients suffering from poor mental health. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. This included access to a care advisor who could provide a range of support.

Inadequate



Summary of findings

What people who use the service say

Prior to our inspection, comment cards were left with the practice for patients to complete to give their views of the practice and we reviewed 29 cards that patients had completed. Most comment cards contained positive comments but there were 11 negative comments about the appointment system, including the availability of appointments and them running late.

We spoke with nine patients on the day of our inspection. They told us they were satisfied with the cleanliness of the practice and that they were treated with dignity and respect. They felt that the receptionists were helpful and polite and they were able to see a GP of their choice whenever possible. They said that GPs gave them enough

time and were satisfied with the quality of the consultations and the explanations about their care and treatment. Some patients spoken with were not satisfied with the appointment system.

Data from the national GP patient survey from July 2015 reflected that the practice did well in patient confidence in the nurses, convenient appointment times and the way nurses explained tests and treatments. The practice could improve in the ease in which patients could contact the surgery by phone and patient waiting times to be seen after their appointment time. Only 41% of patients would recommend the practice to someone new in the area compared with a local average of 72% and a national average of 78%.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Ensure clinical staff receive appropriate training, supervision and appraisal including to enable them to carry out minor illness consultations and manage changes in warfarin dosages.
- Implement a robust system for the management of national patient safety and medicine alerts.
- Ensure patients taking high-risk medicines are monitored effectively and in line with relevant guidance.
- Implement a system for monitoring fridge temperatures including the action to take in the event that the temperature falls outside of the required temperature range.
- Record when action is taken in relation to the control measures identified to reduce the risk of legionella.
- Implement a system to monitor emergency medicines and equipment and maintain records.

- Undertake a health and safety risk assessment and maintain records when action is taken to mitigate risks.
- Implement systems to monitor and assess the quality of the services provided by the practice which includes feedback from patients and staff on areas for improvement as well as audits.
- Ensure there is clinical oversight of complaints raised by patients and that records adequately reflect the learning identified and how and when it is cascaded to staff members.
- Ensure audits are undertaken, including completed clinical audit cycles.

Ensure that clinical staff undertaking patient consultations and the monitoring of patients on warfarin medicine have appropriate protocols, procedures and guidance to carry out their role.

Dr Ildiko Spelt

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by one CQC inspector accompanied by a GP, a practice manager and a nurse practitioner, of whom were specialist advisors.

Background to Dr Ildiko Spelt

The practice is known as Dr Ildiko Spelt and is situated in Clacton On Sea, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group (CCG) area. The practice has a Primary Medical Services (PMS) contract with the NHS. There are approximately 7700 patients registered at the practice.

The practice has one lead GP who is the provider. There are two additional full-time salaried GPs and they are supported by a locum GP. There is a mixture of male and female GPs.

The GPs are supported by two practice nurses, one additional practice nurse in training and three health care assistants. There is a practice manager, a reception manager, an office manager and a number of support staff who undertake various duties. All support staff at the practice work a range of different hours including full and part-time.

The practice is open between 8.30am and 7.30pm on a Monday, 8.30am and 8pm on Tuesdays and Wednesdays and 8.30am to 6.30pm on Thursdays and Fridays. They are closed at weekends. The GPs have morning and afternoon surgeries daily and there are three late evening sessions each week until 8pm. The practice has opted out of

providing 'out of hours' services which is now provided by Harmoni, another healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

We inspected this practice on 25 June 2014 as part of our new methodology for the inspection of GP practices. This practice was not rated on the day of that inspection as this was not part of the methodology at the time but we did find that they were non-compliant with the regulations. Accordingly we issued compliance actions for Regulation 10 (assessing and monitoring the quality of service provision), Regulation 21 (requirements relating to workers) and Regulation 23 (supporting workers) of the Health and Social Care Act (Regulated Activities) Regulations 2010. The practice was given a period of time to become compliant with the regulations and they wrote to us in March 2015 to confirm that they had completed the improvements required. On the day of this inspection we found that the practice had not made all of the improvements that were required of them following our June 2014 inspection.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme and to establish whether the required improvements had been made since our last inspection of the practice on 25 June 2014.

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?

Detailed findings

- 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)

These questions therefore formed the framework for the areas we looked at during the inspection.

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew.

We then carried out an announced visit on 23 June 2015. During our visit we spoke with a range of staff including the lead GP who was the provider, a salaried full-time GP and a locum GP. We spoke with two nurses and a health care assistant, the practice manager, office manager, reception manager and one receptionist. We also spoke with nine patients who used the service.

We observed how people were spoken with at reception and reviewed the policies, protocols and other documents used at the practice. Before we visited we provided comment cards for patients to complete about their experiences at the practice and reviewed the 29 that had been completed.

Are services safe?

Our findings

Safe track record

The practice had systems in place to prioritise safety and used a range of information to identify risks and improve patient safety, but they were not effective. There was a policy for handling significant events and accidents, complaints and comments from patients were recorded and investigated. Staff spoken with were encouraged to report incidents and were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Although we were told that an analysis and investigation of safety issues took place, they had not been recorded in a way to reflect that they had been discussed with relevant staff, both clinical and non-clinical. Minutes of meetings were not routinely recorded and those that had been did not contain reference to safety concerns or the learning identified. The practice was unable to evidence that they had a safe track record.

National patient safety and medicines alerts were disseminated to clinical staff but not followed up to ensure that appropriate action had been undertaken. Ongoing audits of high risk medicines were not being reviewed adequately. The practice could not evidence a safe track record over time due to the inconsistencies and effectiveness of their processes and this put patients at risk of unsafe care and treatment.

The GP locum we spoke with on the day of our inspection told us that they had not received any medicine alerts since working at the practice, but they did receive them from elsewhere so were aware of them.

In relation to complaints, although there was a dedicated lead for complaints and they were being handled effectively, there was no evidence of clinical oversight by the GPs or practice manager. We did not find that learning had been cascaded to other staff members to ensure that mistakes were not repeated.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. We reviewed records of five significant events that had occurred during the last 12 months and saw that the reporting system was followed appropriately. However

there was limited evidence available to reflect that staff were involved in discussions about significant events or safety issues or that learning had been cascaded to them. Minute taking for team meetings was inconsistent and there was no clear audit trail that reflected that they had been discussed or improvement plans implemented.

We looked at five significant events that had been recorded for the last 12 months and found that they had been investigated and learning identified. Minutes of clinical meetings for October 2014, March and April 2015 did not contain any record that significant events, safety and medicines alerts had been discussed. These were attended by the GPs, nurses and practice manager. This put patients at risk of unsafe care and treatment because there was no audit trail that ensured that improvements had been actioned and staff were aware of them.

Staff spoken with told us that they were encouraged to raise any issues with the practice manager and / or the GPs and knew how to report incidents.

The system of managing national patient safety and medicine alerts was not robust. They were received and disseminated to clinical staff to deal with but there was no monitoring system to ensure that appropriate action had been taken by the clinicians. These alerts included medicines or combinations of medicines that could be considered unsafe. We found that the system in place to check that action had been taken in response to the alerts had been carried out was not effective and there was no audit trail that identified they had been actioned.

We asked the lead GP whether searches were undertaken on patient records to identify those patients affected by the alerts. We were told that since a member of staff had left the practice six months ago, no searches had been made at all as this role had not been allocated to anyone else. There was also no oversight of this area by the lead clinical GP.

GPs spoken with were aware of the most recent alerts, told us that they had taken any action required but could not evidence that it had taken place or was being followed up in appropriate cases.

This put patients at risk of unsafe care and treatment as they may have been receiving medicines or combinations of medicines that had been identified as at risk of being harmful to them. At our last inspection in June 2014, we

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asked the provider to improve the system for handling national patient safety and medicine alerts and they were issued with a compliance action. They had not completed this requirement to a satisfactory standard.

Reliable safety systems and processes including safeguarding

The practice had appointed one of the GPs as the lead for safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware of the identity of the lead they could speak with if they had a safeguarding concern.

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that some staff had received relevant role specific training on safeguarding. Staff spoken with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

We were told by the one of the GPs that safeguarding issues were discussed at team meetings but this was not recorded in the minutes made available to us on the day of our inspection.

The practice had a chaperone policy. Signs were displayed in the waiting room area that chaperones were available if patients required them. (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 nursing staff, including health care assistants, had been trained to be a chaperone. Reception staff would act as a chaperone if nursing staff were not available. Receptionists had also undertaken training and understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had an accident book available in the reception area for staff to use. The practice is required by health and safety legislation to record certain accidents that take place in the work place. We found that the book did contain the details of an accident that had occurred in the last month and it had been recorded correctly and lessons learned to avoid a reoccurrence.

Medicines management

All prescriptions were reviewed and signed by a GP before they were given to the patient. Review dates were set for patients and these were six monthly, annually or more frequently if required. The date for review was marked on the patient record system. Staff preparing prescriptions for patients would check the system to see if a review was due or would receive notification from the GP to contact a patient and advise that a review was due. This was undertaken by letter or telephone call. There was a system in place to provide prescriptions to patients who had overlooked ordering their medicines but this was only allowed on one occasion before further prescriptions were issued.

Patients could order prescriptions by email to the surgery or to a pharmacy of their choice provided they had registered with them. The ordering and issuing of prescriptions was being monitored by the practice and there was an audit trail that identified when they had been delivered to each pharmacy used by patients.

Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance and kept securely at all times.

The practice monitored their prescribing patterns and evaluated them to identify value for money savings. They were supported in this process by a prescribing advisor from the clinical Commissioning Group who attended the practice weekly to advise where savings could be made.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

We were told that fridge temperature checks were carried out daily to ensure medication and vaccines were stored at the appropriate temperature. We found that records of these checks were not being recorded consistently and there were gaps in the records in one month that we viewed. We found that recent records had been consistent.

Are services safe?

One of the fridges in use had an inbuilt memory card that recorded the temperatures of the fridge. We asked for a print-out of this card and found that on some occasions fridge temperatures had increased to an unacceptable level (16 degrees centigrade). We asked the practice about this and they were unaware of these increases in temperatures and were therefore not monitoring the information on this memory card. This could mean that vaccinations and other medicines were being stored above their recommended temperatures rendering them less effective and a risk to patients. The practice did not have a policy that described the action to take in the event of this occurring and neither had they conducted an investigation into their procedures to ensure that the fridge was operating correctly.

We checked the medicines in use at the practice and found that they were within their expiry date and suitable for use. However there was no formal checking system in place to ensure that stocks of medicines were regularly checked and in date. Expired and unwanted medicines were disposed of in line with waste regulations.

There was an ineffective system in place for the management of high risk medicines and other disease modifying drugs, which included regular monitoring in accordance with national guidance. These medicines require regular blood tests to be taken to ensure that they are safe to issue on a repeat prescription. Although records held reflected that patients had received a review of their medicines we found that regular audits were not taking place to establish whether the reviews were effective.

We looked at three different types of medicines and conducted searches on the patients receiving them. We found a high number of patients had not had a blood test recorded in their patient record. Of 44 patients on a specific high risk medicine, 16 patient records reflected that blood tests had not been undertaken at the time of their review. Another example was patients taking medicines for high blood pressure. Of 1062 patients taking this medicine, the records of patients reflected that 228 had not received a blood test.

We were told by the clinical lead that GPs did not routinely carry emergency medicines when providing home visits. We were told that the patients' condition would be assessed and medicines taken on the visit if considered

necessary. However one of the GPs at the practice told us that they did carry emergency medicines on home visits. They told us that they obtained them from the local pharmacy and replaced them when used.

There was a lack of direction and monitoring of the systems in place for emergency medicines for patients requiring them after a home consultation.

There was an absence of protocols and policies in place to support nursing staff carrying out roles in relation to the administering of vaccines and other medicines. This included the use of nurses carrying out consultations for minor illnesses and the monitoring and changing of warfarin dosages for patients on blood thinning medicines.

Cleanliness and infection control

An infection control lead had been appointed who was the lead nurse. There was an infection control policy in place that identified the processes in place to reduce the risk of a healthcare related infection. This included the action to take in the event of a needle stick injury. We were told that some staff had received infection control training but staff records were not clear and this training was not being monitored.

We looked at the latest infection control audit that had been undertaken recently. It had identified where the practice was following published guidance and also identified areas for improvement. An action plan was in place and an audit trail reflected that some of the identified improvements had been made. This included providing disposable gloves on a fixed wall bracket.

Cleaning schedules were in place and these were seen around the premises and had been completed by staff with cleaning responsibilities. We asked to see their Control of Substances Hazardous to Health documentation (COSHH), but this was not available on the day of the inspection.

A legionella risk assessment had been undertaken in May 2014 by an external contractor (Legionella is a bacterium which can contaminate water systems in buildings). This identified the level of risk and the actions to take to mitigate such risk. We were told that the actions were being undertaken but there were no records kept to reflect that they had been completed.

Clinical waste was handled and stored appropriately and an external contractor made regular collections. The practice manager was aware that a recent infection control

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audit had identified the need to chain the external clinical waste storage bin to a wall and they assured us that this was going to be implemented in the near future. There were sufficient supplies of personal protective equipment for staff to use.

The practice had a spillage kit available for use. Sharps bins were properly sited, signed, dated and labelled. There were adequate supplies of liquid soaps and hand towels and signs were displayed throughout the practice demonstrating hand washing techniques.

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly.

We were told that portable electrical equipment had been tested in May 2015 but they had not yet received the invoice and certificate to evidence that it had been completed. We looked at several plugs in the practice and found that they had stickers on them showing a testing date in May 2015. We looked at the PAT testing records for 2014 and found that action was required to replace or dispose of unusable or damaged equipment. We were assured that this had been undertaken but there was no audit trail to reflect it had taken place.

We saw evidence of calibration of relevant equipment, the last occasion being September 2014. Where items required replacing or repair there was no audit trail to reflect that this had taken place. One example was a faulty digital thermometer which we were told had been replaced.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Their policy included undertaking Disclosure and Barring Service (DBS) checks on all of their staff. These 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.

This policy included ensuring that appropriate recruitment checks had been undertaken prior to employment and that prospective employees provided proof of identification, references, qualifications, and registration with the appropriate professional body. We looked at the DBS documentation and found that the majority of staff had undergone a DBS check.

We checked the personnel files of seven staff members at the practice. Some new members of staff had been recruited since our last visit, where we identified that improvements in their recruitment processes were required. We found that since the last inspection in June 2014 that there had been improvements made and that recruitment was more robust and met the regulation.

We spoke with a member of staff that had been recently employed by the practice. They told us that they had been through a recruitment process including an interview, supplying references and proof of identity and providing a current DBS check.

The recruitment policy was clear and detailed the appropriate action to take when recruiting new staff and the process to follow. We asked the practice manager whether this document was being followed due to the lack of consistency around some documentation. We were told it had not been followed in all cases.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a satisfactory system in place to ensure that sufficient numbers of suitably qualified staff were on duty at all times. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice did not have a current health and safety risk assessment as required by legislation. When asked about this, the practice manager was unsure what it was and why one was required. This was the subject of comment at our last inspection in June 2014 when the practice was advised to undertake one. This had not taken place since that inspection, although one was completed after this inspection.

Are services safe?

The practice had carried out a building security risk assessment that assessed environmental security and unauthorised access risk. This followed a general practice information governance model where a number of areas were audited to ensure that appropriate procedures were in place. The majority of the areas covered reflected that systems were robust except for the provision of time-out screen savers to protect patient confidentiality if a member of staff left their work station. The practice manager agreed to look at this issue to further maintain information security.

The practice had undertaken a clinical risk assessment. This covered appointments, the use of chaperones and controlled drugs. Actions had been identified to reduce risks and at the time of our inspection these were being progressed but their effectiveness was yet to be assessed.

In order to keep staff and patients safe, the practice had decided to install CCTV cameras at the entrance to and outside of the practice. Notices had been displayed in the practice advising patients of the cameras and they were in the process of enquiring about registering the use of the camera equipment with the office of the information commissioner.

A policy was in place that outlined the action to take if staff were the subject of violence and aggression. The practice had the facility to set off a panic alarm if an incident occurred and this would alert other staff members via their computers so that they were aware that a colleague might be at risk. A sign was available in reception that advised patients that this type of behaviour would not be tolerated.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. All staff spoken with were aware of the action to take in the event of a medical emergency.

An external contractor had undertaken a practice fire risk assessment and staff had been trained in evacuation procedures. Fire extinguishers were available for use, were in date and had been tested in November 2014. Evacuation procedures and assembly points had been clearly identified and information made available in the reception area for the information of patients. Staff had been allocated the role of fire warden in case of a fire. Fire exits were clearly marked.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice and this was readily available for staff to read. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to, including alternative premises to work from and other GP practices that could provide assistance and support.

Emergency equipment and medicines were available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment but there were no records kept confirming that it was checked regularly. All medicines were in date and of the recommended type.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with were able to outline the rationale for their approaches to treatment. They were familiar guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners, but there was no system in place to keep updated with changes in practice. Meetings were not being used to discuss changes in guidance. Staff spoken with were aware of changes in guidance in relation to patients suffering with diabetes.

GPs and nurses described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

The practice employed two practice nurses who were carrying out consultations on patients with minor illnesses in order to relieve the pressure on the GPs and to allow them to concentrate on patients with the more complex health needs. We found that these consultations were not effective as the nurses carrying out this role had not received formal training and had not had their competency assessed by a GP. They were also not supported with a policy or protocol to follow. We were concerned that this put patients at risk of an incorrect or a missed diagnosis.

We spoke with the nurses at the time of our inspection who told us that they had not received any formal training or supervision but the GPs were available for support or guidance if necessary.

The practice provided a service for patients taking warfarin (blood thinning medicine). Patients could attend the practice and have their blood levels monitored to ensure that they were taking the correct dosage of warfarin. If readings were above or below their target reading the health care assistant or nurses would change the medicine to either increase or decrease the levels. We spoke with the healthcare assistant and nurses who told us that they had not received any formal training or supervision to ensure they were competent to carry out the role. They told us that they learned by shadowing each other. They calculated increases or decreases in the amount of warfarin taken by a

patient by referring to a chart that gave them a guide for the changes. They told us they would refer any issues to one of the GPs. There was also no protocol or policy in place to support the nurses and health care assistant in this role.

The nurses told us they specialised in patients with diabetes in order to improve clinical outcomes and used NICE best practice guidance. Patients with diabetes received regular health checks and were being referred to other services when required. However there were no protocols for nurses to follow in the management of patients with diabetes.

Nurses at the practice undertook health reviews of patients with long-term conditions, dependant on their skills and training. The practice did not run specific clinics but patients were able to book appointments with the nurses to have their health condition reviewed. These included asthma, diabetes and chronic obstructive pulmonary disorder. We found that there was no specific system in place to monitor the effectiveness of the care and treatment they gave to patients with long-term conditions.

The monitoring of the medicines received by patients were not being monitored effectively. There was an absence of a robust system to review patients taking high risk medicines in line with national guidance. This included regular blood tests to ensure that the medicines remained safe for patients to use.

The practice had a system in place to identify and monitor patients who were frail and likely to deteriorate rapidly. These patients were reviewed regularly to ensure their needs were being met to assist in reducing the need for them to go into hospital. We looked at the minutes of a meeting held in April 2015 where the practice had reviewed those patients at risk of hospital admission. The data available to us to the year end March 2014 reflected that the practice was in line nationally with emergency A&E admissions.

We found that meetings took place with other healthcare professionals as part of a multidisciplinary approach to patients with palliative care needs. We looked at the minutes of four meetings that had taken place since September 2014. The individual needs of patients had been discussed and care and treatment planned appropriately.

Are services effective?

(for example, treatment is effective)

The practice had agreed to provide an enhanced service for patients with dementia. The minutes of meetings we looked at reflected that there was some evidence of planning towards the provision of this service.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice used the quality and outcomes framework (QOF) to monitor its performance. (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).

Information about people's care and treatment, and their outcomes, was routinely collected and this information used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

Reception staff spoken with told us that they were part of the performance process and supported clinical staff to achieve objectives. This involved contacting patients and advising them that they were due for a review of their condition or required a blood or other clinical test.

The practice manager took responsibility for the Quality and Outcomes Framework (QOF) performance of the practice and conducted monthly reviews of the services they provided to ensure they delivered on their healthcare targets. They told us that they were aware that the data available to the year end of March 2014 reflected that improvements were required and we were told that they had made progress towards those improvements. This included identifying patients that required health checks or reviews of their conditions and pro-actively contacting them to encourage them to attend the practice.

We looked at the QOF performance data available to us the year end to March 2014. Specific examples to demonstrate the practice performance included:

- Performance for diabetes management in relation to monitoring cholesterol levels was 63% as compared with the national average of 78%
- Performance for administering flu vaccinations to patients with diabetes was 98% compared with 94% nationally.
- Performance for undertaking foot examinations on patients with diabetes was 77% as compared with 83% nationally.
- Performance for patients with diabetes whose blood pressure reading was 140/80 or less was 61% compared with 79% nationally.
- The percentage of patients with hypertension whose last blood pressure reading measured in the last nine months was 150/90 or less was 72% compared with the national average of 83%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 82% compared with the national average of 84%.

We were told that data held by the practice for the year end March 2015 had shown considerable improvements on last year and that they had achieved 90% of their targets. This data has yet to be validated by the monitoring authority. The clinical lead told us that the practice did not have a written QOF plan to work towards and staff spoken with were not aware of the system in place to improve performance or how they could contribute to it.

Reception staff spoken with were aware of the QOF performance and how their role could improve the outcomes for patients. They told us that the computerised patient record system was used to identify patients who were due for tests, health reviews and screening and this enabled them to alert clinical staff and the patients that they were due.

The practice manager told us that they had reviewed the system of health checks for patients with learning disabilities as it had been established that patients trying to make appointments to attend for them were unable to because none were available. They had changed the system by allocating the responsibility to the nursing staff to book the appointments direct with the patients. We were told that this had improved their performance in achieving targets for the delivery of the health checks.

Are services effective?

(for example, treatment is effective)

Other improvements to make their services more effective included visiting elderly patients and those with learning disabilities in their homes to undertake health checks

We were told that the practice monitored A&E attendances to identify patients who might be vulnerable and at risk of deteriorating rapidly. The practice manager told us the name of the person responsible for this but when we asked them about it they told us that it was undertaken by the practice manager.

The practice had carried out a small number of audits to assess and monitor their systems to identify improvement areas. These included osteoporosis prevention, safeguarding children, repeat prescribing, and a clinical risk assessment audit. Where improvements had been identified an action plan was in progress. Some audits had been through their second cycle to assess whether improvements had affected outcomes and been maintained. The audit in relation to safeguarding children had identified learning and improvement had been demonstrated.

A repeat prescribing and medication review protocol was in place. The prescribing patterns of the practice were in line with the national average. The clinical lead at the practice told us that they monitored their performance and reflected on the data but there was no written evidence that this was taking place or being discussed with other prescribers at the practice.

Effective staffing

Staff newly appointed at the practice were supported through an induction programme. This included important information such as the location of the first aid equipment, fire evacuation procedures, the appointment system, the correct coding of patient's records and health and safety information. We looked at the records for the newest member of staff employed at the practice. We found that they had undergone an induction period and a checklist had been completed with the areas covered. This had not been dated. This member of staff had received a written formal performance review at one and three month intervals.

They were mentored by a colleague and supervised by a line manager. One new member of reception staff we spoke with told us that they had been very well supported and had been sent on a training course that covered

communication skills for first line receptionists. A clinical member of staff told us that they had been through an induction process but felt that it did not equip them well enough to carry out their role

We spoke with one of the locum GPs on the day of our visit. They told us that they had received an induction pack when they started at the practice a few months ago. However the practice manager told us that they did not have one at the practice.

Staff spoken with felt supported and told us that their training and development needs had been identified and they were encouraged to undertake further training, often funded by the practice where it met the needs of patients. The reception manager told us that training needs were discussed with the staff they supervised and that prior to their annual appraisal they were asked to complete a form to identify their training and development needs. Most staff had received appraisals except for the practice manager and lead nurse and these were overdue by several months. Their line manager was the lead GP who told us that they were aware they were overdue and that they would be completed in the near future.

We were told that reception staff had received training from the reception manager that had improved the communication between patients and staff and streamlined processes. We were told that this had improved procedures and as a result, increased efficiency. The reception manager told us that they had noticed a reduction in the number of complaints about reception staff. CQC comment cards reflected that patients were satisfied with the way they were treated to by reception staff and that improvements had been noticed.

Practice staffing included medical, nursing, managerial and administrative staff. We looked at the training records of seven different staff members. We found that they contained a variety of course completion certificates that had been obtained by attending training courses and undertaking eLearning. The majority of this training had been completed recently and since April 2015. The training included adult safeguarding, basic life support, chaperoning, fire training and infection control.

We reviewed staff training records and found that although there was evidence of training that had been undertaken there was an ineffective system in place to monitor it. We were shown a training matrix that identified the training

Are services effective?

(for example, treatment is effective)

that staff had undertaken in the last three years. The practice had not identified role specific training for each staff group and staff spoken with were unclear what training they were required to undertake and when it was due.

In particular nursing staff were undertaking consultations on patients presenting with minor illnesses and conditions. There was no record of them having attended a formal course of training to be able to carry out this role and there was no evidence that any of the GPs had supervised them undertaking this role and then certifying that they were competent.

In addition the health care assistant we spoke with told us that they had been advised that they could change the dosages of patients on blood thinning medicines by referring to a chart to help them calculate the correct dosage. This equally applied to nurses carrying out the role. Neither the nurse nor the health care assistant had received any training to carry out this role or supervised to ensure that they were competent. This training can be carried out by a GP with sufficient experience and knowledge who should then confirm that they are competent.

We discussed this with the provider and practice manager on the day of our inspection and pointed out the risks to patients but we were not given a satisfactory explanation. Since the inspection we have received a booklet that has been completed by the lead GP indicating that the nurses and health care have achieved the appropriate level of competency across a number of duties expected of them. However this booklet was for general nursing duties and had been adapted to include consultations for minor illnesses and this was not acceptable evidence of the ability to carry out the role.

We were told that 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).

The lead GP told us that they occasionally looked back over other GPs notes to identify performance issues and supervise their clinical skills. There was no written evidence in place to support this such as an audit or otherwise. We could not be assured that this was actually taking place.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Out-of hour's reports, 111 reports and pathology results were all seen and actioned by a GP on the day they were received and patient records updated. All staff we spoke with understood their roles and felt the system in place worked well.

In relation to test results we were told that the individual GPs dealt with their own patients where a test had been requested. In their absence they were allocated to one of the other GPs. We were told that they always received a clinical input.

Emergency hospital admission rates for the practice were in line with other practices nationally. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice held multidisciplinary team meetings to discuss patients with palliative care needs or who were at risk of an unplanned hospital admission. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record.

Information sharing

The practice made patient referrals to other healthcare specialists in a timely way. We spoke with one of the staff members responsible for this role who was working on referrals from the previous day. We were told that there was no backlog at the practice and that the system worked well.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage

Are services effective?

(for example, treatment is effective)

patients' care. Staff spoken with were trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that clinical staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it.

The GPs spoken with told us how they would assess the ability of a patient to consent and then if necessary, make a decision in their best interests. This would apply to patients with dementia and learning disabilities. They told us that they would involve relatives and/or carers in this process if available.

All reception and clinical staff we spoke with demonstrated a clear understanding of the Gillick competency test. (These are 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). Reception staff we spoke with told us that they would notify one of the GPs if a child attended reception wanting to see a GP without their parent or guardian and that the GP would make the decision whether to provide care or treatment to that child after assessing their capacity to make decisions.

Nursing staff were aware of consent in relation to parental responsibility and acted appropriately if someone attended with a child that was not their parent or legal guardian. This included child immunisations where a grandparent may attend with a child.

Health promotion and prevention

The practice were aware of the health and social care needs of the local area and provided a number of health promotion and prevention services for their patient population. These included smoking cessation advice, cytology testing, flu vaccinations and childhood immunisations.

Patients newly registered with the practice were offered a health check with the nurses and a GP was informed of all health concerns detected and these were followed up in a timely way. The practice also offered NHS Health Checks to all its patients aged 40 to 75 years.

Patients over the age of 75 that attended the practice for other matters received a general health check to ensure that the practice were able to identify any health issues at an early stage.

The practice's performance for the cervical screening programme to the year end March 2014 was 80% compared with the national average of 82%. We were told by the nurses spoken with that inadequate smear tests were not the subject of audits to improve performance. A member of staff at the practice was responsible for contacting patients eligible for cervical screening.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Flu vaccination rates for those over the age of 65 were 63% compared with the national average of 73%. Performance in relation to those patients in clinical risk groups who were eligible for the flu vaccination were similar to expected at 52% in line with the national average of 52%. Childhood immunisation rates for vaccinations were also in line with local averages and in some age groups exceeded them. The practice was pro-active in contacting parents when their children's vaccination was due or if they had not attended for an appointment.

A system was in place to contact patients who were eligible for these services and they were contacted again if they did not attend.

The practice offered smoking cessation advice to their patients and patients could be referred to a local smoking cessation. The nurses provided sexual health advice and promoted the uptake of chlamydia and gonorrhoea screening for their patients. One of the lead nurses had been appointed as the practice lead for sexual health.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Reception staff we spoke with were aware of the need to treat patients with dignity and respect and to maintain patient confidentiality. They told us that if a private matter arose patients could be taken into a room where it could be discussed out of the hearing of other patients. Staff were aware of the need to maintain patient confidentiality when discussing treatments or giving out test results so that confidential information was kept private.

The reception manager told us that staff had received informal training in patient communication and that considerable improvements had been made at reception and that patients were now spoken with in a more professional manner. The practice had noticed a reduction in the number of complaints about reception staff.

We reviewed the most recent data available for the practice on patient satisfaction from the national GP patient survey published in July 2015. The results reflected that there were areas for improvement and specifically those related to elements of care provided by the GPs:

- 76% of patients found that the receptionists were helpful compared with 86% locally and 87% nationally.
- 70% said the GP was good at listening to them compared with 87% locally and 89% nationally.
- 91% said the nurse was good at listening to them compared with 92% locally and 91% nationally.
- 69% said the GP gave them enough time compared with 86% locally and 87% nationally.
- 90% said the nurse gave them enough time compared with 92% locally and 92% nationally.
- 86% said they had confidence and trust in the last GP they saw compared with 94% locally and 95% nationally.
- 98% said they had confidence and trust in the last nurse they saw compared with 97% locally and 97% nationally.

We also looked at a survey of 152 patients undertaken by the practice in the last 12 months. The two sources reflected that patients were satisfied with the way they were treated at the practice. The practice patient survey reflected that 81% of patients felt they were treated with dignity and respect, 89% were happy with the receptionists.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 29 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with nine patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Data from the national GP patient survey published in July 2015 showed that in relation to nursing staff, patients responded positively to questions about their explanations about their tests and treatments and involving them in the decisions about their care and treatment. However the practice was below the local and national average for the same indicators in relation to the GPs:

- 75% said the last GP they saw was good at explaining tests and treatments compared with 84% locally and 86% nationally.
- 65% said the last GP they saw was good at involving them in decisions about their care compared with 80% locally and 81% nationally.
- 90% said the last nurse they saw was good at explaining tests and treatments compared with 90% locally and 90% nationally.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared with 86% locally and 85% nationally.

The practice was not monitoring the data available to them from the GP national survey.

Staff told us that translation services were available for patients who did not have English as a first language although they had not had cause to use them.

Are services caring?

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 practice sought the support of local learning disabilities and dementia services to help with communication and understanding of care and treatment decisions if there were communication issues with patients.

Patient/carer support to cope emotionally with care and treatment

Data from the national GP patient survey published in July 2015 reflected that;

- 72% said the last GP they spoke to was good at treating them with care and concern compared with 84% locally and 85% nationally.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared with 91% locally and 90% nationally.

The practice manager told us that if families had suffered bereavement, their usual GP was informed about it but there was no system in place to notify other staff members about it so that they could offer appropriate support and condolences.

Nurses spoken with said that if they knew of a patient that had suffered bereavement, they would refer them to external agencies that could provide support. Carers of patients with palliative care needs would also be signposted to support agencies if required.

The practice signposted the carers of patients with poor mental health, learning disabilities and dementia to local services that could provide them with support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to provide services that met the needs of patients but the practice was not performing in line with local or national averages in relation to some of the clinical aspects of care. Patients were able to book appointments with the nurses so that their conditions could be monitored. These included cytology, asthma, chronic obstructive pulmonary disorder, smoking cessation, child immunisations, warfarin and diabetes monitoring. GPs, nurses and healthcare assistants had received a range of training to meet the needs of their patient population.

Patients identified as at risk of deteriorating rapidly were recorded on a register as part of an initiative to reduce unplanned hospital admissions. These patients were particularly vulnerable and it was recognised that they would benefit from early intervention if their health condition worsened. They were supplied with a direct number to the practice to enable them to obtain an appointment with a GP or nurse as a priority.

Longer appointments were available for patients with multiple or complex needs and those with learning disabilities or suffering from poor mental health. For patients who were house-bound, home visits were available. Priority was also given to children.

The practice had also responded to feedback from patients about the appointments system. They had introduced consultations for minor illnesses with nurses to allow GPs to concentrate on patients with the more complex needs and had introduced an improved telephone system for appointments.

Tackling inequity and promoting equality

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as facilities and consultation rooms were all on the ground floor. The consulting rooms were all accessible for patients with mobility difficulties and there was a toilet for the disabled. There was a large waiting area with plenty of space for wheelchairs and prams. A hearing loop was available at reception for patients hard of hearing.

The practice provided equality and diversity training through e-learning. Records we viewed reflected that some staff had completed this training.

There were male and female GPs in the practice, therefore patients could choose to see a male or female doctor. The majority of the practice population were English speaking patients but access to online and telephone translation services were available if they were needed.

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, complex health conditions and those suffering from poor mental health. Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services.

Access to the service

The surgery hours were displayed in reception, in the practice leaflet and on their practice website. The practice was open between 8.30am and 7.30pm on a Monday, 8.30am and 8pm on Tuesdays and Wednesdays and 8.30am to 6.30pm on Thursdays and Fridays. Surgeries took place in the mornings and afternoons at different times and there were late evening sessions three evenings each week until 8pm. The practice was closed at weekends.

Information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments online through the website.

Patients that were elderly, with long-term conditions or too ill to attend the practice could be visited in their own homes and longer appointments were available if necessary. This included patients with learning disabilities, those suffering from poor mental health or those living in vulnerable circumstances. Patients considered to be at risk of deteriorating rapidly were identified and supplied with a direct number so that they could obtain an appointment without going through the main switchboard.

Appointments were available outside of school hours for children and young people and working age people could obtain appointments outside of working hours.

Patients could attend in person, call the practice or book appointments online. The surgery took phone calls from

Are services responsive to people's needs?

(for example, to feedback?)

8.30am each day. The majority of appointments were bookable on the day and patients could book up to three weeks in advance. Patients were reminded of their appointment by text message.

The practice operated a duty GP system each day. One of the GPs was allocated this role. They dealt with all requests for emergencies, home visits or telephone consultations. They were notified that these had been requested and then assessed each request individually based on patients' health needs. Emergency appointments were made available each day to accommodate patients who were able to attend the practice. Priority was given to children and those considered as vulnerable.

Nursing staff spoken with told us that the appointment system met the needs of patients. They said they had enough time to see patients and provide effective consultations.

Patients could ring the practice between 1pm and 2pm each day to obtain the result of tests from the nursing staff.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, they were directed to the 'out of hour's' service which was provided by Harmoni. They also had access to the NHS non-emergency 111 system. The practice website explained the procedure for patients requiring access to a GP outside of the practice opening hours.

The practice was aware that there had been some patient dissatisfaction with the appointment system so had implemented measures to improve patient experience. These included upgrading the telephone system, employing three nurse practitioners to provide consultations for minor illnesses, online appointment booking and text message reminders. We were told that in the near future, the practice would be reviewing the number of patients who did not attend for their appointment to try and reduce the amount of wasted hours this caused. As a result of these initiatives we were told by the practice manager that patient satisfaction had increased, complaints about the lack of appointments had reduced and that queues often seen in the mornings had reduced substantially, but this was not being assessed by seeking patient views to provide the practice with assurance that improvements had improved patient satisfaction.

We were also told that patient access to the service was not being measured to identify peak demand so that alternative arrangements could be made during these times, such as making more appointments available in the winter months or allocating additional staff to answer the telephone.

The CQC comment cards we viewed reflected that some of the patients who had completed them were not satisfied with the appointment system. Of the 29 cards that had been completed, 11 contained negative comments about the appointment system. We spoke with nine patients on the day of the inspection and three of them had experienced difficulties in obtaining appointments and getting through to the practice on the phone.

In addition data from the national GP patient survey published in July 2015 reflected that;

- 38% of patients found it easy to get through on the phone compared with 73% locally and 73% nationally.
- 73% of patients were happy with the surgery hours compared with 73% locally and 75% nationally.
- 93% said that the last appointment they got was convenient compared with 93% locally and 92% nationally.
- 27% usually waited 15 minutes or less compared with 59% locally and 65% nationally.
- 60% described their experience of getting an appointment was good compared with 72% locally and 73% nationally.
- 27% felt they did not normally have to wait too long to be seen compared with 57% locally and 58% nationally.
- 49% of patients with a preferred GP usually get to see or speak to that GP compared with 62% locally and 60% nationally.

We were shown the results of a patient survey that had been undertaken since our last inspection in June 2014. There were no questions asked of patients to obtain their views about the appointment system and whether the changes had increased patient satisfaction.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system and this was displayed in the reception area in the form of a leaflet. Staff we spoke with were aware of the process to follow and a complaints manager had been appointed to investigate all complaints. Reception staff told us that they would try and resolve the complaint to the satisfaction of the patient in the first instance. If this was not possible the matter could be referred to the complaints manager who would speak with the patient if they were available.

Patients could make complaints verbally or in writing and a form was available for that purpose. Minor matters were recorded to identify themes. We were told that patient records were updated with brief details of complaints so that all staff could be aware of any issues that had occurred so that they could support patients when they attended the practice.

We looked at 10 written complaints out of a total of 26 received in the last 12 months. We found that they reflected the nature of the complaint, the action taken, and the results of the investigation that had been carried out.

The practice had a folder in reception that was used by the reception manager to record minor issues of concern so that all staff could be made aware of them. Staff were required to sign and initial each entry when they had read it and this was being monitored. We were told that team meetings were used to discuss the learning from all complaints but minutes were being inconsistently recorded and there was little evidence that learning had been cascaded or staff ideas and suggestions had been sought. However some staff we spoke with were clearly aware of some of the complaints that had been made.

We did find, on speaking with the practice manager and the provider that they did not have a role in the complaint process and had not reviewed the proposed action that was to be taken. This meant that there was a lack of clinical oversight and supervision in relation to the handling of complaints.

One particular complaint had been brought to our attention through direct contact by a patient with the Care Quality Commission website. We had informed the practice of this complaint and the dissatisfaction of the complainant in relation to their treatment and diagnosis. Despite being notified about this matter and the identity of the patient, the practice had not considered that they should be contacted and offered a suitable explanation and apology, if required. We asked the practice manager about this complaint and were told that they did not think they had to reply. The complaint was such that it required an explanation and this reflected that the practice was unable to identify issues where this was required.

The practice had not undertaken an annual review of complaints to identify themes and trends, as highlighted in their policy.

At our inspection in June 2014 we highlighted that the complaints process and governance of investigations required improvement. Assessing and monitoring the quality of the services provided was the subject of a compliance action when we last inspected in June 2014 and sufficient improvements had not been made in relation to the complaints process, including oversight by the provider.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice manager worked with the lead GP and a statement of purpose was in place outlining the aims and objectives of the service. The practice vision was to provide high quality patient care in a professional, clean and safe environment, promising confidentiality and respect without discrimination to all of their service users. This vision was clearly displayed in the reception area of the practice.

The practice manager had written a personal vision statement that they were working towards. This included recruitment, safety and cleanliness, training, meetings structure and to create a happy working environment.

Staff spoken with were aware of the practice vision and felt part of the process. They told us they knew what their responsibilities were in relation to these and had been involved in developing them.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff in one of the offices. There was no system in place to ensure staff had read and understood them but staff spoken with were aware of them and how to access them. There was a lack of protocols for nursing staff to follow to provide them with guidance and support for the work they carried out.

There was a leadership structure with named members of staff in lead roles. These included infection control, diabetes, minor illnesses and health and safety. There were also leads for palliative care and mental health and this was one of the GPs. The practice manager was the lead for the Quality and Outcomes Framework in relation to the performance of the practice. The provider was the clinical lead.

Staff spoken with were all 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. They commented that the practice manager had made some positive improvements at the practice that benefited staff and patients alike.

Information held about patients was stored securely on the computerised record system. Access to confidential

information was restricted to authorised staff members only and the computer server was secured in a locked cabinet to reduce the risk of data being compromised. Systems in place to back-up information were secure.

The practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice to the year ending March 2014 showed it was performing in line with the national average across many of the areas measured but required improvement in some. We were told that improvements had been made up to the year end March 2015. This was based on data held by the practice and was yet to be ratified through audit by an external organisation.

We were told that the practice held monthly staff meetings where governance issues were discussed. We looked at minutes from these meetings and found that they had only been recorded for the last three meetings. It was not evident that governance, risks or significant events had been discussed. Staff spoke of regular meetings taking place but the minutes had not been consistently recorded since our last inspection 12 months ago.

The practice had a whistleblowing policy which was also available to all staff and they had received training. Staff spoken with were aware of whistle blowing procedures.

The practice had conducted a small number of clinical audits which it used to monitor quality and systems to identify where action should be taken. These audits had been undertaken by a non-clinical member of staff, overseen by the clinical lead. We were told that a clinical member of staff could not carry out these audits due to work pressures.

Leadership, openness and transparency

The registered manager at the practice was one of the GPs. They had overall responsibility for the practice and they were supported by a practice manager, an office manager and a reception manager. The practice manager was responsible for the day to day running of the practice.

Are services well-led?

Inadequate 

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The practice had a lead for safeguarding, infection control, information governance and a clinical lead. Staff spoken with were aware of the leads at the practice and knew who to go to if they had an issue to discuss or wanted some advice.

During our inspection we found a number of clinical areas that were ineffective. These included the management of high risk medicines, managing national patient safety and medicine alerts, the training of clinical staff for minor illness consultation and warfarin monitoring and general clinical guidance and supervision of clinical staff. In summary we found the clinical leadership ineffective in these areas.

We were told that the GPs met monthly, there was a monthly nurses' meeting, a heads of department meeting, an administration meeting and a full staff meeting. We were told that the latter took place very rarely. We were also told that the practice manager and the lead GP met regularly but minutes were not recorded.

We were shown minutes for the last three months of the heads of department and of the administration/reception staff. There were no other minutes of meetings available to read and for any of the other meetings that we were told that were regularly held.

Of the minutes that were available, we found that they did not make it clear that key issues including performance management, governance, clinical issues, significant events, complaints and safety issues had been discussed.

We were told that relevant information was passed to staff relevant to their role and each staff member had a communications tray where information was left for them.

The practice had employed an experienced reception manager in the last six months and they supervised a number of staff. They had streamlined processes in recent months to ensure the reception procedures were more effective. This included employing additional staff and providing training and equipment. Protocols had been put in place that included opening up procedures, the registration of new patients and the steps to follow in an emergency.

Reception meetings were held regularly and minutes recorded. Learning from incidents and complaints were

cascaded to staff that were relevant to their roles. Staff spoken with told us that reception staff meetings were held monthly and they were advised of learning and areas for improvement.

Staff spoken told that there was a culture of openness and the practice and that they worked as part of a team. Staff spoke highly of the practice manager who had driven practice improvements and involved staff in them. They told us that they were kept informed of all issues affecting the practice and that there were clear lines of communication across all staffing levels. They said that line managers were approachable and this it was a good place to work.

The GPs and other clinical staff told us that the lead GP was readily available for advice and guidance. They encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, public and staff

The practice had undertaken a patient survey since our last inspection in June 2014. Patients were requested to complete questionnaires about the services provided and 152 responses had been received. The questions covered areas such as dignity and respect, involvement in decisions about their care and treatment, the cleanliness of the premises, the quality of the receptionists and whether they would recommend the practice.

The results of the survey indicated that 88% of patients would recommend the practice, 81% said they were treated with dignity and respect, 89% were satisfied with the cleanliness and 89% satisfied with reception staff. The results identified areas for improvement in relation to patients feeling involved in the decisions about their care and treatment (56% satisfaction rate) and receiving timely information about care and treatment (33%).

We were told that the results of the survey had been discussed with the GPs and staff. The improvement areas related to the clinical staff only and these had been discussed with them so that they were aware that improvements were required.

At our inspection in June 2014 we identified that patients were not satisfied with the appointment system and data from the national GP patient survey July 2015 prior to this inspection reflected that this was still a concern. We noted

Are services well-led?

Inadequate 

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

that despite this data being available, the practice was not monitoring it and did not consider it appropriate to ask patients for their feedback about the appointment system in their own patient questionnaire. This would have provided them with feedback about the changes made to the telephone system and whether it had been effective and to more broadly assess patient views. CQC comment cards reflected that some patients were not satisfied with the appointment system and this reinforces the need to undertake a complete review of their system. The NHS Choices website also contained negative feedback about the appointment system and the ability to get through to the practice by phone.

Data from the national GP patient survey from July 2015 reflected that 41% of patients would recommend the practice to someone new in the area compared with 72% locally and 78% nationally and 66% described their experience at the surgery as good compared with 82% locally and 85% nationally.

Staff spoken with told us that their ideas for improvement were sought at team meetings, appraisals or informally. A member of staff told us of a recent training course that they had attended where good practice had been discussed. They had suggested adopting this for the practice and it had been considered and discussed at the next team meeting. It was not adopted on this occasion after a team discussion but they were encouraged to raise the ideas.

The practice did not have an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We were told that there were plans to encourage membership in the future. The practice website had a facility for patients to send in their feedback and they were encouraged to do so.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at several staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training.

The clinical lead told us that they attended the local Clinical Commissioning Group benchmarking meeting with the practice manager. The purpose of this was to compare their performance with other practices and identify good practice and where they might improve. There was no formal plan in place for improvement.

At our inspection in June 2014 we highlighted to the practice where improvements were required. Although we recognise that some progress had been made, the improvement areas we identified had not been completed to a satisfactory standard and further improvements were still required.

Enforcement actions

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 – Safe care and treatment.</p> <p>How the regulation was not being met:</p> <p>There was an ineffective system in place for acting on national patient safety and medicines alerts. There was no system in place or audit trail to ensure that clinical staff had received them or acted on them. Searches were not being undertaken on the computerised record system to identify patients that may have been affected by the alerts and there were no audits to ensure that all patients were identified and receiving safe medicines.</p> <p>Medicine reviews were being undertaken on patients who were taking high risk medicines. However, no audits were taking place to ensure that the medicine reviews were effective. Searches of patient records revealed that patients on high risk medicines had not received blood tests. Of patients that had been prescribed particular high risk medicines we found that of the 1125 patients on these medicines the records of 275 of them reflected that they had not received a blood test.</p> <p>Fridge temperatures were not being monitored effectively to ensure that medicines were being stored at the required temperatures. Increases in temperatures and gaps in recording were not being investigated to identify the cause and whether medicines remained safe for use.</p> <p>The practice had undertaken a legionella risk assessment in May 2014 that identified the steps to take to reduce the risk of illness to patients and staff. The control measures described in the risk assessment were not being recorded when they took place.</p> <p>There was no system in place for monitoring the expiry dates of medicines.</p>

Enforcement actions

A health and safety risk assessment had not been undertaken at the practice as required by health and safety legislation.

Regulation 12(1)(2)(a)(b)(g) and (h) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 – Good governance.

How the regulation was not being met:

The practice did not have systems in place to regularly assess and monitor the quality of the services provided in the carrying of the regulated activities. Minutes of meetings were not routinely being recorded and where they were, the minutes contained insufficient evidence that safeguarding concerns, safety incidents, complaints, learning and other issues were being discussed and areas for improvement identified. There was also no audit trail to reflect that improvement actions had been dealt with and completed in a timely manner.

A complaints system was in place and a staff member with lead responsibilities for complaints had been identified. The complaints lead was responsible for all complaints. We looked at the complaint records and found that there was a lack of information that identified the cause of the complaints, a lack of recommendations for learning and improvement. There was no clinical or managerial oversight of complaints and managers were not involved in the decisions about the outcomes of them. There was no annual review of complaints to identify themes and trends.

The practice had not responded to the patient feedback from the GP National Patient Survey from January 2015 in relation to the appointment system. This included patient feedback in relation to getting through on the phone, being kept waiting for appointments and being unable to see a GP of choice. The practice had conducted their own patient survey that did not include questions

Enforcement actions

about the appointment system. The lack of satisfaction amongst patients remains. The practice had introduced a new telephone system for appointments but were not measuring its effectiveness or seeking patient views.

We last inspected the practice on 25 June 2014 where they were issued with compliance actions to improve the services provided. We found at our inspection that the required improvements had not been achieved to a satisfactory standard. The practice had not made the required improvements in relation to handling safety alerts that affect patients, monitoring emergency medicines for expiry dates and stock control, completing a health and safety risk assessment, learning from incidents and cascading information to staff, seeking and acting on patient feedback in relation to concerns from patients about the appointment system, handling of complaints, training supervision and appraisal of staff and monitoring training.

Regulation 17(1)(2)(a)(b)(e) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing
Regulation 18 – Staffing.

How the regulation was not being met:

We found that two nurses and two health care assistants were carrying out blood tests on patients who were taking warfarin medicine. They were then assessing their INR levels and adjusting the dosage of their warfarin. They had not received training, supervision or their competency assessed to carry out the role. They relied on shadowing each other the use of a dosage chart that they followed for guidance, but this did not cover the needs and circumstances of individual patients. There was no written policy or protocol in place to support the nurses and health care assistants.

We found that the two nurses at the practice were undertaking consultations with patients for the diagnosis and treatment of minor illnesses and health conditions. They both told us that they had not received any recognised training to carry out consultations and

Enforcement actions

that their competency had not been assessed to ensure they were undertaking them safely and in line with National Institute for Health and Care Excellence guidance. After the inspection we were sent a copy of the General Practice Nurse Competencies booklet which had been signed to reflect that their competency had been assessed as satisfactory. This was dated after the date of the inspection. This booklet was not designed for assessing nursing competencies for minor illness and injury consultations and had been adapted for the purpose. There has been no evidence presented to us that either of the nurses had undertaken a recognised course to enable them to effectively conduct consultations.

We found that neither the lead nurse nor the practice manager had received annual appraisals but were told that they were due. We are aware that the practice manager has been employed by you since March 2014 and she told us that she had not received an appraisal.

We found that the training of staff had not been assessed or was being monitored. There was no system in place to identify the type of training each staff member was required to undertake so that they were suitably skilled and qualified to undertake their role. The training records were unclear and there was no system in place to identify the frequency of training and when it was due. Staff were carrying out duties without appropriate training, supervision or assessment of their competency, such as warfarin monitoring and consultations for minor illnesses. It was unclear which members of staff had received infection control training.

Regulation 18(1)(2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.