Silver End Surgery

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall.

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups.

The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

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

We carried out an announced comprehensive inspection at Silver End Surgery on 17 January 2018 as part of our inspection programme.

At this inspection the key findings were as follows:

- Staff could identify and respond appropriately to patients that developed deteriorating health or medical emergencies.
- The practice had reliable systems for appropriate and safe storage of medicines.
- The practice took steps to maintain the safety of the working environment.
- We were not assured that the practice learned or shared action taken to improve safety when serious incidents or significant events should have been investigated.
- Patients care treatment and support achieved positive outcomes because delivery was based on the best available evidence.
- The practice monitored and reviewed the effectiveness and appropriateness of medical annual reviews. When identified reviews had not taken place, action was taken to contact patients.

Summary of findings

- Not all appropriate staff had undertaken Mental Capacity Act training.
- Patients received coordinated care, were assisted to live healthier and gave consent when required. However, multi-disciplinary meetings were not taking place.
- The practice had a process to follow up failed attendance of children's appointments following a referral or an appointment to secondary care or for immunisation.
- Patients were supported, treated with dignity and respect, and were involved as partners in their care.
- The practice proactively identified patients that were carers and offered them extra support.
- The importance of flexibility, informed choice and continuity of care was reflected in the practice.
- Staff booking home visits were aware how to escalate patients describing urgent medical conditions that may require a more urgent response.
- When patients raised complaints or concerns, the practice did not always consider their views, investigate them thoroughly or change practice to improve.
- Leadership and governance required strengthening in some areas.
- There was a corporate process to review key items such as the strategy, values, objectives, plans and governance framework; however, this was not being consistently applied at the practice.
- Some audits had been carried out however, there was no programme for regular audits or other quality assurance for the service that would assess, monitor and improve the quality of the services provided.
- The practice had responded to an area of low data in the national GP patient survey and were looking at ways of improving patient satisfaction.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Ensure appropriate staff receive relevant training on the Mental Capacity Act.
- Undertake multi-disciplinary meetings with other healthcare professionals and ensure record keeping is maintained.
- Continue to monitor and improve patient satisfaction in relation to waiting times.
- Implement a quality assurance programme that includes undertaking clinical audits.
- Improve the cascading of information to staff from team meetings to ensure that staff are aware of issues affecting practice performance.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Silver End 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 adviser and a second CQC inspector.

Background to Silver End Surgery

- Silver End Surgery is a GP practice located in a semi-rural area near Witham. It is part of the Mid Essex Clinical Commissioning Group.
- Services are provided from: Broadway, Silver End, Witham, Essex, CM8 3RQ
- Online services can be accessed from the practice website: www.silverendsurgery.co.uk
- Silver End Surgery is managed by the provider organisation Virgin Care Services Limited. The company took over the contract to provide NHS primary care services at Silver End Surgery in 2016. The company manages 19 GP practices across the country.
- The practice provides primary medical services to approximately 3,700 patients.
- The practice has a slightly higher over 85 years population than the national averages with 3.3% of the practice list compared to local of 2.6% and 2.3% national.
- The practices population is in the fourth decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average.

Requires improvement

Are services safe?

Our findings

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

The practice was rated as requires improvement for providing safe services because:

- The system of sharing of learning from significant events was not effective.
- Systems to manage and share care records and information was not coordinated. The practice had not held regular multi-disciplinary meetings with partner agencies to discuss shared care.

Safety systems and processes

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

- The practice conducted safety risk assessments. Staff received safety information for the practice as part of their induction and refresher training.
- Safeguarding training was being monitored. Training responsibility was left to clinical staff to ensure they remained up to date. We viewed four staff files and found in date training had been completed to the correct level. There was a safeguarding lead and policies were regularly reviewed and were accessible to all salaried staff. Locum staff did not have access to the practice computer system; however, there were paper copies of the policy available. They outlined clearly, whom to go to for further guidance.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control (IPC). There was a completed audit with associated action plan. The IPC lead was a nurse. There were cleaning schedules in place and hand hygiene audits were completed every six months. The IPC lead had completed further training for the role and fed back updates to the team. There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Calibration and electrical testing was completed annually.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role. There was a locum induction pack and locum staff files that we checked contained relevant employment checks.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. Clinicians could give a detailed explanation of how they would manage a patient with suspected sepsis and had up to date knowledge of guidance. There was also a template on the clinical computer system that could be followed.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe.
- Information required to deliver safe care and treatment was available to relevant staff in a timely and accessible way. This included responding to test and imaging results, care and risk assessments and care plans.
- Systems in place to share information with other agencies was not always effective. There was a lack of multi-agency meetings and record keeping of the decisions made and we were told the staff often communicated through the practice computer system or via email.

Requires improvement

Are services safe?

- Referral letters included all of the necessary information. We were told that GPs would assist patients to use the NHS e-Referral service (previously known as choose and book) to ensure that they understood their treatment options.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use. The practice had all recommended emergency medicines and there were systems to check them.
- The practice had audited its antimicrobial prescribing at a practice level in conjunction with the local medicines optimisation team. Antibacterial prescribing was in line with local and national figures.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were in date and had been signed appropriately.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines. This included the review and safe monitoring of patients on high risk medicines, including methotrexate and lithium. A recent audit of methotrexate identified not all patients had up to date blood results. We saw appropriate action had been taken and a re-audit was planned.

Track record on safety

The practice took steps to maintain the safety of the working environment.

- There were monthly risk assessments undertaken in relation to safety issues.
- A legionella risk assessment had been completed and the practice was monitoring water temperatures as per guidance.
- There was an up to date health and safety risk assessment that covered areas including home visits, workstation assessments and building.
- A fire risk assessment had been undertaken and actions identified had been completed. The practice had carried out regular fire alarm testing and had equipment including fire extinguishers and emergency lighting checked regularly.

Lessons learned and improvements made

The practice did not consistently identify or address safety concerns in a timely manner.

- We were not assured that the practice had sufficient arrangements for reviewing and investigating safety incidents and events when things went wrong. The trigger for commencing a significant event analysis (SEA) was so high that the practice reported to the CQC that they had no incidents in the previous 12 months that required investigating. On the day of the inspection, the inspector and GP specialist advisor identified incidences that should have been investigated and analysed as they affected patient safety. For example, a delay in acting on advice from a consultant for further investigations meant a patient was left in pain longer than was necessary.
- Staff understood their duty to raise concerns and report incidents but did not report near misses.
- There was limited use of systems to record and report safety concerns, incidents or near misses.
- There was a system for receiving and acting on patient safety and medicine alerts. These alerts came to the lead pharmacist and they would identify what action was required. The relevant staff member would be tasked to undertake searches and acted on the results. All alerts were kept in a folder for referencing when necessary.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice and all the population groups as good for providing effective services.

Effective needs assessment, care and treatment

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

- We saw evidence that patients received comprehensive assessments with clear clinical care pathways and protocols, this ensured evidence based care was provided. Staff followed care pathways and protocols.
- Patients were able to book appointments and repeat prescriptions on line. Text reminders were sent to patients reminding them of their appointment and they could cancel their appointment by text.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw that GPs were aware of and adhered to the guidance that generic antibiotics were used when antibiotics were necessary. This ensured broad-spectrum antibiotics (for example, co-amoxiclav, quinolones and cephalosporins) were reserved to treat resistant disease.

Older people:

This population group was rated as good for providing effective services. For example:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- All patients in this group had a named GP.
- Where a patient's mental capacity to consent to treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

This population group was rated as good for providing effective services. For example:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice was an outlier for several clinical indicators and was working to improve performance. For example, the percentage of patients on the register, in whom the last IFCC-HbA1c is 59mmol/mol or less for 2017/18 was 57% compared to the Clinical Commissioning Group (CCG) average of 68% and the national average of 72%. The practice provided evidence that in 2017/18 performance was being monitored.
- 100% of patients newly diagnosed with diabetes in the preceding 1 April to 31 March had a record of being referred to a structured education programme within 9 months after entry on to the diabetes register. Exception reporting was 0% compared to a CCG of 44% and national of 25%.
- The percentage of patients with a specific irregular heart rhythm in whom stroke risk had been assessed was 100%. (CCG and national average of 96%).

Families, children and young people:

This population group was rated as good for providing effective services. For example:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target

percentage of 90%. The practice score ranged between 94.5% to 100% achievement for vaccinations for children five years old and under. Practice nurses would routinely contact parents or carers of children on the same day of any missed immunisation appointments to discuss and re-schedule another appointment.

- The practice had arrangements to identify and review the treatment of newly pregnant women on long term medicines.
- Patients were referred to the practice nurse for family planning advice.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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

This population group was rated as good for providing effective services. For example:

- The practice's uptake for cervical screening was 82%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated as good for providing effective services. For example:

- End of life care was delivered in a coordinated way that took into account the patients' needs and preferences.
- 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.
- 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 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):

This population group was rated as good for providing effective services. For example:

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was above the CCG and national average of 84%. Exception reporting was 6% this was the same as the CCG and national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the CCG and national average of 90%. Exception reporting was 17% compared to the CCG level of 16% and national level of 12%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 86%; national 91%). Exception reporting was 22% compared to a CCG level of 15% and a national level of 10%.The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 100%; CCG 98%; national 97%).

Monitoring care and treatment

There was evidence of some quality improvement activity to review the effectiveness and appropriateness of the care

Good

Are services effective?

(for example, treatment is effective)

provided. Some clinical medicine audits had been undertaken within the practice; however, there had been no other two-cycle clinical audits completed to demonstrate an improvement in quality.

We saw the clinical staff were utilising clinical templates to provide thorough and consistent assessments of patient needs. Where appropriate, clinicians took part in local and national improvement initiatives.

Records we saw showed us that the practice's performance in assessing and treating patients with long-term conditions, such as asthma and chronic respiratory illnesses were in line with the local Clinical Commissioning Group (CCG) and national averages. The most recent published Quality Outcome Framework (QOF) results were 94% of the total number of points available. This was comparable with the clinical commissioning group (CCG) of 93% and national average of 95%. The overall exception reporting rate was 8%, compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice GPs and practice nurses took a lead role in specialist clinical areas such as learning disabilities, diabetes, heart disease and asthma. The practice nurses carried out reviews for patients with long-term conditions and carried out well patients checks through pre-booked appointments. This allowed the GPs to treat patients with more complex medical conditions.
- The practice exception rate for patients with a new diagnosis of dementia recorded in the preceding 1 April to 31 March, with recorded blood tests recommended by guidance taken between 12 months before or 6 months after entering on to the register was 50%. This was lower than the CCG average of 12% and national average of 23%.
- The practice exception rate for patients who were female aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses, whose notes record that a cervical screening test had been performed in the preceding 5 years was 50%. This was lower than the CCG average of 23% and national average of 21%.
- The practice exception rate for patients on lithium therapy with a record of lithium levels in the therapeutic range in the preceding 4 months was 50%. This was worse than the CCG average of 11% and national average of 9%.

In response to QOF data, the clinicians were able to demonstrate that the exception reporting for the mental health indicators was high as there were only four patients in that category. We reviewed one of the notes and saw clear documentation around discussions with the patient and their decision not to comply was well documented. For the dementia outlier the practice had implemented a new system where blood forms were sent to the patient; if this failed to prompt a blood test they would be sent a follow up letter. An alert was put on the patient's notes to remind clinicians to discuss opportunistically if the patient attended the practice for a different reason. We were therefore satisfied that the practice was applying the exception reporting criteria appropriately.

Effective staffing

All staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. The learning needs of staff were identified and training was provided to meet these needs. Staff were supported to maintain and further develop their professional skills and experience.

- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice had identified mandatory training for all staff to complete including safeguarding children and adults, fire safety and information governance. However, on inspection we found that not all appropriate staff had undertaken Mental Capacity Act training in line with practice policy. We found in particular that reception staff who had contact with patients had not received training. Only three staff had received equality and diversity training.
- Staff had appropriate knowledge of treating older people including their physiological, mental and communication needs. They recognised the particular needs of older people with multi-morbidities, frailties and health care complexities.

Good

Are services effective?

(for example, treatment is effective)

- GP locums were used; they were sourced from those who had previously worked at the practice. This ensured familiarity with systems and continuity for patients and staff.

Coordinating care and treatment

When patients needed to receive care from a range of different staff, teams or services, it was effectively coordinated. All relevant staff, teams and services were involved in assessing, planning and delivering patient's care and treatment.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice had a process to following up failed attendance of children's appointments following a referral or an appointment to secondary care or for immunisation. In the first instance, the nurse would make contact with the parent/guardian.
- The practice has a process to follow up consultations on patients discharged from hospital. Patient's records were updated and care plans reviewed if required.

Helping patients to live healthier lives

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

- The practice had registers of patients with learning disabilities, mental health conditions, long-term conditions, those receiving end of life care and carers. These registers were used to ensure patients received medical reviews of their condition in a timely way.
- The practice had effective vaccination programmes, including following up patients who did not attend. This included; child immunisation, meningitis vaccinations for eligible patients such as students; Flu, pneumococcal and shingles vaccinations for older people and whooping cough for pregnant women.
- Due to reduced nursing resources, the practice had temporally stopped offering health assessments and checks for new patients or NHS health checks for people aged 40–74. They had identified a staff member that wanted to train as a HCA and was half way through her training.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. For example, we saw that verbal consent was well documented by clinicians. All clinical staff had been trained in the Mental Capacity Act 2005.

Good

Are services caring?

Our findings

We rated the practice and the population groups as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All six patients we spoke with on the day of the inspection and all of the 12 Care Quality Commission patient comment cards we received, were positive about the service experienced. The results of the NHS Friends and Family Test were also consistently positive.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 243 surveys were sent out and 127 were returned. This represented a completion rate of 52%. The practice was in line with the local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 84%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 83%; national average - 86%.
- 85% of patients who responded said the nurse was good at listening to them; CCG and national average - 91%.
- 87% of patients who responded said the nurse gave them enough time; CCG and national average - 92%.
- 96% of patients who responded said they had confidence and trust in the last nurse they saw; CCG and national average - 97%.
- 86% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 90%; national average - 97%.
- 81% of patients who responded said they found the receptionists at the practice helpful; CCG - 84%; national average - 87%.

Involvement in decisions about care and treatment

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

- Staff communicated with patients and provided information in a way that they could understand. For example, communication aids (such as a hearing loop) and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice proactively identified patients who were carers. On registering with the practice, patients were asked if they cared for a family member, friend or neighbour. There were posters in the waiting room asking 'have you become a carer' this poster directed the patient to fill in a form and hand to reception so their records could be updated. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers (2% of the practice list).

- Clinicians would routinely book patients follow-up appointments during consultations, when they had a carer, to ensure continuity and convenience.
- Patient's carers, advocates and representatives were identified and encouraged to be involved in decisions in the delivery of their care. For example patients with learning difficulties or complex social needs had their family, carers or social workers appropriately involved in developing their care plan

Good

Are services caring?

- Staff told us that if families had experienced bereavement, a member of the practice team or the wider community health team, contacted the family or carer. This call was followed by a patient consultation (if required) and/or by giving them advice on how to find a support service.

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

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 79%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG – 89%; national average - 90%.
- 72% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- The staff told us that they respected and promoted patients' privacy and dignity and recognised the importance of this.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

- There was no system for identifying complaint trends or identifying actions to prevent reoccurrence.
- Results from the GP patient survey showed that patients' satisfaction in relation to waiting too long to be soon was below the local and national average.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example online services such as repeat prescription requests and advanced booking of appointments.
- Evidence from patient experience surveys and feedback, identified care was tailored to the patient's needs and personal preferences, staff took into account their circumstances, their ability to access services and their coexisting conditions.
- Telephone GP consultations were available, which supported patients who were unable to attend the practice during normal working hours.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The facilities and premises were appropriate for the services delivered.

Older people:

- This population group was rated as requires improvement because the concerns identified with the responsiveness of the service affects all population groups.

For example:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There were processes in place to offer eligible patients flu, pneumococcal and shingles vaccinations.
- Same day telephone consultations were available when needed.
- Longer appointments were available for patients with complex needs.

People with long-term conditions:

- This population group was rated as requires improvement because the concerns identified with the responsiveness of the service affects all population groups.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with relevant health and social care professionals to discuss and manage the needs of patients with complex medical issues.
- A pharmacist had been employed on a temporary basis and was effectively reviewing and supporting medicine reviews for patients with long-term conditions.
- Same day telephone consultations were available when needed.
- Longer appointments were available for patients with complex needs.

Families, children and young people:

- This population group was rated as requires improvement because the concerns identified with the responsiveness of the service affects all population groups.
- We found there were systems to identify and follow up children living in disadvantaged circumstances or were at risk. For example, children that did not attend appointments in secondary care or failed to attend for their immunisations.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- There were processes in place to signpost families to access advice and services to support them with concerns. For example, the service was able to signpost a family to relevant financial support. Patients were able to self-refer, as well as a GP making a referral.
- Pregnant patients were offered whooping cough vaccinations between 16 and 32 weeks of pregnancy.
- There were appointments out of school hours for children and young people.

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

- This population group was rated as requires improvement because the concerns identified with the responsiveness of the service affects all population groups.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The practice provided emergency contraception, and offered family planning services.
- The practice nurses were trained to give travel vaccinations and advice.

People whose circumstances make them vulnerable:

- This population group was rated as requires improvement because the concerns identified with the responsiveness of the service affects all population groups.

:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice puts electronic alerts on patient's notes whose circumstances had made them vulnerable. This prompts clinicians to offer support and be aware of medical or social issues.
- The practice had processes to offer a flexible services and appointments. For example, avoiding booking appointments at busy times for patients who would find it stressful.
- There were processes to follow up patients in this group who do not attend their booked appointments.

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

- This population group was rated as requires improvement because the concerns identified with the responsiveness of the service affects all population groups.
- Staff interviewed demonstrated a good understanding of how to support patients with mental health needs and those patients living with dementia. However, some staff required mental capacity training.
- Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked with the local memory assessment service to co-ordinate care for patients with dementia.
- The practice had an easy-to-use appointments system and sent reminders to patients and/or their carers to help reduce missed appointments.

Timely access to the service

Some patients were not able to access services for assessment, diagnosis or treatment when they needed to.

- Patients found it difficult to use the appointment system to access services, either by telephone or by using the online system. Comments from patients, NHS choices and the patient survey identified difficulty in obtaining an appointment.
- There were processes to ensure same day appointments were available for children and those patients with medical problems that require same day consultation.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- Reception staff were aware of 'red flag' symptoms when documenting a request for a home visit. (Red flag symptoms are alert signs and symptoms that indicate a more serious underlying medical condition that requires timely triage.)
- The practice had opted out of providing out-of-hours services to their own patients and patients were requested to contact the out-of-hours GP via the NHS 111 service.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or slightly below the local and national averages. This was supported by observations on the day of inspection and completed comment cards. One patient reported that they preferred more booked appointments; another patient indicated that sometimes they feel a bit rushed in their appointments and another patient indicated that the practice could have more clinical staff. 243 surveys were sent out and 127 were returned. This represented about 5% of the practice population.

- 62% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 54% of patients who responded said they could get through easily to the practice by phone; CCG – 56%; national average - 71%.
- 79% of patients who responded said were able to get an appointment to see or speak to someone the last time they tried; CCG – 84%; national average - 85%.
- 76% of patients who responded said their last appointment was convenient; CCG - 78%; national average - 81%.
- 66% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 32% of patients who responded said they do not normally have to wait too long to be seen; CCG and national average - 56%.

The practice had responded to the July 2017 national GP patient. We were told they had completed an internal survey and results were similar to the national results. We were shown results and actions they had taken. For example, they added more appointment slots for same day appointments and having more staff available to answer the phone at peak times.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously but did not always respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- There was a corporate system for the handling of complaints. However, this did not include cascading the learning to staff working at the practice or ongoing monitoring. Action was not always taken to improve the quality of care as a result.
- Patients told us they did not always receive an apology when something went wrong and they were not always told about actions taken to improve processes and prevent the same thing happening again.
- Nineteen complaints were received in the last year. We reviewed all of them and found access to appointments and repeat prescription were the main themes; however, we did not see any actions to address them.

Are services well-led?

Requires improvement

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

Our findings

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

The practice was rated as requires improvement for well-led because:

- Corporate policies and procedures were not always followed.
- The processes for sharing learning within the practice were not always effective.
- The identification of risk required strengthening.

Leadership capacity and capability

Leaders had the necessary experience, knowledge, capacity and skills to lead effectively.

- Staff told us that leaders were visible and approachable. However, practice meetings were not regularly held and clinical meetings often only included the GP. Although hand written notes were taken at the clinical meeting these were not distributed to staff.

Vision and strategy

There was a clear corporate vision and strategy to deliver high quality care and promote good outcomes for patients. However, we found that this was not always being followed at a local level.

- The practice planned its services to meet the needs of the practice population.

Culture

The practice was working towards a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice and there were positive relationships between staff and managers.
- The practice focused on the needs of patients.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff had received annual appraisals in the last year.
- Whilst observations and discussions supported that the practice promoted equality and diversity, we saw that only three staff had received equality and diversity training.

Governance arrangements

The systems of governance required strengthening.

- The practice did not have a schedule of regular in-house meetings, where learning could be discussed.
- The practice had some processes to manage current and future performance. There were arrangements in place to monitor individual staff through appraisals.

Managing risks, issues and performance

There were gaps in processes for managing risks, issues and performance.

- The systems for managing risk and identifying where they might improve was not always demonstrated when dealing with complaints and significant events. A corporate system was in place but this did not always reflect locally.
- Limited audit activity had been undertaken and the practice did not have an embedded programme of on-going clinical audit to drive quality improvement and positively impact patient outcomes.

Appropriate and accurate information

The practice generally acted on information.

- The practice used performance information, which was reported and monitored, and management and staff were allocated actions to improve performance. For example, they had identified not all reviews of patients with long term conditions had been undertaken. An individual had been identified to action this.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

Are services well-led?

Requires improvement

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

- Practice meetings had recently re-commenced with the intention they would be held monthly. Multi-disciplinary meetings were not being routinely held to discuss the care of patients with complex care needs.
- The practice had responded to the July 2017 national GP patient survey implementing areas for improvement to improve patient satisfaction. The practice had also held their own internal patient survey.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice did not have a patient participation group.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems had not been established effectively to assess, monitor and improve the quality and safety of the services provided. **How the regulation was not being met:** • Significant events were not being identified or investigated effectively and learning shared with staff to mitigate the risk of reoccurrence. • The corporate system of managing, investigating and analysing complaints was not effective in that it did not identify the learning from them and this was not being cascaded to staff for improvements to be made. This included a system to identify trends.