

Ashfield House - Annesley Woodhouse

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection in March 2015 and the practice was rated as requires improvement. The practice was required to make improvements within six months as the safe domain had been rated inadequate. The practice had made the required improvements to the safe domain at the October 2015 inspection. The announced inspection in October 2015 found breaches of legal requirements relating to responsive and well-led domains and improvements were required. The full comprehensive report on the March and October 2015 inspections can be found by selecting the 'all reports' link for Ashfield House - Annesley Woodhouse on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 6 April 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection in October 2015. This report will cover all five key questions and include our findings in relation to those requirements and

additional improvements made since our last inspection. We carried out an announced comprehensive inspection at Ashfield House - Annesley Woodhouse on 6 April 2017. Following the most recent inspection we found that overall the practice was still rated as requires improvement.

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

- There was a system for reporting and recording significant events.
- We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Summary of findings

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However not all incidents had been recorded and investigated as such.
- The practice had some clearly defined and embedded systems to minimise risks to patient safety.
- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- Blank prescription forms were not securely stored and the system to monitor their use was not tracking the prescriptions throughout the practice
- Fridges where medicines and vaccines were stored were not checked each day. We checked three fridges in the practice and found that there were times they were not checked which coincided with staff that worked in that room being on leave at times.
- There was a health and safety policy available.
- The practice had a fire risk assessment and carried out regular fire drills.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- The practice offered extended hours on a Tuesday and Friday morning from 7am until 8am for working patients who could not attend during normal opening hours.
- The practice worked in collaboration with eight local practices to improve access for patients with pre-bookable appointments for patients Monday to Friday (6.30pm to 8pm) and Saturday (9am and

12pm). This service was accessible to all patients registered with the eight local practices. The practice had a number of policies and procedures to govern activity, but some of these were not practice specific and some needed further review, such as the significant incident policy.

- The practice had an overarching governance framework which mostly supported the delivery of the strategy and good quality care
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However not all incidents had been recorded and investigated as such.

The areas where the provider must make improvement are:

- Implement effective governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines and security of prescriptions.
- Ensure processes for reporting and recording significant events, incidents and near misses is adhered to including non-clinical incidents.
- Ensure process is in place for the management of patient safety alerts and an audit trail of action taken following the alerts, such as audits and searches completed.

The areas where the provider should make improvement are:

- Consider adding governance agenda items to staff meetings such as safety alerts, NICE guidance and audit, to ensure that these are always shared with all staff.
- Continue to book and carry out appraisals on an annual basis.
- Implement a continuous programme of quality improvement including clinical audit.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Staff members described a significant event that had occurred in October 2016. The practice was unable to produce the completed form in relation to this and this was not discussed as a significant event in the meeting minutes. We were shown minutes where deceased patients were reviewed.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Blank prescription forms were not securely stored and the system to monitor their use was not tracking the prescriptions throughout the practice.
- Fridges where medicines and vaccines were stored were not checked each day.
- Patient safety alerts were received into practice and disseminated however we were unable to see evidence of what action taken following the alerts.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The views of external stakeholders were positive and in line with our findings. For example, the managers of the two local care homes where some of the practice's patients lived all praised the care provided by the practice.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice offered extended hours on a Tuesday and Friday morning from 7am until 8am for working patients who could not attend during normal opening hours.
- The practice worked in collaboration with eight local practices to improve access for patients with pre-bookable appointments for patients Monday to Friday (6.30pm to 8pm) and Saturday (9am and 12pm). This service was accessible to all patients registered with the eight local practices.
- Patients feedback said it difficult to make an appointment with a named GP, however they could see an ANP and urgent appointments were available if required.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a mission statement which was to improve the health, well being and lives of the patients under their care.
- The practice did not have a supporting business plan although they were working in federation with a group of practices.
- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- The practice had a number of policies and procedures to govern activity, but some of these were not practice specific and some needed further review, such as the significant incident policy.
- The practice had an audit plan however at the inspection there had not been any completed audits that had been used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However not all incidents had been recorded and investigated as such.
- There was no process in place for staff covering tasks such as checking fridge temperatures.

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

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 85% which was comparable to the CCG average 85% and the national average 90%.
- The practice followed up on patients with long-term conditions discharged from hospital.
- Patients at risk of hospital admission and those with the most complex needs were identified as a priority.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Requires improvement



Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and Saturday morning appointments were available at a local practice.
- Telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice carried out advance care planning for patients living with dementia.
- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- Performance for mental health related indicators was 95% which was comparable to the CCG average 89% and the national average 92%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Requires improvement



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice completed dementia reviews in the community including home visits and visiting patients living in care homes when required.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 16. The results showed the practice was performing in line with some of the local and national averages. 217 survey forms were distributed and 108 were returned. This represented 1.8% of the practice's patient list.

- 42% of patients usually wait 15 minutes or less after their appointment time to be seen compared to a CCG average and a national average of 65%.
- 57% of patients are satisfied with the surgery's opening hours compared to a CCG average of 77% and a national average of 76%.
- 52% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 69% of patients describe their overall experience of this surgery as good compared to a CCG average and a national average of 85%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Six of the comment cards reflected that it was at times difficult to get an appointment and that it was difficult to get through on the telephone.91%.

Areas for improvement

Action the service MUST take to improve

- Implement effective governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided. For example, maintenance of the cold chain and review of temperature monitoring of the refrigerators used to store vaccines and security of prescriptions.
- Ensure processes for reporting and recording significant events, incidents and near misses is adhered to including non-clinical incidents.

- Ensure process is in place for the management of patient safety alerts and an audit trail of action taken following the alerts, such as audits and searches completed.

Action the service SHOULD take to improve

- Consider adding governance agenda items to staff meetings such as safety alerts, NICE guidance and audit, to ensure that these are always shared with all staff.
- Continue to book and carry out appraisals on an annual basis.
- Implement a continuous programme of quality improvement including clinical audit.

Ashfield House - Annesley Woodhouse

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 Ashfield House - Annesley Woodhouse

Ashfield House provides primary medical services to approximately 6000 patients in Kirkby-in-Ashfield.

- The practice operates from a single location: 194 Forest Road, Kirkby-in-Ashfield, Nottingham, NG17 9JB.
- Services provided include: minor surgery, a range of clinics for long term conditions, health promotion and screening, family planning and midwifery.
- The practice holds a General Medical Services (GMS) contract to deliver essential primary care services.
- The practice currently has two GP partners (male). The nursing team comprises of a nurse prescriber, one practice nurse and two healthcare assistants.
- Locum advanced nurse practitioners (ANP) were also contracted to support the clinical team.
- The clinical team are supported by a practice manager, an assistant practice manager, a reception manager and seven administrative and receptionist staff.

- The practice offer extended hours on a Tuesday and Friday morning from 7am until 8am for working patients who are not able to attend during normal opening hours.
- The practice work in collaboration with eight local practices to improve access for patients with pre-bookable appointments for patients Monday to Friday (6.30pm to 8pm) and Saturday (9am and 12pm). This service is accessible to all patients registered with the eight local practices.
- The practice opens between 8.30am and 6pm Monday to Friday. Appointments available between these times. Phone lines from 8am to 6.30pm.
- The practice have opted out of providing out-of-hours services to their own patients and there is information on the website and on the practice answer phone advising patients of how to contact the out of hours service outside of practice opening hours.

In October 2015 we had 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. At that inspection we found the practice requires improvement overall but specifically the rating for providing responsive and well led services. We carried out this further comprehensive inspection to ensure sufficient improvement.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We inspected this service to check that improvements had been made to meet legal requirements and regulations associated with the Health and Social Care Act 2008 following our comprehensive inspection undertaken 13 October 2015. The last inspection had rated the practice as Requires Improvement overall; specifically in the responsive and well-led domains.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, NHS England and the CCG to share what they knew. We carried out an announced visit on 6 April 2017. During our visit we:

- Spoke with a range of staff (Partners, Locum GP's, Nursing staff, administrative staff and practice management).
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety incident reports and minutes of meetings where significant events were discussed. The practice carried out a review of the significant events.
- Staff members described a significant event that had occurred in October 2016. The practice was unable to produce the completed form in relation to this and this was not discussed as a significant event in the meeting minutes. We were shown minutes were deceased patients were reviewed.
- Patient safety alerts were received into practice and disseminated however we were unable to see evidence of what action taken following the alerts.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child protection or child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Some arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were not securely stored and the system to monitor their use was not tracking the prescriptions throughout the practice. The prescription serial numbers and boxes were recorded however once the box had been opened it was left behind reception for clinical staff to access when needed. Therefore there was no system to show where the prescriptions had gone at that point. One of the nurses had qualified as an Independent Prescriber and

Are services safe?

could therefore prescribe medicines for clinical conditions within their expertise. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

- Fridges where medicines and vaccines were stored were not checked each day. We checked three fridges in the practice and found that there were times they were not checked which coincided with staff that worked in that room been on leave at times. One of the fridges had not had temperatures recorded for one week in March 2017.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- The practice had a new fire alarm system installed and had not updated the fire risk assessment.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The practice had a limited number of rooms however they were ensuring that they were utilised at all times.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice had not monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. NICE guidance was not discussed in any meeting minutes that we were shown.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92% of the total number of points available compared with the clinical commissioning group (CCG) average of 90% and national average of 88%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 85% which was comparable to the CCG average 85% and the national average 90%.
- Performance for mental health related indicators was 95% which was comparable to the CCG average 89% and the national average 92%.

There was little evidence of quality improvement including clinical audit:

- There had been four clinical audits commenced in the last two years, none of these were completed audits where the improvements made were implemented and monitored.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice employed advanced nurse practitioners through an agency. We were shown evidence of training, qualifications and recruitment checks for all these staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs and nurses. Not all staff had received an appraisal within the last 12 months. Nursing staff we spoke with said that they had not received an appraisal for a number of years. This was confirmed by the practice manager due to not being able to allocate time with a GP to do this. Following the inspection the practice forwarded dates in May 2017 that these had been booked to take place.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

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

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

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 discussed all patients that had deceased at a review to see if the care could have been improved.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 81% and the national average of 81%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the 90% standard. For example, rates for the vaccines given to under two year olds ranged from 94.7% to 96.6% and five year olds from 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

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

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered good service and staff were mostly helpful, caring and treated them with dignity and respect. Comment cards reflected that one of the GP's was difficult to get an appointment with due to the fact that this GP had been there a long time and was popular with patients.

We spoke with five members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. Some comments said that they found it difficult to get an appointment with a particular GP and that the phone line was busy at 8.30am.

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

- 85% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the two local care homes where some of the practice's patients lived all praised the care provided by the practice. The care home staff said that the lead GP visited without hesitation and that had also called at weekends if there were patients that needed extra support, such as those at end of life.

Care planning and involvement in decisions about care and treatment

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

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

Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 140 patients as carers (2.3% of the practice list). Staff explained how they identified carers at reception and on the new patient check list. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. Carers were offered flu vaccinations and other support. Carers of patients were also invited to join the patient participation group without been a patient at the practice.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our inspection in March 2015 we found that the practice requires improvement for providing a responsive service. Specifically there were concerns relating to some of the national patient survey results from January 2016. There were also improvements to be made for sharing of lessons learned following complaints.

These arrangements had improved when we undertook a follow up inspection on 6 April 2017.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday and Friday morning from 7am until 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice worked in collaboration with eight local practices to improve access for patients with pre-bookable appointments for patients Monday to Friday (6.30pm to 8pm) and Saturday (9am and 12pm). This service was accessible to all patients registered with the eight local practices.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities and interpretation services available. The access to the first floor was by stair only, therefore the practice arranged for patients that could not manage the stairs to be seen in a ground floor room.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments available between these times.

Extended hours appointments were offered at the following times on Tuesday and Friday 7am to 8am. Appointments with the GP's were available on the day. Patients had to telephone at 8.30am to request an appointment. The patient could see ANP for an appointment. An ANP is an experienced nurse able to diagnose and treat patient's health care needs or refer you to an appropriate specialist if needed. Urgent appointments were also available for patients that needed them or the GP would telephone the patient to triage as appropriate.

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

- 57% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 73% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 94% and the national average of 92%.
- 59% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 34% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

We discussed the results of the patient survey with the practice and five members of the patient participation group.

The practice had commenced extended hours at a neighbouring practice for patients to be able to book appointments. This meant that patients could get an appointment outside the practice opening hours, Monday to Friday (6.30pm to 8pm) and Saturday mornings.

Are services responsive to people's needs?

(for example, to feedback?)

The PPG members that we spoke with said that the practice telephone lines were busy at the start of the day as there were a lot of patients calling at 8.30am to get an appointment but others said that it was easy to get through at other times of the day.

The PPG had completed a survey in February 2017. This had been completed by 180 patients. One of the questions was in relation to getting through on the telephone as 25% said that they were not satisfied. Comments from that included that it was more problematic if they were trying to get through at 8.30am.

Patient comments and survey results also showed that patients struggled to get appointments with a particular GP. However, they could get an appointment with another GP or an advanced nurse practitioner.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff would take details from the patient and then then pass this to a GP. The GP would either then call the patient or carer to discuss further or book a home visit. In cases where the urgency of need was so great that it

would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a poster at reception with the details of how to complain.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. The response letters showed openness and transparency with dealing with the complaint. We saw that complaints were discussed at practice meetings including any verbal complaints that had been raised.

Are services well-led?

Requires improvement 

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

Our findings

At our inspection in March 2015 we found that the practice requires improvement for providing a well-led service. Specifically, the practice did not have a robust strategy and supporting business plans had not been developed. The overarching governance framework was not always effective. Some systems still needed strengthening and better oversight for example those in respect of infection control, health and safety and significant events. The practice had a number of policies and procedures to govern activity but some of these were in the process of being reviewed.

Most of these arrangements had not improved when we undertook a follow up inspection on 6 April 2017.

Vision and strategy

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

- The practice had a mission statement which was to improve the health, well being and lives of the patients under their care.
- The practice did not have a supporting business plan although they were working in federation with a group of practices.

Governance arrangements

The practice had an overarching governance framework which mostly supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Policies were not always practice specific and some needed further review, such as the significant incident policy. The policies were available to all staff. The process for updating and reviewing was still in progress. The practice had historic policies that they were working through to ensure those used were current.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were

held monthly which provided an opportunity for staff to learn about the performance of the practice. However not all administrative staff were invited to the practice meetings.

- The practice had an audit plan however at the inspection there had not been any completed audits that had been used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However not all incidents had been recorded and investigated as such.
- There was no process in place for staff covering tasks such as checking fridge temperatures. We saw evidence from the log books that there were days on all fridges in the practice that stored medicines and vaccines that the temperatures were not checked and recorded daily.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice did not keep written records of verbal interactions.

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

- The practice held and minuted a multi-disciplinary meeting which included district nurses and social workers to monitor vulnerable patients. GPs, liaised with health visitors when required, to monitor vulnerable families and safeguarding concerns.

Are services well-led?

Requires improvement 

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

- Staff told us the practice held regular team meetings, however the administrative staff were not invited to these. A representative of the team attended to feedback information. However the staff we spoke with on the day of the inspection said that they would like the opportunity to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to add any issues to meeting agenda. Minutes were comprehensive and were available for practice staff to view.
- Some staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Not all staff that we spoke with had an annual appraisal. Although some administrative staff had an appraisal booked or had one completed, nursing staff commented that they had not had an appraisal for a number of years.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested a health promotion day for the community. The PPG had worked with the practice and had a day at a local venue where members of the practice and the community had attended for health information, such as speakers regarding diabetes and practice staff were available to provide for example blood pressure testing.
- The NHS Friends and Family test, complaints and compliments received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, we were told that not all practice staff were invited to attend the monthly team meeting and feedback was provided by the team leader.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided.</p> <ul style="list-style-type: none">• There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However not all incidents had been recorded and investigated as such.• The practice had a number of policies and procedures to govern activity, but some of these were not practice specific and some needed further review, such as the significant incident policy.• Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.• Blank prescription forms were not securely stored and the system to monitor their use was not tracking the prescriptions throughout the practice• Fridges where medicines and vaccines were stored were not checked each day. We checked three fridges in the practice and found that there were times they were not checked which coincided with staff that worked in that room been on leave at times. <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |