

# Crescent Bakery

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Crescent Bakery on 1 June 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. However, GP patient survey result on consultations with GPs and nurses were lower than the clinical commissioning group and national averages.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

# Summary of findings

- Ensure appropriate actions are taken when vaccines fridges are operating outside of the required range.
- Ensure all staff have had the required pre-employment checks.
- Ensure the number of reviews for patients with long term conditions is increased and the outcomes of the reviews are appropriately and accurately recorded in the patient's medical records.
- Ensure all staff have had an appraisal.

- Ensure a continuous programme of audits is maintained to ensure quality improvements.

The areas where the provider should make improvement are:

- Ensure all staff have received safeguarding adults training.
- Ensure actions are taken to improve patient's satisfaction on consultation with GPs and nurses.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

However, although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example,

- Not all staff had the required pre-employment checks.
- Patient group directions were not signed locally by a person authorised by the practice.
- Patient specific directions were not authorised prior to the administration of medicines.
- Appropriate actions in accordance with practice policy were not taken when there were signs that the vaccine fridges had operated outside of the normal range.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for five out of 19 clinical domains were below average compared to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits highlighted areas for the practice to improve on; however they did not demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Not all staff had received an appraisal in the last 12 months.

**Requires improvement**



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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. Staff were clear about the vision and their responsibilities in relation to it.

Requires improvement



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was recently formed.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 practice is rated as requires improvement for the care of older patients. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided fortnightly “ward” rounds to one nursing home and two care homes.
- All patients over the age of 75 were offered a frailty assessment and referred to the frailty clinic where needed.

### People with long term conditions

**Requires improvement**



The practice is rated as requires improvement for the care of patients with long-term conditions. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 83% of the targets for care of patients with diabetes in 2014/15 which was below the clinical commissioning group average of 95% and above the national average of 89%.
- Data showed the practice performance in delivering structured reviews and recording the outcome of such reviews was lower than average in five out of 19 monitored conditions.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was a nurse consultant who worked with the other practice nurses to develop and increase the uptake for reviews on long-term conditions.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young patients. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the clinical commissioning group of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

**Requires improvement**



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

The practice is rated as requires improvement for the care of working-age patients (including those recently retired and students). The practice was rated as requires improvement for

**Requires improvement**





# Summary of findings

safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 reflects the needs for this age group.
- The practice had stopped offering extended hours as a survey completed two years ago showed this was not used. The practice have however decided to start offering extended hours from September 2016 to meet the changing needs of its population.

## People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of patients whose circumstances may make them vulnerable. The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Practice data showed that 83% of patients with a learning disability had an annual health check (2014/15).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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. Staff were aware of their

**Requires improvement**



# Summary of findings

responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

**Requires improvement**



The practice is rated as requires Improvement for the care of patients experiencing poor mental health (including patients living with dementia). The practice was rated as requires improvement for safe, effective and well-led as well as overall. The practice was rated as good for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (04/2014 to 03/2015), which was below the clinical commissioning group of 86% and national average of 84%.
- The percentage of patients with severe mental health problems who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (04/2014 to 03/2015) was 96% which was comparable to the CCG average of 93% and above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Two hundred and eighty-one survey forms were distributed and 108 (38%) were returned. This represented approximately 2% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 83% and national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients commented that staff were caring and treated them with respect and dignity.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

We looked at the NHS Friends and Family Test for March 2016, where patients are asked if they would recommend the practice. The results showed an average of 80% of respondents would recommend the practice to their family and friends.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure appropriate actions are taken when vaccines fridges are operating outside of the required range.
- Ensure all staff have had the required pre-employment checks.
- Ensure the number of reviews for patients with long term conditions is increased and the outcomes of the reviews are appropriately and accurately recorded in the patient's medical records.

- Ensure all staff have had an appraisal.
- Ensure a continuous programme of audits is maintained to ensure quality improvements.

### Action the service **SHOULD** take to improve

- Ensure all staff have received safeguarding adults training.
- Ensure actions are taken to improve patient's satisfaction on consultation with GPs and nurses.

# Crescent Bakery

## 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 Crescent Bakery

Crescent Bakery Surgery is a GP partnership located in the centre of Cheltenham. Crescent Bakery Surgery covers the central Cheltenham area and surrounding areas up to a radius of 5 miles from the centre of town. The practice has arrangements for wheelchair users to access the premises when required.

The practice provides its services to approximately 5,800 patients under a General Medical Services (GMS) contract. (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 practice delivers its services from the following address:

St George's Place

Cheltenham

Gloucestershire

GL50 3PN

The practice had encountered various challenges in the last two years and realised that they needed additional support to continue to provide their service to patients. Hence they approached a few other local practices for support. An agreement was drawn with another provider and this

became effective in April 2016. The practice was in the process of updating their registration to reflect the partners who have joined and left the practice partnership and make changes to the registered manager.

The practice has seven GP partners, six of which recently joined the partnership. Two of the GP partners were actively working at the practice as well as three salaried GPs making a total compliment of approximately three whole time equivalent GPs. There are seven male and three female GPs.

The nursing team include one nurse consultant, two advanced nurse practitioners and two practice nurses who were all female; the practice also employs one health care assistant. The practice management and administration team includes an executive manager, a practice manager, an assistant practice manager, three administration staff and six reception staff. The practice is approved for teaching medical students training to become doctors.

The practice had a higher than average population of patients aged between 25 and 29, 50 to 54 and over the age of 85. Data from the 2011 census shows that 93% of the local population is from a white background. The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the fourth least deprivation 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.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments with a GP are from 8.30am to 12pm and 3.20pm to 5.50pm. The practice does not offer extended hours.

# Detailed findings

The practice has opted out of providing out of hours services to its patients. Patients can access the out of hours services provided by South Western Ambulance Service NHS Foundation Trust via the NHS 111 service.

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Crescent Bakery Surgery.

## Why we carried out this inspection

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

## 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 1 June 2016. During our visit we:

- Spoke with a range of staff including four GPs, the nurse consultant, one advanced nurse practitioner, one practice nurse, the practice manager, assistant practice manager and four members of the administration and reception team.
- We also spoke with four members of the patient participation group and patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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.

# 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient presented with bladder problems which had deteriorated over a 12 months period, the GP examined the patient and referred the patient for further tests via the two week wait referral process. The patient was diagnosed with a tumour two months later through the tests. The practice felt although the patient was referred appropriately, diagnosis could have been earlier which would have enabled the patient to start treatment earlier. The practice made clinical staff aware of the importance of early referral and ensuring patients are fully examined when presenting with similar symptoms.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. However, we found there were some gaps in safeguarding training, for example, one of the nurses had not had safeguarding adults training. The practice sent us evidence following the inspection that the nurse had completed the training on the following day of the inspection.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Three of the nurses had qualified as

# Are services safe?

Independent Prescribers 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. However, we found that not all PGDs were signed locally by a person authorised by the practice. The practice sent us confirmation on the following day of our inspection that they had reviewed their processes to ensure all PGDs were signed by a person authorised by the practice.

- Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis. However, we found that PSDs were signed after medicines or vaccines were administered. The practice sent us information on the following day of our inspection confirming that they have reviewed their system for authorising PSDs. The duty doctor would be looking at the list for the next day and issuing and authorising PSDs.
- Practice records showed that one of the vaccine fridges had reached a maximum temperature of 10 degrees Celsius on several occasions and appropriate actions in accordance with practice policy were not taken when there were signs that the vaccine fridges had operated outside of the normal range. The practice sent us information that they had contacted the fridge manufacturer, NHS England public health department and the manufacturers of the affected medicines following the inspection. The fridge manufacturer advised that the issue was due to the thermometer not being reset properly.
- We reviewed four personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, one of the clinical staff had not had a DBS check prior to starting employment.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87% of the total number of points available. The practice's exception rate overall was 12% which was above the clinical commissioning group (CCG) of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We looked at practice data for results obtained throughout 2015/16 which showed improvement as the practice achieved 94%. Data from the year 2013/14 showed the practice achieved 97% of the total number of points available.

This practice was an outlier for five of the QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 83% which was below the CCG average of 95% and the national average of 89%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and the national average of the national average of 93%.

We discussed the low achievements for diabetes and other long term conditions. The practice explained that they

went through a period of significant change throughout the year 2014 and 2015, and now that they have the support of another provider, there were plans for more nurses to undertake chronic disease management clinics. We saw that nurses had been booked on specific chronic disease courses, and the nurse consultant was assisting the practice in developing a structure to ensure patients with long term conditions were followed up appropriately. Practice data showed that 72% of patients with diabetes, 73% of patients with asthma and 94% of patients with chronic obstructive pulmonary disease (a chronic lung disease), had a review of their medicines in 2015/16.

There was limited evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last two years, however, none of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice identified that medicines with hypnotic effects can cause dependency and should be avoided for elderly patients. The practice identified patients on hypnotic medicines and planned to introduce specific coding to ensure those patients were reviewed regularly and appropriate education offered so that patients could come off medicines with hypnotic effects where appropriate.

Information about patients' outcomes was used to make improvements such as ensuring patients on medicines which can be used for treating acne as well as acting as contraception, are not on those medicines solely for contraceptive purposes as they could have adverse long term side effects. The practice also ensured that those patients are recalled, reviewed and offered alternative and appropriate medicines for contraception.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, not all staff had completed safeguarding training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, one of the advanced nurse practitioners had recently completed training in diabetes and there were plans for one of the practice nurses to complete training in chronic obstructive pulmonary disorder (a chronic lung disease).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had (with the exception of nurses) received an appraisal within the last 12 months. We were told that six members of the provider's whole nursing team including the nurse consultant were due for revalidation in July and September 2016 and therefore, support for revalidation was prioritised. All members of the practice's nursing team have received a one to one meeting with the nurse consultant when the practice was taken over in April 2016.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service and could also be referred to the local care coordinator via the social prescribing service. Social prescribing is a

# Are services effective?

(for example, treatment is effective)

local CCG led initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

- Smoking cessation advice was available from the healthcare assistant.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and above the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 63% which was comparable to the CCG

average of 63% and above the national average of 58%. 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 78% compared to the CCG average of 77% and national average of 72%.

Childhood immunisation rates for the vaccines given were above the CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 80% to 98% compared to the CCG average of 72% to 96%; and five year olds ranged from 95% to 100% compared to the CCG average of 90% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the five patient 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 four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The practice recognised that the challenges they went through in the last year would have had an impact on patients. They felt that now the practice had the support of another provider, they were in a position to focus on patient centred care and improve the service they provided to their patients.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The practice had a multi-lingual check in screen where patients could check in their preferred language.
- Information leaflets were available in easy read format.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 138 patients as carers (approximately 2% of the practice list). The practice had a dedicated carers board in the waiting room. Carers were offered annual health checks and could be referred to social prescribing (A CCG initiative to identify appropriate services to patients with specific needs, beyond their medical care). Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

- The practice did not offer extended hours, however, they were planning to introduce this from September 2016.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided fortnightly "ward" rounds to one nursing home and two care homes. There was a lead GP who undertook those visits to ensure continuity of care for patients in those homes.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. The practice had a multi-lingual check in screen where patients could check in their preferred language.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 3.20pm to 5.50pm every afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and national average of 73%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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 on the practice's website.

We looked at nine complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, when a patient complained that the flu clinic had been cancelled, the practice explained that the clinic was cancelled due to poor uptake. The practice identified that many patients were attending their local pharmacies for flu vaccines and therefore would be planning the following flu campaign as early as possible to encourage uptake and reduce the need to cancel flu clinics.

# Are services well-led?

Requires improvement 

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

## Our findings

The practice had encountered various challenges in the last two years. One of the GPs had identified that changes needed to be made urgently so that the service was sustainable and they were able to continue to provide a good service to patients. Hence they approached a few other local practices for support. An agreement was drawn with another registered provider and six new partners joined the practice which became effective in April 2016. Of those six partners who joined, one was working at the practice and we were told that there were plans for the other five GP partners to undertake GP sessions at the practice in the future. On the day of the inspection, the partners told us they were aware of the issues in the practice and they recognised that there were improvements to be made.

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. However, we found that there were shortfalls in the governance of the practice.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- The arrangement for the management of administration of medicines did not always keep patients safe.
- Outcomes for patients with long term conditions were below local and national averages.
- Results from the GP patient survey were below local and national averages and actions to improve those outcomes had not been taken.
- Practice specific policies were implemented and were available to all staff. However, we found appropriate

actions had not been taken in accordance with practice policies when there were signs that the fridge temperatures were operating outside of the normal range.

- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audits highlighted areas for the practice to improve on; however they did not demonstrate quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however, these were not always implemented.

### Leadership and culture

On the day of inspection the two partners and salaried GPs in the practice demonstrated they appreciated the issues in the undertaking of the practice and were aware of the challenges ahead. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. However, we found there were gaps in nurse meetings. The nurse consultant and one of the GPs told us they were aware of this and had plans to introduce regular meetings. The lead partner also held six weekly tutorial meetings with all members of the nursing teams.



# Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The patient participation group (PPG) had been formed in the last few months and had only had one meeting with the practice so far. We spoke with four members of the PPG and they told us that they felt the practice was open and honest with them. They were aware of the issues within the practice and the reasons for the takeover. One member of the PPG told us they had emailed the practice with a list of improvements that could be made and felt the practice took this seriously. For example, one of the suggestions was to send text messages to patients to remind them of appointments and avoid the risk of patients not attending

appointments. We saw the practice informed patients on the information screen that they will be using this system where patients have given consent for receiving text messages from the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- The practice had plans to introduce nurse led clinics in chronic disease management and had enrolled some of the nurses on specific courses to enable them to deliver this service.
- The nurse consultant had undertaken a piece of work to assess the number of nurses they are likely to lose over the next five years through retirement and had started recruiting more nurses now to ensure there were no disruption to the nursing services.

## 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><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Actions had not been taken when there were signs that the vaccine fridge operated outside of the normal range.</li><li>• The registered person did not demonstrate that systems in place were effective in monitoring the care and treatment of patients diagnosed with long term conditions. The risks associated with this had not been appropriately assessed.</li></ul> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>17.—(1) Systems and processes must be established and operated effectively to ensure compliance with the requirements in this Part.</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</li></ul>



## Requirement notices

- The registered person did not demonstrate that systems in place were effective in monitoring the care and treatment of patients diagnosed with long term conditions. The risks associated with this had not been appropriately assessed.
- The registered person did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.
- The registered person had not retained the information specified in Schedule 3. The practice had not carried out DBS checks on one member of the clinical staff team could not be sure these staff were of good character.
- The registered person did not evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e)

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 18 HSCA (RA) Regulations 2014 Staffing

#### **Staffing**

#### **How the regulation was not being met:**

The registered person did not ensure staff received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

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

### Regulated activity

### Regulation

## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

**19.—(1) Persons employed for the purposes of carrying on a regulated activity must—**

(a) be of good character,

(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.

- The registered person had not retained the information specified in Schedule 3. The practice had not carried out DBS checks on one member of the clinical staff team could not be sure these staff were of good character.

This was in breach of regulation 19 (1) (a) and (3) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.