

Yorkleigh Surgery - CT

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires Improvement

overall. (Previous inspection January 2015 – The practice was rated as good in effective, caring, responsive and well-led as well as overall and requires improvement in safe. The practice was inspected in July 2015 to follow up on the breaches of regulation at the January 2015 inspection and they were rated as good in safe.)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement.

People with long-term conditions – Requires improvement.

Families, children and young people – Requires improvement.

Working age people (including those recently retired and students – Requires improvement.

People whose circumstances may make them vulnerable – Requires improvement.

People experiencing poor mental health (including people with dementia) - Requires improvement.

We carried out an announced comprehensive inspection at Yorkleigh Surgery-CT on 6 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen but these did not always operate effectively.
- When incidents happened, the practice learned from them and improved their processes.
- Risks assessments and monitoring in relation to health and safety within the practice had not been appropriately undertaken.
- The temperature of fridges where vaccines were held had not been monitored consistently and there were no records of actions taken when the fridges operated outside of the recommended range.
- Patient Specific Directions for the administration of medicines were not produced in line with current guidelines.

Summary of findings

- The practice was unable to demonstrate that specified information in relation to recruitment had been requested or retained.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.

- Ensure specified information is available regarding each person employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

The areas where the provider **should** make improvements are:

- Review systems and processes to enable effective management oversight of staff training.
- Implement actions to improve the identification of carers.
- Review systems with regards to storage of policies so that they are easily accessible to all staff.
- Improve systems to enable oversight for the regular cleaning or change of fabric curtains.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Yorkleigh Surgery - CT

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Yorkleigh Surgery - CT

Yorleigh Surgery-CT is located at 93 St Georges Road, Cheltenham, Gloucestershire GL50 3ED and serves a large area in and around Cheltenham including, Prestbury, Hatherley, Leckhampton and Charlton Kings. The practice's details can also be accessed via their website at: www.yorkleighsurgery.co.uk

The practice provides its services to approximately 9,000 patients under a General Medical Services (GMS) contract to deliver health care services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract)

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth less deprived decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there

that affect its deprivation score. Not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average male and female life expectancy for the practice is 80 and 84 years, which is above the national average of 79 and 83 years respectively.

There are two female and two male GP partners in the practice. Additionally there are two male locum GPs working in the practice. There are two nurse practitioners (who were also independent prescribers), two practice nurses and one health care assistant; a phlebotomist visits the practice to carry out blood tests as required. The practice also employs a small team of reception and administrative staff including a finance manager and a reception manager. These teams are supported by a practice manager.

The practice is registered to provide the following Regulated Activities:

- Diagnostic and screening procedures.
- Treatment of disease, disorder or injury.
- Maternity and midwifery services.
- Surgical Procedures.
- Family Planning.

The practice provides extended hours services to its patients on a Monday 18:30 – 20:00hrs. Patients can access the out of hours services provided by Care UK via the NHS 111 service and are advised of this on the practice website.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice had a suite of safety policies including adult and child safeguarding policies. Staff received safety information for the practice as part of their induction and refresher training. The majority of these policies needed to be reviewed and updated and made available to all staff. For example, the service continuity plan did not outline when it was produced or the date it was reviewed. Some policies were available electronically while others were available in hard copies.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a .
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. However, from the five staff records we reviewed, we found that not all the required information in relation to recruitment had been retained by the practice. For example, information about proof of identity including a recent photograph was not available for three members of staff.
- There was an effective system to manage infection prevention and control. Infection prevention and control audits were carried out and we saw that actions had been identified for improvement. However, there were no records to demonstrate that fabric curtains in

consulting rooms were cleaned or replaced in line with current guidelines. We were told that these were cleaned or replaced every six months. There were disposable curtains in treatment rooms and we saw that these had been replaced recently.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety, but some improvements were required

- There were arrangements for planning and monitoring the number and mix of staff needed. There was a member of staff responsible for completing staff rosters and we were told that one of the partners met monthly with the practice manager to discuss practice operations. There was an effective approach to managing short term staff absences and for responding to epidemics, sickness, holidays and busy periods. However, there was not an effective system to ensure sufficient numbers of suitably qualified staff for the ongoing management of patients with long terms conditions. For example, there were two nurses trained for reviewing patients with diabetes and respiratory conditions and we were told they also undertook minor illness clinics and this did not give enough availability to monitor all patients with long term conditions. This was reflected in the practice's published performance for 2016/17.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Are services safe?

- When there were changes to services or staff, the practice had not assessed and monitored the impact on safety. For example, the practice had not assessed whether the current staffing levels were sufficient to meet the demands of the service.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.

Safe and appropriate use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, medical gases, and emergency medicines and equipment did not minimise risks. We found the practice did not have the recommended antibiotics in stock should this be required in an emergency, for example in the case of suspected Meningitis. Previous stocks of this medicine had expired and been disposed of, but not replaced. The practice ordered the recommended antibiotics on the day of the inspection to ensure this was available in an emergency situation.
- The practice stored vaccines in three fridges. One of the fridges had an internal thermometer and we saw that the internal reading was within the recommended range. We found that one of the fridges was not monitored daily in accordance with Public Health England guidance. For example, in December 2017, the temperature of the fridge was only recorded on two occasions and on eight occasions in January 2018. We also found that when the temperatures of two of the fridges had been recorded as being above the recommended range, there was no evidence that action had been taken to ensure the vaccines were safe and effective to be used.

- Patient Specific Directions (PSDs) to enable the Health Care Assistant to administer medicines and vaccines were not produced in line with current guidelines. For example, we were told that PSDs were generated electronically; however, from the record we reviewed, this did not include the necessary information and authority from a medical prescriber that the medicines or vaccine was safe to be administered for the patient.
- The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. There was a clinical pharmacist who supported the practice with reviewing patients on high risks medicines and best practice guidance in relation to medicines.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (07/2016 to 06/2017) was 0.91 which was comparable to the CCG average of 0.96 and national average of 0.98.
- The percentage of antibiotic items prescribed that were less recommended (07/2016 to 06/2017) was 11.4% which was comparable to the CCG average of 9.6% and national average of 8.9%.

Track record on safety

The practice did not have a good safety record.

- There was a lack of comprehensive risk assessments in relation to safety issues. For example, there was a lack of risk assessment in relation to fire safety and practice records showed that a fire drill had not been undertaken since September 2014.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Are services safe?

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, following an incident where correspondence relating to a patient was scanned onto another patient's record with a similar name, additional checks were implemented to ensure letters were scanned onto the correct patient records.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all the population groups as good for providing effective services with the exception of people with long-term conditions which we rated as requires improvement.

(Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The average daily quantity of Hypnotics (a medicine to help reduce anxiety) prescribed per Specific Therapeutic group (07/2016 to 06/2017) was 1.08 which was comparable to the clinical commissioning group (CCG) of 1.03 and national average of 0.90.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice used technology to assess, monitor and improve outcomes for patients. For example, the practice had used their computer system to undertake an audit of patients on medicines prescribed for anxiety, alcohol withdrawal symptoms and seizures, to ensure these medicines had been prescribed appropriately and that the lowest dose possible had been prescribed.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

We rated this population group as good for providing effective services.

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and

social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- Monthly meetings were held with community teams to discuss patients in need of additional support and those receiving palliative care.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any additional or changed needs. The clinical pharmacist supported the GPs at the practice to ensure the relevant information was available and up to date when patients were discharged.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

We rated this population group as requires improvement for providing effective services.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, one of the nurse practitioners had received specific training in the management of diabetes.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was acceptable (01/04/2016 to 31/03/2017) was 68% compared to the clinical commissioning group (CCG)

Are services effective?

(for example, treatment is effective)

average of 81% and national average of 80%. Practice data which was unverified at the time of the inspection showed that 235 out of 437 patients (53%) had their cholesterol within the acceptable range to date.

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control using an approved assessment tool (01/04/2016 to 31/03/2017) was 60% compared to the CCG average of 76% and national average of 76%.
- The percentage of patients with chronic obstructive pulmonary disease (a chronic lung disease) who had a review in the preceding 12 months (01/04/2016 to 31/03/2017) was 78% compared to the CCG average of 93% and national average of 90%. Practice data which was unverified at the time of the inspection showed that 146 out of 203 patients (72%) had received a review to date.
- We discussed the areas of low performance with the practice. The practice identified several factors contributing to these lower achievements, such as patient recall letters had not been sent when the member of staff responsible for sending letters was absent from work. We were told that there were a high number of patients who did not attend their appointment for reviews and we saw on the day of the inspection that two patients who were booked for a review of their COPD had not attended their appointment.
- Staff told us that there were not enough suitably qualified nurses to review the number of patients with long term conditions. . There was no evidence that an assessment of the current resources available had been undertaken and a sustainable plan implemented to improve the current performance of the practice.
- In an attempt to reduce DNAs, the nurse lead for long term conditions monitored the number of patients due for a review monthly and sent text reminders to those patients. This was in addition to three letters being sent to patients, inviting them to attend a review. An automatic appointment was made for patients and they were informed of this when they received the first and second invitation letter. Patients who had not attended the practice for a review were then asked to contact the practice when they were sent the third invitation letter. The health care assistant was now also involved in

reviewing patients with long term conditions, where they would undertake the baseline measurements of patients and provide advice on smoking cessation, so that the practice was able to review more patients and the nurses could focus on medicines reviews and advise on lifestyle changes. We were told there were plans for one of the most recently recruited nurse to receive training so they can review patients with long term conditions.

Families, children and young people:

We rated this population group as good for providing effective services.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. In the year 2016- 2017, uptake rates for the vaccines given were below the target percentage of 90% or above. The practice identified that the appropriate recall had not been sent by the central team. They had requested a list of all eligible children registered at the practice and cross referenced those patients against their computer system to ensure the data was correct. The practice had worked through the list of children who had not received the appropriate immunisation. Data from the practice, which has not been externally verified, showed that 82 out of 86 (95%) children up to the age of 2 had received the recommended immunisation. Eighty-three out of 95 (88%) children up to the age of five had received the recommended immunisation.
- Monthly meetings were held with health visitors where children at risk were reviewed so that families in need received the additional support they required.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation

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

We rated this population group as good for providing effective services.

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 75%, which was in line with the CCG average of 76% and national average of 72%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The patient uptake for this service in the last two and a half years was 58% compared to the CCG average of 61% and national average of 55%. The practice also encouraged eligible female patients to attend for breast cancer screening. The rate of uptake of this screening programme in the last three years was 76% compared to the CCG average of 75% and national average of 70%.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- 86% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 94% and national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 91% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This was comparable to the CCG average of 93% and national average of 91%.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, we saw that the practice had carried out several audits to ensure patients on specific medicines were followed up appropriately. The practice had implemented improvements such as removing some medicines as repeat medicines to encourage patients to attend for a review when they request those medicines. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice had worked with the CCG and other neighbouring practices to implement improvement initiatives such as improving patient access to a GP. This included developing and implementing an access hub with other practices in the area in order to improve patient access to primary care services. Additional GP clinics were held during normal hours and additional appointments were also offered at one of the participating surgeries between 6.30 pm and 8.00 pm on weekdays and on Saturday mornings. Patients registered with any GP practice within the local area were able to book an appointment at these extra clinics.

The most recent published QOF results were 93% of the total number of points available compared with the clinical commissioning group (CCG) average of 99% and national average of 96%. The overall exception reporting rate was 5% compared with the CCG average of 12% and national average of 10%. (Exception reporting is the removal of

People whose circumstances make them vulnerable:

We rated this population group as good for providing effective services.

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Since 1 April 2017 to the date of our inspection, 22 out of 39 patients with a learning disability had received an annual health check. All eligible patients were offered an annual review.

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

We rated this population group as good for providing effective services.

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the CCG average of 87% and national average of 84%.

Are services effective?

(for example, treatment is effective)

patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

We discussed the lower than average QOF performance with the practice. They recognised that there were areas of lower achievements and had implemented some actions to improve their performance. We saw that the practice had excepted patients appropriately and those patients who had not received a review had not been excepted.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. We were told that due to increase in demand for services, some staff undertook the training in their own time but were able to claim for their time. Records of skills, qualifications and training were maintained, however, there were different systems in operation to monitor staff training. We were told by the practice that they were in process to streamline their training matrix to ensure there was management oversight of staff training. Staff were encouraged and given opportunities to develop. For example, staff were supported to attend specialist training such as for the monitoring of long term conditions.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. However, three of these also contained some negative feedback but these were not aligned with any themes. These related to the type of music played in the waiting room, waiting time to get an appointment and an appointment being booked on the wrong day. Feedback was in line with the results of the NHS Friends and Family Test and other feedback received by the practice. The NHS Friends and Family Test for January 2018 showed that 100% of patients would recommend this practice to their friends and family.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Two hundred and forty-four surveys were sent out and 102 (42%) were returned. This represented about 1% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 98%; national average - 95%.

- 89% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 95% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 94% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice identified patients who were carers. The practice recognised that not all patients with caring responsibilities identified themselves as carers. We saw that they encouraged patients in practice information leaflet and at registration, to inform staff if they were carers so they could receive appropriate support. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (approximately 0.8% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- There was a dedicated carers information folder in the waiting area of the practice.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly above local and national averages:

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 86%; national average - 82%.

- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 92%; national average - 90%.
- 88% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 88%; national average - 85%.

Privacy and dignity

The practice respected/did not respect patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.)
- In addition to extended hours on Monday evenings, the practice was also able to offer patients an appointment with a GP at another local practice as part of the cluster working to improve access for patients to see a GP.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, patients with mobility problems could be seen on the lower ground floor which had level access.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice supported two local nursing homes and there was a named GP for each of those homes. Two, weekly "ward rounds" were undertaken by the GPs to ensure patients' needs were met.

People with long-term conditions:

- Patients with a long-term condition were invited for an annual review and those who attended received a check to ensure that their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. Patients we spoke with on the day of the inspections who were also parents confirmed they were able to get an appointment on the same day for their child when needed.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours on Monday evenings.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Patients with a learning disability were offered an annual health check.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice hosted mental health clinics with a Mental Health Triage Nurse Practitioner on dedicated days at the practice.
- The practice held young people's clinic once weekly.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages. This was supported by observations on the day of inspection and completed comment cards.

- 87% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 76%.
- 93% of patients who responded said they could get through easily to the practice by phone; CCG – 81%; national average – 71%.
- 95% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG – 89%; national average – 84%.

- 92% of patients who responded said their last appointment was convenient; CCG – 87%; national average – 81%.
- 84% of patients who responded described their experience of making an appointment as good; CCG – 80%; national average – 73%.
- 68% of patients who responded said they don't normally have to wait too long to be seen; CCG – 62%; national average – 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Four complaints were received in the last year. We reviewed one complaint and found that they were satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. For example, when a patient complained that they found the reception staff to be rude, the practice investigated this and responded to the patient. Staff were reminded to keep calm and to be courteous when speaking with patients.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice and all of the population groups as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because the governance oversight had failed to ensure that:

- Actions were taken when vaccine fridges operated outside of the normal range.
- There was no evidence that an assessment of the current resources available had been undertaken and a sustainable plan implemented to improve the current performance of the practice.
- Patient Specific Directions were produced in line with current guidelines.
- All the necessary information in relation to recruitment of staff were obtained and retained.
- A full health and safety assessment of the premises had been undertaken.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy. However, risks to patients and the service had not always been assessed and actions to address these had not always been taken.
- They were knowledgeable about issues and priorities relating to the quality and future of services.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The practice monitored progress against delivery of the strategy. One of the partners held regular meetings with the practice manager to monitor the practice's performance.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients. Patients told us they were given time to discuss their health needs and did not feel rushed during their appointments.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Staff record we reviewed showed they had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. We were told that due to high demands, some staff undertook training in their own time and were able to claim their time back.
- Although the practice was keen to promote the safety and well-being of all staff, a full assessment of current resources and actions to be implemented had not been undertaken. For example, they had not assessed and

Are services well-led?

Requires improvement 

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

made arrangements to ensure there were sufficient numbers of staff to meet the demands of the service. However, some actions to meet current demands and pressures had been implemented. For example, the health care assistant had become involved in reviewing patients with long term conditions so that nurses, who led in specialist areas, could focus on medicines reviews and advise on lifestyle changes.

- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management however these did not always operate effectively.

- Structures, processes and systems to support governance and management were clearly set out. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders, had not established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. For example, the governance oversight had not ensured that appropriate actions had been taken when vaccines fridges were operating outside the normal range and that they were monitored regularly.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- However, there was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. For example, a full health and safety assessment of the premises had not been undertaken to ensure risks were minimised. Fire drills had not been undertaken since September 2014.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- There was an active patient participation group.

Are services well-led?

Requires improvement



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

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, staff were supported to attend further training where these had been identified.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>(1) Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had not ensured that:</p> <ul style="list-style-type: none">• Temperature of vaccine fridges were monitored consistently and that there were clear records of actions taken when the fridges operated outside of the recommended range.• Risks to health and safety in the practice had been assessed and that actions had been implemented to minimise risks.• Fire drills were regularly undertaken.• Patient Specific Directions were produced in line with current guidelines.• The resources available in the practice were reviewed to ensure adequate numbers of staff to manage activities for the ongoing management of patients with long terms conditions. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

17.—(1) Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part.

How the regulation was not being met:

- They had not assessed the risks relating to the health, safety and welfare of patients, staff and visitors to the practice and have adequate measures to minimise those risks.
- Systems and processes had not ensured that Patient Specific directions were produced in line with current guidelines.
- The recruitment process had not ensured all the relevant information in relation to staff employed were available.
- There was no evidence that an assessment of the current resources available had been undertaken and a sustainable plan implemented to improve the current performance of the practice.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

19.—(3) The following information must be available in relation to each such person employed—

- (a) the information specified in Schedule 3, and
- (b) such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

How the regulation was not being met:

This section is primarily information for the provider

Requirement notices

- The registered person had not retained the information specified in Schedule 3 for all staff.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.