Stifford Clays Medical Practice

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stifford Clays Medical Practice on 17 December 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise safety concerns, and to report incidents and near misses. Issues raised were effectively analysed. Learning from the analysis of safety events and complaints was not being routinely shared with staff.
- Information about services and how to complain was available and easy to understand.
- Complaints were handled effectively but learning was not always routinely cascaded to staff. Complainants received an acknowledgement and an explanation.
- Some risks to patients were assessed and well managed. Those relating to health and safety, staff acting as chaperones without disclosure and barring service checks and the risks to staff of hepatitis B were not effectively managed.
- Not all staff had received an appraisal and some documentation was not readily available during our inspection so we were unable to confirm the qualifications, skills and experience of staff. Some staff members had not received training in CPR and safeguarding.
- Data showed patient outcomes were in line with other practices locally and nationally. Audits were being used to drive improvement in performance and to improve patient outcomes. The practice tailored its services to meet the needs of the practice population groups.
- Some staff had not received training in the Mental Capacity Act 2005 relevant to their role. This also included Gillick competency in relation to children under the age of 16.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about the services provided was readily available for patients.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity and staff were aware of their roles and responsibilities.
- The practice had proactively sought feedback from patients and had an active patient participation group that had made positive contributions to the improvement of services provided at the practice.
- There was a clear leadership structure and staff felt supported by management. However the partners at the practice were not providing sufficient oversight of governance issues and staff spoken with were not aware of the vision and objectives of the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The Patient Participation Group (PPG) provided an outstanding contribution at the practice. In particular;

- They worked with a local school to provide free Christmas meals for patients likely to be alone at Christmas.
- They conducted a themed survey of prescription medicine wastage and worked with the practice and local pharmacies to provide patient education, improved efficiencies in prescribing, safer disposal of medicines and improving value for money.
- They obtained a grant for materials used at a knitting group for the patients at the practice.
- They worked with the local council to provide improved access to the surgery through the widening of a path outside the surgery.
- They sourced bookcases and books so that adults and children could borrow and return reading material free of charge.
- They attended the practice frequently during surgery hours to support patients to use the automated check-in appointment screen and to encourage patients to complete the NHS Friends and Family feedback forms.
- They monitored the improvement ideas left by patients in a suggestion box and worked with the practice to implement them.
- They liaised with external support agencies to achieve services and support for their patients.
- They attended area locality Clinical Commissioning Group meetings to be aware of issues affecting the practice and provided support and guidance for new PPGs being formed at other practices.

The areas where the provider must make improvements are:

- Ensure that there is an effective governance system in place to identify and mitigate the risks to patients and staff in relation to risk assessments, infection control, DBS checks for chaperones, the cascading of learning from significant events and complaints to relevant staff, the monitoring and review of staff training and that records in relation to the carrying out of services are readily available to view.
- Ensure that all staff receive appropriate training, supervision and appraisal.

The areas where the provider should make improvement are:

- Ensure that cleaning checklists currently in use are being completed by staff responsible for cleaning at the practice.
- Share the vision and objectives of the practice with staff. Improve the flow of communication amongst staff so that they are more aware of the issues affecting the practice.
- Ensure that Patient Group Directions are signed by the authorising manager.

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?

Requires improvement

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were analysed, however learning from them was not routinely discussed to relevant staff to support improvement.
- Although some risks to patients and staff were assessed, there was no health and safety risk assessment, staff potentially at risk of hepatitis B had not received vaccination and blood tests to check for immunity and an infection control audit had not been undertaken.
- Not all staff acting as chaperones had received a disclosure and barring service check or a risk assessment explaining why this was not necessary was not in place.
- The practice had robust recruiting processes in place and these were being followed.
- Medicine reviews were taking place in line with guidance to ensure that medicines continued to be safe and appropriate to patient needs. Prescribing patterns were in line with local and national averages and subject to audits. Medicines were being stored safely and fridge temperatures monitored. Emergency medicines were in date and readily available for staff to access in the event of an emergency.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement in quality and patient outcomes.
- Staff training records were not available on the day of the inspection to assure us that staff were appropriately qualified and trained. Some staff had not received training such as infection control, safeguarding, Mental Capacity Act (including Gillick competency in relation to children under the age of 16) and basic life support.
- Some staff had not received appraisals.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- GPs in training received support from more experienced colleagues and there consultations were supervised and reviewed for improvement purposes.
- Child immunisation and cervical screening rates were high.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed that patient satisfaction was either in line with local and national averages or higher across several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with dignity and respect and maintained patient and information confidentiality. Patients commented that they were involved in the decisions about their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. There were longer appointments available for patients with a learning disability.
- To reduce waiting times and queues at the reception area, the practice had installed a touch screen check-in system for their patients.
- Home visits and telephone consultations were available for older patients and patients who would benefit from these.
- There were facilities for the disabled including a main door that opened automatically and sufficient space to accommodate patients using wheelchairs.
- Translation services were available for those patients whose first language was not English. A sign language interpreter was also available if required.
- A full range of family planning services were available and appointments could be made with the GPs or nurses.
- A mental health counsellor attended the practice each week to provide support for patients suffering with poor mental health.

Summary of findings

- The practice worked with other healthcare professionals to provide a multiagency package of care for those patients with complex and palliative care needs.
- The system for handling complaints included analysis, investigation and action taken. Not all complainants received a timely acknowledgement and explanation.

Are services well-led?

Requires improvement 

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients but this had not been shared with staff.
- There was a clear leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The partners at the practice were not monitoring governance issues effectively. Meetings were being held at the practice but record keeping required improvement. Records of staff qualifications were not available for us to view on the day on the inspection.
- Some risks had not been dealt with effectively and there was no infection control audit in place.
- Some staff members had not received training relevant to their role and some staff had not received appraisals.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had contributed positively to improvements at the practice.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of hospital admission were identified as a priority. The number of emergency admissions for ambulatory care sensitive conditions were comparable with national averages.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with and sometimes higher than local and national averages. An example was for the percentage of patients with hypertension in whom the last blood pressure reading in the preceding 12 months was 150/90mmHg or less was 87% as compared with 84% nationally.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was the same as the national average at 73%.
- Repeat prescriptions could be ordered in person or by email to the practice. We were told that these were ready for collection within 48 hours of receipt. Patients could have their prescriptions delivered directly to a pharmacy of their choice.
- The practice offered 24 hour blood pressure and ECG monitoring for their patients.
- A phlebotomy service was available at the practice three times each week.
- The practice worked with other healthcare professionals to provide a multiagency package of care for those patients with complex needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

Summary of findings

- Nursing staff had lead roles in chronic disease management and data available to us reflected that they were in line or higher than other practices locally and nationally. An example was patients with asthma who have had an asthma review in the preceding 12 months was 74% as compared with the national average of 75%.
- Patients with diabetes, atrial fibrillation and high blood pressure received effective monitoring and review of their condition.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Patients on long term medicines were reviewed regularly and in line with published guidance Patients with the most complex needs received a multidisciplinary package of care.
- Repeat prescriptions could be ordered in person or by email to the practice. We were told that these were ready for collection within 48 hours of receipt and they could be delivered to a pharmacy of the patient's choice.
- A phlebotomy service was available at the practice three times each week.
- Nurses had been trained to undertake consultations for minor illnesses and patients could choose between a nurse and a GP.

Families, children and young people

Requires improvement

The provider was rated as requires improvement. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- A health visitor attended the practice on one day each week for the benefit of patients. We saw positive examples of joint working with midwives, health visitors and school nurses.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. However not all staff had received safeguarding training.
- Immunisation rates were relatively high for all standard childhood immunisations. An example was for children aged up to 24 months where data ranged between 88% and 92% as compared with the national data range of 96% and 100%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children with urgent medical conditions.

Summary of findings

- Some staff had not received training in the Mental Capacity Act 2005 relevant to their role. This also included Gillick competency in relation to children under the age of 16.
- A full range of family planning services were available and appointments could be made with the GPs or nurses.
- Nurses had been trained to undertake consultations for minor illnesses and patients could choose between a nurse and a GP.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients were able to receive travel vaccinations available on the NHS and travel health advice was readily available.
- Extended hours were not available for patients but additional GP resources were in place during the afternoons to accommodate working patients.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- People from the travelling community were able to register as patients at the practice. The nurses provided advice and guidance on vaccinations and child immunisations. Travellers could also be referred to a local walk-in centre if required.
- There were longer appointments available for patients with a learning disability.

Summary of findings

- There were facilities for the disabled including a main door that opened automatically and sufficient space to accommodate patients using wheelchairs. A 'disabled access' doorbell had been installed so patients could call for assistance to enter the building if necessary.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Not all staff had received safeguarding training.
- Translation services were available for those patients whose first language was not English. A sign language interpreter was also available if required.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement. The practice was rated as requires improvement for providing safe and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- A mental health counsellor attended the practice each week to provide support for patients experiencing poor mental health. We were told that this provided much easier access to secondary care for this population group.
- Some staff had not received training in the Mental Capacity Act 2005 relevant to their role.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 275 survey forms were distributed and 118 were returned. This represented a 43% completion rate.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 85% described the overall experience of their GP surgery as good (CCG average 79%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were mostly positive about the standard of care received and the services provided. Patients were satisfied with the GPs, nurses and reception staff and with the consultations they received. There were some minor negative comments made about the appointment system.

Areas for improvement

Action the service MUST take to improve

- Ensure that there is an effective governance system in place to identify and mitigate the risks to patients and staff in relation to risk assessments, infection control, DBS checks for chaperones, the cascading of learning from significant events and complaints to relevant staff, the monitoring and review of staff training and that records in relation to the carrying out of services are readily available to view.
- Ensure that all staff receive appropriate training, supervision and appraisal

Action the service SHOULD take to improve

- Ensure that cleaning checklists currently in use are being completed by staff responsible for cleaning at the practice.
- Share the vision and objectives of the practice with staff. Improve the flow of communication amongst staff so that they are more aware of the issues affecting the practice.
- Ensure that Patient Group Directions are signed by the authorising manager.

Outstanding practice

The Patient Participation Group (PPG) provided an outstanding contribution at the practice. In particular;

- They worked with a local school to provide free Christmas meals for patients likely to be alone at Christmas.
- They conducted a themed survey of prescription medicine wastage and worked with the practice and local pharmacies to provide patient education, improved efficiencies in prescribing, safer disposal of medicines and improving value for money.
- They obtained a grant for materials used at a knitting group for the patients at the practice.
- They worked with the local council to provide improved access to the surgery through the widening of a path outside the surgery.
- They sourced bookcases and books so that adults and children could borrow and return reading material free of charge.

Summary of findings

- They attended the practice frequently during surgery hours to support patients to use the automated check-in appointment screen and to encourage patients to complete the NHS Friends and Family feedback forms.
- They monitored the improvement ideas left by patients in a suggestion box and worked with the practice to implement them.
- They liaised with external support agencies to achieve services and support for their patients.
- They attended area locality Clinical Commissioning Group meetings to be aware of issues affecting the practice and provided support and guidance for new PPGs being formed at other practices.

Stifford Clays Medical Practice

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Stifford Clays Medical Practice

The Stifford Clays Medical Practice is situated in Grays, Essex and is accessible by public transport. There is limited parking available at the practice but patients are able to park in the roads nearby.

The practice has a General Medical Services (GMS) contract with the NHS and has approximately 9450 patients. It is a teaching practice that provides work placements for GP trainees and doctors undertaking a two year foundation training course towards qualification as a GP or specialist.

The practice patient population has a lower than national average of patients aged 20 to 39 and a slightly higher than average number of patients aged between 40 and over 85.

There are three partners at the practice, two of them are GPs and one is a nurse. They employ three salaried GPs and one of the GPs is female, the rest are male. They are supported by five nurses and a healthcare assistant working a variety of hours each week.

There is a practice manager, a finance manager, a medical secretary, three administrators and six members of reception staff.

The practice is open between 8.30am and 6.30pm on Monday to Friday and is closed for lunch for one hour each day. The GPs hold surgeries in the mornings between 9am and 11am and in the afternoons between 2pm and 6pm.

When the practice is closed patients are directed to the out of hour's service provided by IC24. Alternatively they can contact the non-emergency service by dialling 111.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff including three GPs, three nurses, the practice manager and members of the reception and administration staff.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Spoke with two representatives of the Patient Participation Group.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and discussed them at clinical meetings. The minutes of four meetings were viewed and the record of the discussion of the significant events had been recorded.
- GPs spoken with told us that they were involved in the analysis of significant events and were aware of the learning from them. Not all staff received the learning from safety incidents as there were no regular meetings held other than for clinical staff.

We reviewed the records of three significant events that had been analysed and reviewed. They contained details of the incidents, identified what went well and also what could be improved. The learning from the incidents was identified and an action plan put in place for improvements. They were then discussed at the clinical team meetings but not shared with non-clinical staff if relevant to their role.

When applicable, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse but some of these needed strengthening;

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who had received an appropriate level of training. The GPs attended safeguarding meetings when possible and we were told that there was a close working relationship with other agencies, including the health visitor, multiagency service hubs and social workers. GPs spoken with understood safeguarding procedures and had received training relevant to their role but not all staff had received training. A member of the reception staff told us that they had not received training and was not aware who the lead for safeguarding was at the practice. A system was in place to identify patients at risk of abuse including following up children who had not attended for their childhood immunisations.
- There were notices in the waiting room advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role but not all of them had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). No risk assessment had been undertaken for those who had not received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the lead for infection control but they told us that they were not familiar with the contents of the practice infection control policy. Check lists were available to support staff and they made clear which areas in the practice were to be cleaned and the frequency. However they were not being completed to reflect that the cleaning had taken place and the cleaning was not being checked. Hand washing guidance for staff and patients were displayed throughout the practice and there were adequate supplies of liquid soaps, hand towels and sanitising gel for staff and patients to use. The practice had not carried out an infection control audit as is required in the guidance issued by the Department of Health.
- One particular staff member handled samples provided by patients when attending the practice. They had not received infection control training to enable them to handle samples in a safe way. There was also no spill kit available in the event that a patient became ill in the practice.
- The fridge used for the storage of vaccinations and medicines was well organised and stock was being rotated. Fridge temperatures were being monitored and

recorded and the records reflected that the temperatures were within recommended ranges. There was a protocol in place to follow if the fridge temperatures went outside of the recommended range.

- There was a system in place for managing patient safety and medicine alerts. Where relevant to the practice they were sent to the GPs by the practice manager for appropriate action to be taken. They were also discussed at clinical meetings but the minutes of these meetings did not reflect that any discussion had taken place. Once printed, actioned and discussed the alerts were destroyed so there was no audit trail available. The practice indicated to us that future alerts would not be destroyed. GPs spoken with confirmed this was the system in place and evidence made available to us on the day reflected that the alerts had been actioned but the record keeping required improvement.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation but these had not been signed by the authorising manager. The practice indicated that this would be completed after our visit.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. A written induction process was also in place for staff new to the practice. One member of staff spoken with told us that they had received support and guidance and had been allocated a mentor when they first started working there.
- Medicine reviews for patients took place in line with published guidance. The practice contacted patients by phone if they did not attend for their review. Repeat prescriptions were issued in line with guidance. High risk medicines were monitored and reviewed so that they remained safe to prescribe and patients received regular blood tests when required.

Monitoring risks to patients

Some isks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available for staff to refer to but the practice had not undertaken a health and safety risk assessment as required by legislation.
- The practice had up to date fire risk assessments and all electrical equipment was checked to ensure it was safe to use. Clinical equipment had been checked and calibrated to ensure it was working properly. All electrical equipment at the practice had been tested to ensure it was safe to use.
- The practice had undertaken a risk assessment in relation to legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff had been trained in a variety of roles so could cover for each other when required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- Staff had received training in the event of a fire and fire extinguishers were in place throughout the practice. They were all in date and fit for use. Fire safety notices explained evacuation procedures for both staff and patients.
- Not all staff had received basic life support training.
- All emergency medicines and equipment were in date and in working order. They were the subject of regular checks and records were being maintained. They were readily available for staff to use in the event of an emergency.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for the year 2014/ 2015 was 97% of the total number of points available and a similar performance level had been achieved in the previous year (98%). The practice had an 11% average exception reporting rate as compared with the national average of 5.5%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects .

This practice was not an outlier for any QOF (or other national) clinical targets. Data from the year 2014 to 2015 showed that across the majority of the clinical areas measured, the practice exceeded the national average. Some examples included;

- The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are

currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% as compared with 98% nationally. However the exception reporting rate for this particular area was 19% as compared with 10% locally and 11% nationally.

- The percentage of patients with hypertension in whom the last blood pressure

reading measured in the preceding 12 months is 150/ 90mmHg or less was 87% as compared with 84% nationally.

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 96% as compared with 90% nationally.
- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 84% as compared with 76% nationally.

For the purposes of QOF, GPs had been allocated their own areas of responsibility and other staff were involved in supporting the practice as a whole to achieve their targets. Support staff contributed to the QOF performance by contacting patients to encourage them to attend the practice so that their health conditions could be appropriately monitored.

Registers were in place for those patients with long-term conditions such as diabetes, asthma, chronic obstructive pulmonary disease and high blood pressure. This enabled the practice to effectively monitor the health of these patients to ensure that regular reviews took place. A team work approach was in place to recall these patients for reviews and the QOF data for the practice for the last two consecutive years reflected that the system was effective.

Clinical audits demonstrated quality improvement. Examples of such audits related to medicines prescribed to diabetic patients, patients taking anti-coagulants for heart conditions, cancer referrals and the accuracy of the initial diagnosis. Findings were used by the practice to improve services, to identify training needs and to ensure that recognised clinical guidance was being followed.

The practice carried out regular medicine audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice identified examples of over ordering and under use by patients and also worked with local pharmacies to see where prescribing could be

Good

Are services effective?

(for example, treatment is effective)

improved and financial savings made. The prescription data available to us reflected that the prescribing patterns of the practice were comparable with other practices nationally.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The GPs at the practice reviewed all test results and discharge letters. They were scanned onto the patient computerised record system and allocated to the GPs. Where necessary patients were contacted and asked to attend the practice to discuss results and ongoing care and treatment.

Effective staffing

- Prior to the inspection the practice sent us a staff training matrix. This showed the staff members and the types of training they had received. This included training staff in infection control procedures and safeguarding but from the information made available to us, not all staff had received this training. Staff spoken with during the day confirmed this with us.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction process also included GPs new to the practice. One GP we spoke with confirmed that they had been through the process and had been provided with information about the procedures and processes in place.
- The practice was a training practice and there was effective supervision of trainee GPs. On each day a GP was allocated the role of supervisor and together with the trainee GPs, a discussion took place about the appointments that had been booked. Trainee GPs were then allocated appropriate consultations in line with their experience and development needs. The consultation was then reviewed after it had taken place for effectiveness and for learning opportunities.
- We found a lack of evidence of an effective appraisal process for staff on the day of the inspection. We were told by the practice manager that they were not taking place but they would start in the near future. Some staff spoken with confirmed that they had not received an appraisal.
- We were told that staff had the opportunity of attending time to learn sessions which were held monthly. We found that the clinical staff and managers attended but the reception staff did not.
- The practice manager was new to practice management but received support from a more experienced practice manager from another practice.
- A staff handbook was available on the practice intranet and in written format for all staff to access.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

Consent to care and treatment

We found that not all staff had sufficient awareness or had received training in relation to a patient's capacity to consent, such as patients with a learning disability or those living with dementia.

- Some members of the nursing staff had not received training in the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs assessed the patient's capacity in line with guidance.

Good

Are services effective?

(for example, treatment is effective)

- Not all staff spoken with were aware of Gillick competency in relation to children under the age of 16 attending the practice without a parent or guardian and the need to carry out an assessment of their capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- Patients requiring advice on their diet, smoking and alcohol cessation were provided with advice and guidance and signposted to external organisations that could provide support.
- The practice's uptake for the cervical screening programme was 78%, which was broadly comparable to the national average of 82%. This service was advertised in the practice leaflet. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Newly registered patients were invited to have an initial consultation within six months of registration at the practice.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 92% and five year olds from 88% to 93%.
- Flu vaccination rates for the over 65s were in line with the national average at 73%, and at risk groups 48% which exceeded the national average of 45%. Saturday morning flu clinics were in place during the flu season.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice leaflet explained to patients how their personal information was kept secure and shared with other organisations to maintain confidentiality.

The majority of the 34 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice data was comparable and sometimes above the local/national satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 82% said the GP gave them enough time (CCG average 79%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 83% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results exceeded the local and national averages. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 82%).
- 93% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Carers were encouraged to make themselves known to the practice so that appropriate support and advice could be

Good

Are services caring?

offered. Information was available in the reception area advising them of external organisations they could contact. Carers received a 'carers package' that provided information of use to them.

Staff told us that if families had sexperienced bereavement, their usual GP contacted them or sent them a sympathy card to offer their condolences. The sympathy card contained an offer of support if required. Details of external organisations that could provide support were on display in the reception area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GPs at the practice was the clinical engagement group lead for the practice and attended monthly meetings with the CCG. The content of these meetings were then discussed at the practice.

- There were longer appointments available for patients with a learning disability.
- Home visits and telephone consultations were available for older patients and patients who would benefit from these.
- There were facilities for the disabled including a main door that opened automatically and sufficient space to accommodate patients using wheelchairs. A 'disabled access' doorbell had been installed so patients could call for assistance to enter the building if necessary.
- Patients were able to receive travel vaccinations available on the NHS and travel health advice was readily available.
- Translation services were available for those patients whose first language was not English. A sign language interpreter was also available if required.
- Same day appointments were available for children and those with serious medical conditions.
- Repeat prescriptions could be ordered in person or by email to the practice. We were told that these were ready for collection within 48 hours of receipt.
- A full range of family planning services were available and appointments could be made with the GPs or nurses.
- To reduce waiting times and queues at the reception area, the practice had installed a touch screen check-in system for their patients.
- A health visitor attended the practice on one day each week for the benefit of patients
- A mental health counsellor attended the practice each week to provide support for patients suffering with poor mental health. We were told that this provided much easier access to secondary care for this population group.
- The practice offered 24 hour blood pressure and ECG monitoring for their patients.
- Nurses had been trained to undertake consultations for minor illnesses and patients could choose between a nurse and a GP.
- Patients could have their prescriptions direct to a pharmacy of their choice.
- A phlebotomy service was available at the practice three times each week.
- People from the travelling community were able to register as patients at the practice. The nurses provided advice and guidance on vaccinations and child immunisations. Travellers could also be referred to a local walk-in centre if required.
- The practice worked with other healthcare professionals to provide a multiagency package of care for those patients with complex and palliative care needs. Quarterly meetings took place and these were being recorded.

Access to the service

The practice was open between 8.30am and 12.30pm and from 1.30pm to 6.30pm on Mondays to Fridays. Patients could book appointments from 8am each morning and the surgery hours were from 9am and 11am in the mornings and either 2pm to 4pm or 4pm to 6pm in the afternoons. The practice did not have extended hours but ensured that additional GPs were available in the afternoons to accommodate working patients. We were told that there were always two GPs working at all times during surgery hours.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. A duty GP system was in place to deal with emergencies if all the available appointments had been taken. There was a system in place for home visits and telephone consultations for those patients unable to attend the surgery.

Information was available to patients about the opening times in their practice leaflet, on their website and in the reception area. This included how to obtain emergency medical services when the practice was closed and in an emergency.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The nurses at the practice were responsible for the management of some health conditions, including diabetes, asthma, high blood pressure and child immunisations. Separate clinics were not in place but appointments could be booked for these services.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable and sometimes higher in some areas to the local and national averages.

- 87% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).
- 93% said the last appointment they got was convenient (CCG average 90%, national average 92%)

The practice was lower in other areas;

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 58% of patients usually wait 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%)

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice told us that they were trying to reduce the number of patients not attending for their appointments to improve the patient satisfaction rates. If this occurred three times the patient was written to so that they understood the impact this had on the appointment system.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and this was displayed in the reception area. Reception staff were aware of the procedures to follow and supported patients if necessary.
- GPs reviewed complaints where a clinical input was required.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Quarterly partners meetings took place to discuss and review the direction and strategy of the practice.

The practice had a robust strategy and supporting business plans which reflected the vision and values but not all staff at the practice we spoke with were aware of it.

Governance arrangements

The practice had an overarching governance framework but this was not always effective and needed strengthening as it did not always support the strategy and good quality care. This outlined the structures and procedures in place and ensured that. The partners at the practice were not providing sufficient oversight of governance issues.

- Systems in place were not always working effectively and did not enable the provider to identify, assess and mitigate risk for example; in respect of maintaining accurate and accessible records about the management of the service; ensuring infection control audits were carried out and that risks to patients in respect of chaperones not having DBS checks was properly assessed in line with guidance.
- Effective systems were not in place to enable the providers to assess and monitor the quality of the service by ensuring staff had appropriate training relevant to their roles appraisals in line with practice policies, and that staff meetings were held and recorded.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff on the practice computer system.
- GPs had lead roles at the practice. These included infection control, clinical governance, IT, safeguarding and complaints.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. However no infection control audit had been undertaken.

Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular clinical team meetings and these had been minuted.
- We were told that GPs met each morning prior to the start of surgeries and on Friday lunchtimes where clinical issues were discussed but there was no formal recording of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so. They felt supported and the GPs and managers at the practice were approachable and available for advice and guidance.
- Staff said they felt respected, valued and supported and that they worked as part of a team in a caring working environment.

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

The practice valued feedback from staff working at the practice but this was not formally recorded. Staff spoken with told us that they were encouraged to provide ideas for improvement.

The practice had not undertaken their own patient survey but a suggestion box was available in the reception area for patients to submit their ideas for improvement.

The practice did take part in the NHS Friends and Family test and the results reflected that the majority of patients would recommend the practice.

The Patient Participation Group (PPG) at the practice provided an outstanding contribution to improvements at

Are services well-led?

Requires improvement

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

the practice. On the day of the inspection we spoke with two members of the PPG. They told us that there was a core committee of 13 members who met with the practice monthly. The committee had recognised that some patients could not attend meetings so had promoted a virtual group that contributed improvement ideas by email. This virtual group numbered over 100. The PPG was aware of the different age groups of the patient population at the practice and were working towards recruiting members across all of those age groups to provide balanced feedback.

They told us that the practice was extremely positive about the benefits of a PPG and worked closely with them. They produced monthly newsletters and minutes of meetings were displayed on the dedicated practice notice board and website.

The PPG also attended the Clinical Commissioning Group locality meetings in order to keep up with the local healthcare objectives for the area. We were also told that they provided support for other local PPGs that had been newly formed.

The PPG had conducted their own themed patient survey on medicines and repeat prescriptions and had received 66 responses from patients. This identified where the practice and local pharmacies could improve to reduce wastage and improve efficiency. The PPG then met with the pharmacies concerned and discussed their findings. Areas for improvement were then implemented to reduce wastage. As a result of that survey they worked with the local pharmacies to discuss their findings and to implement improvements.

The PPG independently reviewed the comments left by patients in a suggestion box at the practice. They then presented them to the practice where they were discussed and implemented if considered of benefit to patients.

PPG members attended the practice personally and spent time in reception supporting patients to use the automatic check-in screen and encouraging patients to complete the NHS Friends and Family test feedback forms.

The PPG contribution to improving services at the practice also included the following;

- The provision of bookcases and books so adults and children could borrow and return books.
- A knitting group and the obtaining of a grant of £250 to fund materials.
- Used spectacle collection to provide third world children with glasses.
- Liaison with the local council to widen an access path to improve access to the surgery for the benefit of elderly patients, the disabled and those with limited mobility.
- Working with a local fitness group to provide exercise programmes for the elderly.
- Provided crime prevention advice for patients in the newsletter after consulting the local Neighbourhood Watch group.
- Working with Age Concern to identify the different types of support that patients could access.
- Working with a local school to provide free Christmas meals for those patients alone during the festive period and providing information for parents about the services available at the practice.
- They were starting work on a patient survey in the near future.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 of the Health and Social Care Act.** Good governance **How the regulation was not being met:** The practice had not; • Undertaken a health and safety risk assessment. • Carried out DBS checks on staff undertaking chaperone duties or a risk assessment as to why this was not necessary. • Undertaken an infection control audit. • Shared the learning from significant events and complaints routinely with all staff to reduce the risk of reoccurrence. • Assessed the risks to patients in relation to the training needs of staff. • Assessed the risks to staff in relation to hepatitis B infection. • Made readily available records in relation to the management of the regulated activity. **This was in breach of regulation 17(1)(2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 of the Health and Social Care Act.** Staffing **How the regulation was not being met:** • Staff at the practice had not received regular appraisal.

This section is primarily information for the provider

Requirement notices

- Staff had not received training relevant to their role, including safeguarding, infection control and the Mental Capacity Act 2005.

This was in breach of regulation 18(1)(2)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.