Whitburn Surgery

Quality Report

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Date of inspection visit: 18 May 2016
Date of publication: 12/07/2016

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?	Inadequate
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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitburn Surgery on 18 May 2016. Overall the practice is rated as requires improvement.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Significant events were recorded at the practice; however there was no facility to ensure actions were completed or to document the lessons learned. There was not a comprehensive system in place to manage patient safety alerts.
- Risks to patients were not always assessed or well managed. For example, it was not known what actions had been addressed from a legionella risk assessment from some years ago and there were no regular fire drills.
- There was a recruitment policy in place and appropriate recruitment checks had been carried out.
- Security within the building was poor. Some cabinets containing patient records and some consulting rooms did not lock.
- Patients' needs were assessed and care was planned and delivered, and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines were followed.
- Data showed patient outcomes had been below average for the locality. For example the overall Quality and Outcomes Framework (QOF) score for 2014/15 showed the practice had achieved 88.2% of the total number of points available to them compared to the national average of 94.8%. However improvements had been made for the 2015/16 year and the overall score was 96.8%. The 2015/16 data had not been verified or published at the time of the inspection.
- Staff told us they had received some training; however we could not verify this as there were no training records to support this.
- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available

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.
- The practice had a system in place for handling complaints and concerns; however, there was no leaflet available to give patients information on how to complain.
- The practice provided good access to appointments for patients. Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day. However, there were no extended opening hours.
- The practices ethos complied with the requirements of the Duty of Candour. However, the practices' record keeping process for significant events did not support the requirements of Duty of Candour.

The areas where the provider must make improvements are:

- Ensure the practice's system for significant events is reviewed.
- Ensure there is an effective system in place to manage patient safety alerts.
- Ensure the premises and equipment, including records, are held securely.
- Ensure they follow systems and processes in relation to health and safety and fire safety and understand the requirements and actions from the legionella risk assessment.
- Ensure staff receive appropriate support including appraisal and training relevant to their role.

The areas where the provider should make improvements are:

- Consider reviewing safeguarding information which is available for staff.
- Consider ways of more proactively identifying and supporting carers.
- Consider formal arrangements to be put in place for patients to see a female GP if necessary.
- Review the information available for patients who wish to make a complaint.
- Continue to progress with the setting up of a patient participation group and consider feedback from patients to improve services.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where they must make improvements.

Significant events were recorded at the practice; however there was no facility to ensure actions were completed or to document the lessons learned. There was not a comprehensive system in place to manage patient safety alerts.

Some risks to patients who used the services were assessed, however, the systems and processes were ineffective. For example, there was no health and safety or fire risk assessment or regular fire drills. There was limited understanding of some identified risks, for example, actions from a legionella risk assessment. Security within the building was poor. Some cabinets containing patient records and some consulting rooms did not lock.

There were infection control arrangements in place and the practice was clean and hygienic. There were systems and processes in place for the safe management of medicines. There was enough staff to keep patients safe. Appropriate recruitment checks had been carried out for staff.

Are services effective?

Requires improvement

The practice is rated as requires improvement good for providing effective services as there are areas where improvements should be made.

Data showed patient outcomes were below average for the locality. However, the practice had carried out work in the last year to improve outcomes. For example for the Quality and Outcomes Framework (QOF) year 2014/15 the practice had achieved 88.2% of the total number of points available to them, this had improved to 96.8% for the 2015/16 year. The 2015/16 data had not been verified or published at the time of the inspection.

Staff told us they had received some training; however we could not verify this as there were no training records to support this. The practice had recently purchased an on-line training package and the practice manager was in the process of setting up training for the different job roles in the practice. Not all staff had an up to date appraisal.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation.

Summary of findings

This included assessing capacity and promoting good health. The practice carried out clinical audits which were linked to the improvement of patient outcomes. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Data was variable regarding how patients rated the practice for several aspects of care. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

The practice reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The practice provided a good range of services for patients for example; minor surgery, family planning, phlebotomy and spirometry services and they could carry out electrocardiograms (ECG). Patients said they could make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. However there were no extended opening hours.

The practice had a system in place for handling complaints and concerns. However, there was no information leaflet available for patients who wished to make a complaint.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led as there are areas where improvements should be made.

The practice's mission statement was to provide modern family medicine in a caring and safe environment for all of the patients; however, there was no business development plan. There were some governance arrangements in place to support good quality care; however, there were areas which needed to be improved. For example, policies and procedures were not specific. Risks to patients were not always assessed or well managed. The practice's ethos complied with the requirements of the Duty of Candour. However, the practices' record keeping process for significant events did not support the requirements of Duty of Candour.

Summary of findings

There was evidence of regular staff meetings to encourage learning and to disseminate good practice. The practice had not actively sought feedback from patients to improve services. Appropriate training for staff could not be confirmed and not all staff had received appraisals.

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 people. The practice is rated as inadequate for safe, and requires improvement for being effective and well-led. 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 people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans in place. The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people and in their own home where necessary. The practice provided a phlebotomy, spirometry and could carry out electrocardiograms (ECG). Prescriptions could be sent to any local pharmacy electronically.

The practice was the nominated lead practice and provided care to approximately 20 patients in a local care home The visiting was shared between the GPs.

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 is rated as inadequate for safe, and requires improvement for being effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice had a register of patient with long term conditions which they monitored for recall appointment for health checks. The practice's electronic system was used to flag when patients were due for review and they had recently changed the way they recalled patients for review. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular multi-disciplinary team (MDT) meetings.

The practice nurses had received training in the management of asthma and diabetes. This allowed them to assess diagnose and initiate treatment of patients with these conditions and ensure they received a high standard of care.

Summary of findings

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as inadequate for safe, and requires improvement for being effective and well-led. 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. Immunisation rates were higher than clinical commissioning group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100%, compared to the CCG averages of 85% to 99% and for five year olds from 92% to 100%, compared to CCG averages of 92% to 100%. There was also a baby and child immunisation clinic every Tuesday afternoon. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice's uptake for the cervical screening programme was 83.3%, which was above the national average of 81.8%. Family planning services were available at the practice.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for safe, and requires improvement for being effective and well-led. 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 which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available, including telephone consultations; however, there were no extended opening hours.

People whose circumstances may make them vulnerable

Requires improvement

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

Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. They had told 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 responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

The practice's computer system alerted GPs if a patient was a carer. There was no formal register of carers. There were 52 coded on the practice system which was which is 1% of the practice population. Best practice would be to identify 2% of the patient list as carers. This would indicate that the practice needs to do more to proactively identify and support their carers. There was written information was available for carers to help them understand the various avenues of support available to them in the practice waiting room. The local carers association had provided an awareness session for staff. GPs would opportunistically offer health checks to carers.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for safe, and requires improvement for being effective and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. Patients were advised how to access various support groups and voluntary organisations. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

Summary of findings

What people who use the service say

We spoke with six patients on the day of our inspection. All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included brilliant and patients said they had no concerns regarding the service they received. Patients said they could make an appointment when they needed one.

We reviewed 29 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, excellent, efficient and caring. Patients said they could get an appointment when they needed one.

The latest GP Patient Survey published in January 2016 showed that scores from patients were variable compared to national and local averages. The percentage of patients who described their overall experience as good was 90%, which was above the local clinical commisioning group (CCG) average of 89% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 77% (local CCG average 83%, national average 79%).
- 86% said the GP was good at listening to them compared to the local CCG average of 92% and national average of 89%.
- 83% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 94% said the nurse was good at listening to them compared to the local CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the local CCG average of 93% and national average of 92%.
- 81% said they found it easy to get through to this surgery by phone compared to the local CCG average 82%, national average 73%.
- 80% described their experience of making an appointment as good compared to the local CCG average 78%, national average 73%.
- Percentage of patients who find the receptionists at this surgery helpful – 87% (local CCG average 89%, national average 87%).

These results were based on 113 surveys that were returned from a total of 250 sent out; a response rate of 45.2% and 2.2% of the overall practice population.

Areas for improvement

Action the service MUST take to improve

- Ensure the practice's system for significant events is reviewed.
- Ensure there is an effective system in place to manage patient safety alerts.
- Ensure the premises and equipment, including records, are held securely.
- Ensure they follow systems and processes in relation to health and safety and fire safety and understand the requirements and actions from the legionella risk assessment.
- Ensure staff receive appropriate support including appraisal and training relevant to their role.

Action the service SHOULD take to improve

- Consider reviewing safeguarding information which is available for staff.
- Consider ways of more proactively identifying and supporting carers.
- Consider formal arrangements to be put in place for patients to see a female GP if necessary.
- Review the information available for patients who wish to make a complaint.
- Continue to progress with the setting up of a patient participation group and consider feedback from patients to improve services.

Whitburn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

Background to Whitburn Surgery

Whitburn Surgery provides Primary Medical Services to the village of Whitburn and the surrounding areas. The practice provides services from one location, 3 Bryers Street, Whitburn, Tyne and Wear, SR6 7EE. We visited this address as part of the inspection.

The surgery is located in purpose built premises. There is step free access at the front of the building and all facilities are on the ground floor. There is car parking to the front of the surgery for patients and also street parking outside of the surgery grounds. There are no dedicated disabled bays in the car park.

The practice has three GP partners, all male. Two are full time and one part-time. There are two practice nurses and one healthcare assistant, all of who are part-time. There is a practice manager who was recently employed in January 2016 and six reception and administration staff.

The practice provides services to approximately 5,065 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England.

The practice is open from 8.30am until 6pm Monday to Friday and closes for lunch from 12.30pm until 1pm. There are no extended opening hours.

Consulting times with the GPs are as follows;

Monday – 9-11.30am and 3-5.40pm

Tuesday – 8.40-11.20am and 3-5.40pm

Wednesday – 9-11.05am and 3-5.10pm

Thursday – 8.40 – 11.20 and 3-5.40pm

Friday –9-11.30 and 2.30-5.20pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Information taken from Public Health England placed the area in which the practice was located in the seventh least deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 79 years and the female is 84. The average male life expectancy in the clinical commissioning group (CCG) area is 77 and nationally 79. The average female life expectancy in the CCG area is 81 and nationally 83. The practice has a higher percentage of patients over the age of 40 + upwards to 85 +, when compared to national averages. The percentage of patients reporting with a long-standing health condition is lower than the national average (practice population is 44% compared to a national average of 54%). The proportion of patients who are in paid work or full-time employment or education is 64% higher than the CCG average of 55% and the national average of 62%.

Why we carried out this inspection

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

Detailed findings

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. This inspection was planned to check whether the registered 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

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 18 May 2016.
- Spoke to staff and patients and a healthcare professional.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed a sample of the practice's policies and procedures.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice manager was the point of contact for staff when they needed to report significant events. The events were then added to the local clinical commissioning group (CCG) Safeguard Incident & Risk Management System (SIRMS), where incidents and events met the threshold criteria. We saw minutes of the practice multidisciplinary team meeting where significant events were discussed. The SIRMS system showed there had been seven significant events in the last year.

However, there was no practice specific form for staff to complete regarding significant events. The current arrangements did not have the facility to carry forward actions or next steps taken from lessons learned. There was no annual review of significant events or action to prevent re-occurrence.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. However administrative staff did not attend the multidisciplinary meetings where these were discussed. The practice's ethos complied with the requirements of the Duty of Candour. However, the practice's record keeping process for significant events did not support the requirements of 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).

There was no comprehensive system in place to manage patient safety alerts. The practice manager managed the dissemination of national patient safety alerts. They showed us a central log which they had started in January 2016 to maintain of these however, it was not up to date with actions completed or steps taken so far.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe:

- Staff were aware of who to speak to in the practice if there were safeguarding issues. One of the GP partners was the safeguarding children and adult lead. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. Safeguarding issues were discussed in the monthly multidisciplinary meetings which the health visitor attended where possible. We saw copies of minutes of these meetings. However, we were unable to verify safeguarding adults or child training for staff. There were no training certificates available, except for one for the lead for safeguarding in the practice who had received child safeguarding level three training. Some staff said they had received safeguarding training in the years previously. There was no safeguarding adults' policy in the practice and the safeguarding policy for children was not practice specific although it had been reviewed in the last year. One of the GP partners told us that local numbers for safeguarding contacts were available in the reception area for staff.
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses, health care assistant and senior receptionist carried out this role. They had all received a Disclosure and Barring Service (DBS) check, except for one of the practice nurses. Their check had been applied for and they had supplied one from their previous employment. (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 manager told us they had all received chaperone training. However, we could not verify this for the Health Care Assistant. The practice manager said they would ask them to produce their certificate before they were used as a chaperone in the future.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. There were infection control policies in place, however there was no sharps injury policy. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. There were no spillage kits available on the inspection day. These had been identified as out of date and had been ordered. Medical equipment, including those used in minor surgery, were sterilised off-site at the local NHS hospital. The practice was able to demonstrate their process for decontamination. However, they were unable to produce their agreement

with the hospital for sterilisation of the equipment. We were unable to verify infection control training for staff. General medical equipment was calibrated and serviced.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. Arrangements had been made to store and monitor vaccines, except that one of the three vaccine refrigerators did not lock as the reversible door was on the unit the wrong way round. The practice manager said this was to be addressed. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.
- We saw the practice had a recruitment policy which was updated regularly. However, this was not comprehensive and did not set out what recruitment checks would be carried out when staff were appointed to their role. We sampled recruitment checks for staff and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. The only exception was that one of the practices nurses did not have a DBS; this had been applied for. They had supplied one to the practice from their previous employment. We saw that the clinical staff had medical indemnity insurance except for one of the practice nurses and health care assistant. The practice showed us an email to the insurance company to have them named on the practice policy.

Monitoring risks to patients

Risks to patients were not always assessed or well managed.

- There was a health and safety policy which had been reviewed recently. However, this was not comprehensive and did not set out did not set out how specific risks would be monitored. For example, which risk assessments were required. Staff had not received health and safety training. The local fire service had carried out an inspection of the practice in 2014; and had issued a number of recommendations, including the installation of a fire alarm and emergency lighting. It was not clear what action had been taken; the practice manager told us that the smoke detectors had been updated and believed the fire service were satisfied with this. There was a fire risk assessment which had been carried out in 2013 which had been due to be updated in 2014; however this had not been carried out.
- Fire extinguishers had been serviced in November 2015. The staff had not received any recent fire safety training and there were no documented fire evacuation drills. There was a fire evacuation procedure. 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 legionella risk assessment carried out in 2012; which made a number of recommendations. The practice manager believed that most of these related to the installation of a new boiler which had been carried out two years previously. However, they asked one of the GPs about the actions and they were unsure if other actions had been carried out.
- The practice manager told us that they had recently identified specific security risks and measures would be taken to address these as soon as possible. Patient records were held in filing cabinets located around the practice. They had identified that new keys were required for the cabinets as some (in the reception area) did not lock. There was always a member of staff working in this area when the practice was open. There was also a cabinet which did not lock in a room used by administrative staff which was accessed from the waiting area. However, the door could be seen by the member of staff at the reception desk. Generally there were no keys for the consulting rooms which were located off the waiting area; this included consulting rooms where medical equipment and consumables were kept. They told us as a matter of urgency they were to have the locks replaced on the doors as they had only recently realised that there were no keys to lock them.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had not used locum cover for over a year. As most of the staff worked part time they were able to cover for each other's annual leave.

Inadequate

Are services safe?

Arrangements to deal with emergencies and major incidents

Staff had received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen however there were no children's masks for the nebuliser. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The staff kept themselves up to date via clinical and educational meetings. This information was used to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 88.2% of the total number of points available to them, with a clinical exception reporting rate of 4.3%. The QOF score achieved by the practice in 2014/15 was below the England average of 94.8% and the local clinical commissioning group (CCG) average of 94.4%. The clinical exception rate was below the England average of 9.2% and the CCG average of 9.5%. (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).

We discussed the QOF results with the practice management team. They explained that QOF had been monitored much more closely in the 2015/16 year and improvements had been made compared to 2014/15 year. They had improved their recall system for long term conditions. Previously patients had been recalled by telephone call. Reception staff were now sending letters to patients to remind them to make an appointment for a review. This had contributed to the improvements. Overall for 2015/16 QOF year the practice had achieved 96.8% of the total number of points available to them. This data had not been verified or published yet at the time of the inspection.

The most recently published data showed;

- Performance for diabetes related indicators was below the national average for 2014/15, (68.2% compared to 89.2% nationally). For 2015/16 year this had improved to 94.8%
- Performance for dementia indicators was below the national average for 2014/15 (86.8% compared to 94.5% nationally). This had improved to 100% in the 2015/16 year.
- Performance for mental health related indicators was below the national average for 2014/15 (60.7% compared to 92.8% nationally). This had improved for 2015/16 to 75.2%. For example, for 2014/15 27.6% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.5%. This had improved to 57% for 2015/16.
- Performance for asthma related indicators was better than the national average for 2014/15 (100% compared to 97.4% nationally). For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control (2014/15) was 76.5%, this compared to a national average of 75.4%.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the national average for 2014/15 (99.3% compared to 96% nationally). The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding twelve months (2014/15) was 88.9% which was comparable to the national average of 89.9%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw examples of two full completed audits which had been carried out in the last year. This included an audit regarding anti-psychotic medication for patients experiencing dementia to see if this was still appropriate. The practice carried out a successful withdrawal for 33% of the patients receiving this medication.

Effective staffing

Staff did not always have the skills, knowledge and experience to deliver effective care and treatment.

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics relating to the responsibilities of their job role.
- The practice manager explained that appraisals had been delayed this year due to staff changes at the practice. There had been a change of practice managers. We saw non-clinical staff had all received an appraisal where appropriate. However, the two practice nurses and health care assistant had a date to receive theirs two weeks following our inspection. They had previously had an appraisal in February 2015.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.)
- The practice manager told us that staff training was an area they were aware they must improve. The practice had purchased on-line training software for staff in the month before our inspection. The practice manager was in the process of setting up training for the different job roles of staff and hoped to have the training mostly completed by August 2016. They had tried to validate what training the staff had received over the years by asking them to bring in their certificates but this had proved difficult. We were told and saw one training certificate to verify that staff had received basic life support training from one of the GPs at the practice who was a qualified trainer in this subject. This was carried out in 2015. We were told staff had received information governance training in December 2015 or January 2016 but there were no certificates to support this. We were unable to verify child safeguarding, fire safety and health and safety training. We were told that staff had not received adult safeguarding training. There were no records of any non-clinical training for the GPs. We saw that practice nurses had completed training relevant to their clinical role.

Coordinating patient care and information sharing

The practice had systems in place to plan and deliver care and information on 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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services some of whom were based in the same building. Multi-disciplinary team (MDT) meetings took place monthly; the district nurse, health visitor and social worker attended where possible. At these meetings data and knowledge of patients was used to identify high risk patients who may have needed follow-up contact or a care plan put in place. The practice had a palliative care register which was discussed at the monthly MDT meeting in order to manage the care, treatment and support of these patients. The practice provided us with data from the local CCG which showed they had the fifth highest cancer detection rate in the CCG area out of 27 practices. The GPs saw all hospital discharge letters and results of blood tests; these were actioned within 48 hours.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 83.3%, which was above the national average of 82%The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example,

Requires improvement

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100%, compared to the CCG averages of 85% to 99% and for five year olds from 92% to 100%, compared to CCG averages of 92% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the practice nurse or the GP if appropriate. Follow-ups on 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 throughout the inspection that members of staff were courteous and very helpful to patients; both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We reviewed 29 CQC comment cards completed by patients prior to the inspection. The cards completed were all overwhelmingly positive. Common words used to describe the practice included, excellent, efficient and caring.

We spoke with six patients on the day of our inspection. All of the patients we spoke with were satisfied with the care they received from the practice. Words used to describe the practice included brilliant, very good and patients said they had no concerns regarding the service they received.

Results from the National GP Patient Survey in January 2016 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above or in line with the average for its satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 100% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 87% said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 we reviewed showed patients response were lower compared to local and national averages when they were asked about their involvement in planning and making decisions about their care and treatment with GPs but the scores were higher for the nurses. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 92% and the national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 94% said the last nurse they spoke to was good listening to them compared to the CCG average of 92% and the national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

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. This included information regarding patient transport and talking therapies.

The practice's computer system alerted GPs if a patient was a carer. Carers were coded on the practice computer system. (Clinical codingis the translation ofclinicalterminology as written by a clinician into statistical code which can then be searched upon at a later date). There was no formal register of carers. There were 52 coded on the practice system which was 1% of the practice population. There was written information available for carers to help them understand the various avenues of

Good

Are services caring?

support available to them in the practice waiting room. The local carers association had provided an awareness session for staff. GPs would opportunistically offer health checks to carers.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of services. Many of the staff had worked there for many years which enabled good continuity of care. The practice had close links with the local community through the different multi-disciplinary meetings and groups the practice attended.

The practice worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area. The practice had engaged with them in a quality in prescribing programme, from which a number of areas for improvement were identified. We saw progress had been made against some of the actions and there were activities planned to meet the remainder. For example, the lead respiratory nurse had attended a training course for inhaler techniques.

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. For example, the practice had identified its highest risk patients and had developed care plans to meet their needs. This included patients who were housebound. The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. The practice nurses had completed training in the management of asthma and diabetes. This allowed them to assess, diagnose and initiate treatment of patients with these conditions and ensured they received a high standard of care.

The practice provided care to patients in a care home in the area which they were nominated as the lead practice for approximately 20 patients. The visiting was shared between the GPs.

The practice provided a good range of services which were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice was open from 8.30am until 6pm Monday to Friday and closed for lunch from 12.30pm until 1pm. There were no extended opening hours, however this was not raised as an issue by patients we spoke with.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- The practice had participated in the winter pressures programme; opening on a Saturday morning in line with other local practices.
- The practice had all male GPs. The practice said this had not been raised as an issue for any patients so far. There were no formal arrangement in place for patients to see a female GP if necessary.
- The practice had a dedicated telephone line for other health care professionals to use in emergencies such as the local ambulance service or other local surgeries.
- There were no signs or notices in the window of the practice to say who the GPs were, what the opening times were and who patients should contact for out of hours arrangements, if the practice was closed.
- The practice carried out minor surgery and provided a family planning, phlebotomy and spirometry services and could carry out electrocardiograms (ECG).
- There were disabled facilities and translation services available.
- All patient services were accessible to patients with physical disabilities.
- There was an ante-natal clinic on Thursday afternoons and a baby and child immunisation clinic every Tuesday afternoon.

Access to the service

The practice was open from 8.30am until 6pm Monday to Friday and closed for lunch from 12.30pm until 1pm. Consulting times with the GPs were as follows;

Monday – 9-11.30am and 3-5.40pm

Tuesday – 8.40-11.20am and 3-5.40pm

Wednesday – 9-11.05am and 3-5.10pm

Thursday – 8.40 – 11.20 and 3-5.40pm

Friday –9 -11.30 and 2.30-5.20pm

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could get an appointment when they needed one.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was generally higher than local and national averages. For example;

- 85% of patients were satisfied with the practice's opening hours compared to the local CCG average of 84% and national average of 78%.
- 81% patients said they could get through easily to the surgery by phone compared to the local CCG average of 82% and national average of 73%.
- 80% patients described their experience of making an appointment as good compared to the local CCG average of 78% and national average of 73 %.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. However, there was no information available to patients who wished to make a complaint to the practice or information on their website setting out their options for how to complain.

We saw the practice had received three formal complaints in the last 12 months and these had been investigated in line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated. There was no annual review of complaints.

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 mission statement was to provide modern family medicine in a caring and safe environment for all of the patients.

There was no formal practice development plan. There were monthly business information meetings which the GP partners and practice manager attended. The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority.

Governance arrangements

There were some governance arrangements which supported the delivery of the strategy and care.

- There were clinical leads for areas such as safeguarding.
- The practice manager was new in post (January 2016) and had identified areas for improvements but had not yet had the opportunity to address all of the areas concerned. They had started with the Quality and Outcomes Framework (QOF), had completed the information governance toolkit, took steps towards setting up a patient participation group (PPG) and looked at where the practice could obtain training needed for staff.
- QOF was used to manage performance and recent improvements had been made to this.
- Clinical audits were carried out to monitor quality and to make improvements to patient care. We saw evidence of improvements to patient care as a result of these.

However, there were areas where improvements must be made;

- The GP partners were not directly involved in the day to day running of the practice. For example, they were unaware of the actions which had been taken in response to areas for improvement identified in a legionella risk assessment and the results of actions taken following an inspection by the fire service.
- There was no practice specific recording of significant events, or facility to carry forward actions or next steps taken from lessons learned.
- There was no comprehensive system in place to manage patient safety alerts.
- There were some policies which were implemented and were available to all staff, however these were not specific.
- Risks to patients were not always assessed or well managed. For example, there was no health and safety or fire risk assessment or regular fire drills.
- Security within the building was poor. Some cabinets containing patient records and consulting rooms did not lock.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care, however they did not work together with the practice management to ensure this happened. Staff told us that they were approachable and always took the time to listen to all members of staff.

The practices' ethos complied with the requirements of the Duty of Candour. However, the practices' record keeping process for significant events did not support the requirements of Duty of Candour.

There were multi-disciplinary meetings held every month and clinical meetings held after these. We saw copies of minutes of these meetings. There was a business meeting every month. There were staff administration meetings on the first Tuesday of every month.

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

The practice did not have a patient participation group (PPG). They were aware of this and we saw they had started to canvass patients to see who would be interested in joining a group. There was a notice in the waiting area and information regarding this in the practice information leaflet. The practice manager hoped to have two to three people interested before they held a meeting. We spoke with one patient who was aware of this and interested in joining. The practice had not carried out any recent survey of patients to gain their views on the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was limited evidence of innovation or service development.

Are services well-led?

Requires improvement

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

The practice had improved their QOF performance in the last year. There were plans in place to recruit an apprentice receptionist and develop a practice nurse into the role of nurse practitioner. There were plans in place to set up a PPG.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way. Specifically: There was no facility to carry forward actions or next steps taken from lessons learned from significant events. There was no system in place to manage patient safety alerts to demonstrate the practice had done everything reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment The premises used by the practice were not secure. Specifically: Not all cabinets and furniture used to store confidential information we able to be locked and there were no keys available to lock the consulting room doors.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	Systems and processes were not established and operated effectively in order to assess, monitor and improve the quality of service provided in carrying out the regulated activities. Specifically: Systems and processes were not in place in relation to health and safety and fire safety, and the registered persons could not demonstrate they had met the requirements and actions from the legionella risk assessment.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Not all staff had received the appropriate training and appraisals to carry out their roles.