

Oundle

Quality Report

The Surgery
Glaphorn road
Oundle
PE8 4JA
Tel: 01822 273408
Website: oundlesurgery.nhs.uk

Date of inspection visit: 7 June 2016
Date of publication: 22/07/2016

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

Ratings

Overall rating for this service	Good 
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?	Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	12
Background to Oundle	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oundle Medical Practice on 7 June 2016. Overall the practice is rated as good.

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

- The appointment system was flexible and ensured that patients who requested to be seen on the same day were.
- The practice had good facilities including for those with reduced mobility.
- Information about services and how to complain was available. The practice sought patient views about improvements that could be made to the service, including having a patient participation group (PPG).
- The practice proactively managed care plans for vulnerable patients and had effective management strategies for patients at the end of their life.
- The practice had a number of policies and procedures to govern activity; however, the oversight to ensure that they were reviewed timely needed to be improved.
- Systems to reduce risks to patient safety for example, where in place, however, the practice had not undertaken a legionella risk assessment. An infection control audit had been undertaken; this audit did not contain sufficient detail and needed to be improved.
- There was a leadership structure, staff felt supported by the management team and were an integral part of the running of the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Summary of findings

The areas where the provider must make improvements are:

- Ensure that staff who undertake chaperone duties have received a disclosure and barring check (DBS) or that a written risk assessment is in place.

In addition the provider should;

- Review the infection control policy and audit tool used ensuring that it is robust and meets the standards as outlined in The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.
- Review the monitoring of the fridge temperatures ensuring that comments and actions as appropriate are taken should the temperature not be within the required range.
- Ensure that access to the dispensary is restricted to authorised staff only.
- Improve the record keeping of medicines stock levels in the dispensary.
- Ensure that all electric equipment is tested or risk assessed and is safe to use.
- Proactively identify and offer support to carers.

- Ensure that the risk assessment for legionella testing is completed and any actions taken.
- Improve the management oversight of significant events to ensure trends can be identified to encourage improvement

We saw an area of outstanding practice;

- Due to the geographical location of the practice, they are required to engage with more than one safeguarding and health visiting team. The practice identified over five years ago that this could sometimes delay appropriate responses. The practice holds quarterly meetings at the practice and representatives attend these meetings from all state schools in the area, the police, GPs, and nurses. Representatives from Service Six (mental health services for adults and children), and an Early Help co-ordinator attend. The practice told us that this had ensured that the multi-disciplinary team were able to identify concerns and respond in a timely way. This is a robust way to ensure that children who may be at risk and their families are kept safe and given appropriate support.

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.

The practice had arrangements in place to safeguard patients from abuse, ensure enough staff were on duty to keep people safe. Staff were encouraged to identify areas for concern, however minor and to report them to the practice manager. The management oversight of these needed to be improved in order to identify trends and monitor improvement.

Recruitment checks had been carried out for the employed staff, however, not all staff that acted as chaperones had received a Disclosure and Barring Service (DBS) checks. We were not shown evidence to show that a risk assessment had been undertaken.

There were systems and processes in place for the safe management of medicines and these were generally well managed. We noted that security to the dispensary needed to be reviewed to ensure that only authorised staff had access.

The practice had systems to identify and mitigate risks to staff and patients who used the service, however, these needed to be improved.

The practice had a business continuity plan in place to manage major incidents; emergency contact numbers had been included.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Data showed patient outcomes were in line with other practices in the locality. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity and promoting good health.

Staff had received training appropriate to their roles; additional training requests were identified, and where appropriate provided. There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams including community nurses, health visitors, and school nurses. The practice had 226 patients who had been identified as vulnerable and as a result of joint working, a written care plan was held in 220 of those patient's medical records and the patients received an annual review.

Good



Summary of findings

For those patients recently discharged from hospital, the practice nurse contacted the patients within two days of arriving home. The nurse checked that the patient understood any changes to their medication that the hospital may have made.

There were 32 patients on the register for patients with a learning disability. All of these patients had been reviewed by the GPs in the past 12 months.

Are services caring?

The practice is rated as good for providing caring services.

The GP national patient survey data published in January 2016 showed that patients rated the practice above the national average in many aspects of care, for example 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

The practice told us that they prioritised patient centred care. The percentage of patients who usually had an appointment or spoke with their preferred GP was 48% compared with the CCG average of 61% and the national average of 59%. The practice told us that they offered personalised lists and covered each other for leave. On occasions, the practice used locum GPs, these GPs were known to patients, as they regularly worked at the practice. There was a duty team who covered any requests for medical attention on the day, the practice thought this may have influence this data.

Patients told us they were treated with compassion, dignity, and respect and they were involved in care and treatment decisions. We saw that staff treated patients with kindness and respect and in a way that was individual to those patients that needed extra support.

The practice had identified less than 1% of their patients as carers and provided them with a carer's pack which gave information including details of support groups.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Practice staff described how they were aware of the needs of their practice population, and tailored their care and services accordingly.

The practice had reviewed the demand for appointments and had developed a duty team using GPs and nurses to see patients on the day if requested. Telephone consultations and home visits were available for those that requested them.

The premises were suitable for patients with limited mobility, the practice provided wheelchairs for those that needed them.

Good



Summary of findings

There was a complaints system in place that was fit for purpose. The complaints received had been dealt with in a timely and appropriate manner.

Are services well-led?

The practice is rated as good for being well-led.

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, however, the management oversight of these needed to be improved.

An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk, however, this needed to be improved.

The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

There was a focus on continuous learning and improvement at all levels.

Good



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

Good



The practice is rated as good for the care of older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Home visits were available for those unable to attend the practice. Continuity of care was maintained for older people through a stable GP workforce and personalised patient centred care.

The practice provided visits to local care homes.

Patient's medicines were delivered to their home by the dispensary staff.

The practice regularly reviewed attendances at the accident and emergency department to ensure that those patients identified as vulnerable to admission were reviewed.

We saw evidence that the practice had worked to the Gold Standards Framework for those patients with end of life care needs.

People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions.

Nursing staff had roles in chronic disease management; data showed that patient outcomes were similar when compared with other practices in the locality. Patients that had attended appointments had a structured annual review to check that their health and medication needs were being met.

The practice employed a liaison nurse who ensured that patients received appropriate re-calls and follow up.

Home visits were available to those patients who could not attend the surgery.

Longer appointments were available and could be booked by patients if required. Practice staff followed up patients who did not attend their appointments by telephone.

Families, children and young people

Good



The practice is rated as good for the care of families, children, and young people.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high

Summary of findings

number of A&E attendances. Immunisation rates were in line with local averages for all standard childhood immunisations. Young children were given priority appointments for urgent needs.

The practice had 850 young people, who were borders at the local school, registered. The practice had systems in place which ensured access to GPs and nurses was timely and confidential for young people.

Appointments were available outside of school hours and Saturdays. The premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors, and school nurses.

Working age people (including those recently retired and students)

Good 

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population, including those recently retired and students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice did not restrict patients to certain appointment times to attend for their annual reviews; patients who worked were able to book at times that were convenient to them. Appointments on a Saturday and telephone consultations were available for those patients who wished to seek advice from a GP. NHS health checks were available.

People whose circumstances may make them vulnerable

Good 

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and carried out annual health checks.

The practice told us that 100% of patients with a learning disability had received an annual review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. We saw the practice provided vulnerable patients with information about how to access various support groups and voluntary organisations.

Summary of findings

Staff knew how to recognise signs of abuse or neglect 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.

Practice staff were intuitive to the needs of this group of patients and demonstrated that they had a personalised approach to helping them. Phlebotomy appointments were available at the practice.

The GPs were proactive in giving their personal telephone numbers, to patients that were nearing the end of their lives. The GPs told us that they believed in continuity of care for their patients and their relatives during this difficult time. The practice told us that in the past six months 26 patients had died, of these 21 died in their preferred place of care.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Staff told us that 67% of patients with dementia had received advance care planning and had received appropriate reviews. These patients had a named GP and continuity of care was prioritised for them.

Same day appointments and telephone triage with a GP was offered to ensure that any health needs were quickly assessed for this group of patients.

The practice employed a counsellor who offered appointments to patients who needed support through a difficult. Staff at the practice told us that patients found this beneficial as they could be seen at the practice.

The school doctors and nurses had easy access to the GPs; this included any concerns that they may have had regarding the mental health of school children.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Staff had knowledge on how to care for patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 272 survey forms were distributed and 98 were returned. This represented a 36% completion rate.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We did not receive any completed comment cards.

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

Areas for improvement

Action the service MUST take to improve

- Ensure that staff who undertake chaperone duties have received a disclosure and barring check (DBS) or that a written risk assessment is in place.

Action the service SHOULD take to improve

- Review the infection control policy and audit tool used ensuring that it is robust and meets the standards as outlined in The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance.
- Review the monitoring of the fridge temperatures ensuring that comments and actions as appropriate are taken should the temperature not be within the required range.

- Ensure that access to the dispensary is restricted to authorised staff only.
- Improve the record keeping of medicines stock levels in the dispensary.
- Ensure that all electric equipment is tested or risk assessed and is safe to use.
- Proactively identify and offer support to carers.
- Ensure that the risk assessment for legionella testing is completed and any actions taken.
- Improve the management oversight of significant events to ensure trends can be identified to encourage improvement

Outstanding practice

- Due to the geographical location of the practice, they are required to engage with more than one safeguarding and health visiting team. The practice identified over five years ago that this could sometimes delay appropriate responses. The practice holds quarterly meetings at the practice and

representatives attend these meetings from all state schools in the area, the police, GPs, and nurses. Representatives from Service Six (mental health services for adults and children), and an Early Help co-ordinator attend. The practice told us that this had ensured that the multi-disciplinary team were

Summary of findings

able to identify concerns and respond in a timely way. This is a robust way to ensure that children who may be at risk and their families are kept safe and given appropriate support.

Oundle

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Oundle

Oundle Medical Practice provides a range of medical services to approximately 11,000 patients in the town of Oundle, 20 nearby villages and to the young people who board at local schools.

The practice is in the NHS Cambridgeshire and Peterborough CCG (Clinical Commissioning Group).

The practice holds a Personal Medical Services (PMS) contract to provide GP services. The practice dispenses medicines to some patients.

Data from Public Health England shows the practice serves an area where income deprivation affecting children and older patient's people is lower than the England average. The practice has an average number of older patients and a higher number of patients aged 10 to 20 years and a lower number of patients aged 20 to 40 years.

The practice has a team of five GPs meeting patients' needs. All five GPs are partners meaning they hold managerial and financial responsibility for the practice. There are two advance nurse practitioners, five practice nurses, and two health care assistants. There is a pharmacist, a dispensary lead and five dispensers. A service delivery manager and a finance lead support the

practice manager. There is a team of fourteen reception and administrative staff. The practice employs three general assistants whose duties include cleaning the practice.

Patients using the practice have access to a range of services and visiting healthcare professionals. These include midwives, physiotherapists, a podiatrist, and a community mental health nurse.

Appointments are available Monday to Friday from 8.am to 6.30pm. With extended hours offered on Wednesday morning from 7.30am to 8am and Wednesday evening between 6.30pm to 8pm. Routine appointments are offered on the first three Saturdays each month.

Outside of practice opening hours the patients contact 111 for an emergency service. Details of how to access emergency and non-emergency treatment and advice is available within the practice and on its website.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 June 2016. During our inspection we spoke with a range of staff including GPs, nursing, dispensary, reception and administration team staff. We spoke with the practice manager and service delivery manager, six patients who used the service and two members of the patient participation group. We observed how patients were being cared for.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, comments, and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

Specifically designed forms, were available to staff to report incidents and near misses. These were reported to the practice manager or GP partners. Significant events were discussed at staff meetings. We saw evidence of shared learning for example, in the minutes of a reception meeting held 17 March 2016 we saw that the reception staff had discussed receiving numerous parcels at the reception desk and the associated risk this caused. They were reminded to ensure that any deliveries that required refrigeration were taken to the fridge upon arrival and to make the nursing team aware.

We noted that the management team did not log the events that had been recorded, as a result they could not identify any trends that may have developed, and changes could not be instigated to encourage improvement.

Overview of safety systems and processes

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

- Arrangements reflected relevant legislation and local requirements. The practice policies that were accessible to all staff outlined who to contact for further guidance if staff had concerns about a patient's welfare. Posters were displayed in the consulting rooms giving the contact details.

There was a lead GP for safeguarding and multi-disciplinary team meetings were held at the practice each month, minutes were available for staff. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Practice staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurse practitioners were trained to child protection or child safeguarding level three.

Due to the geographical location of the practice, they are required to engage with more than one safeguarding and health visiting team. The practice identified over five years ago that this could sometimes delay appropriate responses. The practice holds quarterly meetings at the practice and representatives attend these meetings from all state schools in the area, the police, GPs, and nurses. Representatives from Service Six (mental health services for adults and children), and an Early Help co-ordinator attend. The practice told us that this had ensured that the multi-disciplinary team were able to identify concerns and respond in a timely way. This is a robust way to ensure that children who may be at risk and their families are kept safe and given appropriate support.

Vulnerable patients were highlighted on the practice electronic system. This included children subject to child protection plans and patients with a diagnosis of dementia.

- A notice in the waiting room advised patients that chaperones were available if required. The non-clinical staff who acted as chaperones were trained for the role, however, they had not received a Disclosure, and Barring Service (DBS) check. We were not provided with evidence to show that a risk assessment had been undertaken. (DBS)
- We observed the premises to be clean and tidy. The general assistants, employed by the practice cleaned the practice daily. There was a general cleaning schedule; however, the cleaners did not have any documents to ensure that all cleaning met the schedule laid out. The practice nurses were responsible for cleaning the equipment; we did not see evidence to show how regular this was.

The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place.

An infection control audit was undertaken in September 2015; however, this audit was not robust and needed to be improved. The audit we were shown did not contain sufficient detail, for example, identified actions did not show who would take action and by when. We discussed this with the practice; they told us that they would discuss this with the infection control nurse and use a more detailed audit tool.

Are services safe?

A sharps injury policy was in place and staff were aware of the actions to take. All clinical waste was well managed.

The practice held records of staff immunisation status.

- We visited the practice dispensary and reviewed medicines that were stored and available for use within the practice treatment rooms. There was a lead GP, an employed pharmacist and a dispensary lead for the management of the dispensary within the practice. We noted that although pharmacists are becoming more usual in general practice, the practice pharmacist had been employed for over ten years. The practice told us that they had benefited from this innovation and had a track record of safe management of medicines. The role of the pharmacist included medication reviews with patients. All members of staff involved in dispensing medicines had received appropriate training.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security, and disposal).

Processes were in place for handling repeat prescriptions for patients who were taking high risk medicines. The practice performed monthly searches for patients on medicines such as methotrexate, and contacted the patient for a blood test if needed.

Medicines were stored safely and records of fridge temperatures were monitored appropriately and reviewed. We noted that staff regularly recorded the temperatures of the refrigerators; however, if the reading were outside of the safe range, they did not record any action taken. We spoke with staff who told us that they would discuss and refresh the training for staff.

Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These were well presented and had been reviewed in February 2016, however staff had not signed to confirm that they were aware of these, we were assured after speaking with the staff that they were and that they would sign the confirmation sheet.

Stock levels and expiry dates of medicines were checked, however, there was no evidence to show how frequently. The staff told us that they checked stock when cleaning or re-stocking. Controlled drugs were stored correctly and the

dispensary staff demonstrated a consistent approach towards the storage, recording, and destruction of controlled medicines. All medicines we checked were within their expiry date.

Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines.

There was a repeat prescription policy for dispensary staff to follow. Uncollected prescriptions were highlighted to the GPs to ensure patient safety. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patients collecting controlled drugs were asked for identification and to sign for collection.

We discussed the security arrangement to the dispensary and identified that these could be more robust. We highlighted this to the practice who will review the access for authorised staff.

- Two nurse practitioners had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. The GPs gave support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that these were signed and dated.
- There was a recruitment process in place. We reviewed four personnel files, and all appropriate recruitment checks had been undertaken prior to employment. All clinical staff had received a Disclosure and Barring Service (DBS) check, however, those non-clinical staff who undertook chaperone duties had not received a DBS check and the practice did not show us evidence that a risk assessment had been undertaken. (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).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available with a poster in the office. This policy had been reviewed July 2014.

A full fire risk assessment had been carried out in November 2015.

Are services safe?

The fire extinguishers were checked in June 2015. A fire evacuation took place in February 2016. The practice recognised that the staff did not all go to the correct meeting point. The practice took action and sent a reminder to the staff.

The practice used risk assessments to monitor the safety of the premises. However, these needed to be improved. For example, the practice had not undertaken a risk assessment for legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We highlighted this to the practice; on the day of the inspection we saw that the practice manager had requested specialists to undertake a full risk assessment of the premises.

The practice told us that the policy was to undertake safety checks on all electrical equipment every three years and the equipment was checked in July 2013 to ensure that it was fit for purpose. The practice did not show us any evidence that they undertook visual checks regularly to ensure the equipment was safe to use.

All clinical equipment was calibrated in October 2015 to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks available; they did not have children's masks available. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Medicines we checked were within their expiry dates.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this were held in the GP partner's homes.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff were familiar with best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and locally produced quality standards. The practice held a monthly clinical meeting where guidelines were reviewed and best practice shared.

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 94.5% of the total number of points available, with 8.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF 2014-2015 showed

- Performance for diabetes related indicators was 99.9% this was 10.4% above the CCG average and 10.7% above the national average. The practice exception reporting rate was 9.3% this was below the CCG average of 12.9% and the national percentage of 10.8%.
- Performance for mental health related indicators was 79.5% this was 12.9% below the CCG average and 13.3% below the national average. The practice exception reporting rate was 2.2% this was below the CCG average of 13% and below the national percentage of 11.1%.
- The practice had 32 patients with learning disabilities on the practice register; all of these patients had received a review with a GP in the past 12 months.

The practice had completed a programme of audits, we reviewed one completed audit which showed that the practice performance had improved from 48% to 68% when ensuring that patients who had been prescribed Opioid patches and been prescribed laxatives. The practice participated in local audits, and national benchmarking.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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.
- Staff meetings were held for all staff, staff we spoke with thought these were useful. For example minutes from a meeting held on March 2017 detailed the introduction of a new protocol for the safe management of urine samples.

Coordinating patient care and information sharing

- Referrals for patients to secondary care or other agencies were well managed. Routine referrals were sent within three days and urgent referrals within 24 hours.
- The practice staff worked with other services to meet patients' needs and manage those patients with more complex needs. This included community nursing teams and health visitors. The practice worked to the Gold Standards Framework when co-ordinating end of life care. Regular meetings with the wider health team were held to manage and plan patients care.

Special patient notes and comprehensive care plans were completed by the practice on the electronic system and this ensured that emergency services staff had up to date information of vulnerable patients. We reviewed care plans and found them to be comprehensive. The practice had 226 patients on their unplanned admissions register, 220 of these patients had an up to date care plan in place. These care plans were readily available for any GP visiting the patient at home, on return to the practice the care plan was updated with any new, relevant information.

Patients' individual records were written and managed in a way to help ensure safety. The system used to summarise patients' medical records was robust, all clinical summaries were checked by the GPs. Staff who undertook this role told us that they were well supported by the GPs.

Are services effective?

(for example, treatment is effective)

Records were kept on an electronic system, which collated all communications about the patient including, scanned copies of letters and test results from hospitals. All correspondence communication was sent to the GPs, who undertook any required actions. We reviewed this system and found this to be well managed to ensure that patients were safe.

Consent to care and treatment

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

Supporting patients to live healthier lives

The practice's uptake for the cervical screening programme was 79.56%, which was in line with the CCG average of 81.48% and the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The number of women screen for breast cancer was 72.8% this was lower when compared with the CCG average of 78.4% and in line with the national average of 72.2%.
- The number of patients screened for bowel cancer was 66.7% this was higher than the CCG average of 59% and higher than the national average of 58.3%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

- Under two year olds ranged from 93.5% to 96.8% compared to with CCG range 91.9% to 95.7%.
- Five year olds ranged from 85.7% to 94.3% compared to with CCG range 87.8% to 94.8%.

Seventy-two percent (72%) of patients aged over 65 and 69% for those in the at risk groups received flu vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. 731 patients had been offered an appointment and 69% of those had attended. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Patients we spoke with said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity, and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 the local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 encouraged patients to register as a carer when they join the practice. A carer's leaflet was available.

The practice had identified less than 1% of the patients as carers; the practice recognised that this needed to be improved and told us that they would review the opportunities to record carers on their system and to offer them support.

Staff told us that if families had suffered 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 and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff at the practice worked hard to understand the needs of their patients. Both clinical and non-clinical staff demonstrated a clear understanding of the concept of personalised care for the patients according to their individual needs. For example, the practice recognised that they offered health services to patients who maybe in the area for short periods, for example travellers and farm workers. The practice ensured that the patient's records were retained so that the patient's history was available. This ensured that those patients who otherwise maybe marginalised received safe and appropriate healthcare.

The practice was proactive in engaging with other services and providing facilities for them to enable patients to be seen at the practice, closer to their homes for additional services. For example, a physio who provided community services to patients was also employed by the practice to see patients with back pain. The physio supported the patient with self-help and exercises.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments or home visits available for patients with a learning disability or dementia.
- Home visits were also available for older patients and others that needed one. The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention.
- Facilities for patients with disabilities were available. There were automatic doors, and appropriate toilet facilities in place. There was not a hearing loop available for patients who wore hearing aids; however, staff described how they would communicate with this group of patients appropriately.

- There was a duty team each day. This duty team consisted of a GP, advance nurse practitioner and a practice nurse. This team worked together to ensure that any patient that requested to be seen on the day was seen.
- The practice offered smoking cessation advice and weight management advice.

Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm Monday to Friday. The practice offered extended hours from 7.30am to 8am and until 8pm on a Wednesday. Routine appointments could be booked on the first three Saturdays of each month. In addition, pre-bookable appointments could be booked up to four weeks in advance; urgent appointments were also available for people that needed them.

Results from the national GP patient survey (January 2016) showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was responsible for dealing with these.

We saw that information was available to help patients understand the complaints system. There were leaflets and posters displayed in the waiting area and information was available on the web site. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

There had been 12 complaints recorded since September 2015, we looked at two complaints and found these had been dealt with appropriately.

Are services well-led?

Good 

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

Our findings

Vision and strategy

Staff exhibited an open, transparent attitude, described a consistent vision and ethos to offer good care and treatment to their patients, and were determined to meet their own mission statement, values, and principals. The practice management team were proactive and had engaged the practice staff and patients in the negotiation and information relating to the proposed merger of several practices of which they were one. Practice staff and the PPG told us that they had found this useful.

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

The practice had systems in place that ensured that when things went wrong with care and treatment:

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff; however, the management need to ensure that they were all reviewed timely and dated accordingly.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions, however, the logging of these needed to be improved to ensure that trends could be identified and changes made to encourage improvement.

Leadership and culture

On the day of inspection the partners and management team in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and managers were approachable and always took the time to listen to all members of staff.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG, GP, and practice manager met regularly with the members of the PPG, the PPG told us that the practice had responded positively when they had spoken with them regarding the care of a patient.
- The practice had gathered feedback from staff through meetings, and one to ones. Practice staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, a new member of staff reported that the quiet area she had been allocated to work in was quite isolated. The practice staff suggested and permission was given for them to re arrange the office. The member of staff told us that this was very helpful as it gave a protected environment in which to learn and they felt part of the established team.

Continuous improvement

The practice is merging with other practices in the area. They told us that they will be continuing to keep their staff and patients fully informed of any changes that happen. This includes the introduction of any new services that they will benefit from, any changes in the policies and procedures that may change.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment <ul style="list-style-type: none">The practice had failed to undertake a disclosure and barring check (DBS) or have a written risk assessment in place for non-clinical staff that undertook chaperone duties. <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>