

Blue Dykes Surgery

Inspection report

Eldon Street
Clay Cross
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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 location	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

Overall summary

This practice is rated as ‘requires improvement’ overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Blue Dykes Surgery on 11 May 2018. This inspection was undertaken following Chesterfield Royal Hospital NHS Foundation Trust’s registration as the new provider for Blue Dykes Surgery with the Care Quality Commission (CQC) on 5 September 2017. The inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions to check whether the provider was 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.

At this inspection we found:

- The practice had systems to report untoward events and near misses. When incidents did happen, the practice learned from them and improved their processes.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice had developed a clinical skill mix model which helped patients get to see the right professional the first time. The practice’s clinical team included GPs, pharmacists, advanced nurse practitioners, practice nurses, and a community psychiatric nurse (mental health nurse). The practice also employed a chronic disease nurse who saw housebound and care home patients.
- Royal Primary Care had a clear strategy and had developed visions and values which had been communicated with the practice team to ensure individuals understood their contribution to this.

- The recent appointment of a Clinical Divisional Director and General Manager for Royal Primary Care provided designated clinical leadership and management with links to the wider Trust.
- Staff treated patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use and reported that they sometimes had difficulty in accessing care when they needed it. Managers had acknowledged this and had developed an action plan to make improvements.
- Staff appraisals were undertaken annually and staff were encouraged and supported to develop their skills and enhance their role.
- Staff told us that it was a good place to work and that they felt valued and supported. They said that managers were visible and approachable.
- Managers and clinical leads worked with their Clinical Commissioning Group (CCG) to consider forward planning to meet the needs of their patients. Managers had considered future succession planning arrangements for the practice.
- Staff had the skills, knowledge and experience to carry out their roles effectively and the practice was able to evidence this by means of an up to date training matrix.
- The inspection identified some patient safety concerns in relation to infection control, the safe monitoring of vaccine refrigerator temperatures, and an adequate failsafe procedure for the cervical cytology programme.
- We found that greater oversight was necessary in reviewing the performance of the extended clinical team. For example, there was limited evidence of consultation audits to provide assurance on this matter. The quality assurance of tasks such as the management of incoming correspondence also required strengthening.

We saw the following area of outstanding practice:

- The practice had developed an extensive programme of clinical and non-clinical audit. We saw numerous examples of audits undertaken over the last 18 months, many of which were part of an ongoing audit cycle. Eight second cycle audits had been completed within the last six months, and a further six had been completed as part of the continuous audit cycle programme. We saw how these had impacted on positive outcomes for patients, for example: ensuring that actions were completed in response to safety alerts;

Overall summary

compliance with standards of best practice and prescribing guidelines; safe monitoring of patients prescribed high risk medicines; and to review concerns raised via the incident reporting or complaints system.

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

- Ensure care and treatment is provided in a safe way to patients in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. For details, please refer to the requirement notice at the end of this report.

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

- The practice should ensure that the uptake of annual reviews for patients with a learning disability is improved.
- Continue to review access to appointments to improve patient experience.
- Royal Primary Care should retain copies of documents to provide evidence of their compliance with our regulations at practice level. This includes building maintenance records, site reports and risk assessments. Whilst this information could be sourced through their contractor, the practice should be able to produce this directly to demonstrate compliance.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a nurse specialist advisor, and an expert by experience.

Background to Blue Dykes Surgery

Blue Dykes Surgery () is registered with the CQC as a location as part of the registration of Chesterfield Royal Hospital NHS Foundation Trust. The practice operates under the management of Royal Primary Care, a division of the hospital Trust. This inspection was undertaken as the Trust registered with the CQC in September 2017 as the provider of Blue Dykes Surgery. Royal Primary Care had become the provider of this service in April 2017 although the CQC registration was not finalised until September of the same year.

The practice is situated in the Clay Cross area of North-East Derbyshire. It provides primary care medical services commissioned by NHS England and NHS Hardwick CCG. It operates over two sites:

- Blue Dykes Surgery, Eldon Street, Clay Cross, Chesterfield, Derbyshire. S45 9NR (main site)
- Grassmoor Surgery, 186 North Wingfield Road, Chesterfield, Derbyshire. S42 5ED (branch site).

The practice has one patient list, meaning that registered patients can access services at either of the two sites. We visited the main site as part of our inspection.

The practice has a population of approximately 10,500 registered patients. Patients are predominantly of white British origin with 2% of patients being from BME groups. The age profile of registered patients shows a higher

percentage of older patients in comparison to national averages. The practice has 23.8% of their patients aged 65 and over, in comparison to a national average of 17%. The practice serves a population that is ranked in the fifth most deprived decile for deprivation. Clay Cross is a former mining area which has contributed to a generally higher prevalence of long-term conditions, notably chronic obstructive airways disease. The practice has 70% of their patients with a long-standing health condition in comparison to the CCG average of 59%, and the national average of 54%.

There are 45 staff working at the practice. The clinical team consists of two salaried GP (one male and one female), although both of these GPs are due to leave at the end of May 2018. A long-term locum GP was working at the practice at the time of our inspection. There are three pharmacists, four nurse practitioners, a mental health nurse, a chronic disease nurse, five practice nurses, two healthcare assistants, a phlebotomist and a care coordinator. The clinical team is supported by a practice manager and assistant practice manager, a senior administrator, and a team of 19 reception, secretarial and administrative staff. A Clinical Divisional Director and a full time general manager are in post covering the two GP practices managed by Royal Primary Care GP practices. The other practice (The Grange Family Health Centre) is situated within the neighbouring CCG.

Blue Dykes Surgery is not a training or teaching practice for medical students or post graduates. However, they do accommodate placements for nursing students and pharmacists.

The main site at Eldon Street opens from 8am until 6.30pm Monday to Friday, with extended opening hours

from 7am on one day each week, and until 7.30pm once a week. Scheduled GP appointment times are available each morning between 8.30am to 11.30am and each afternoon 3pm to 6pm.

The surgery closes on the second Wednesday afternoon of each month (apart from in August and December) to facilitate staff training. When the practice is closed, patients are directed to Derbyshire Health United (DHU) out of hours via the 111 service.

Are services safe?

We rated the practice as requires improvement for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report safeguarding concerns. Safeguarding meetings were held each month.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Staff who acted as chaperones were trained for their role and had received a DBS check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- There were mostly systems in place to manage infection prevention and control. However, arrangements for managing waste did not always keep people safe. On the day of the inspection we found a cytotoxic waste bin which had been assembled in October 2017 and should have been disposed of within three months. The bin also contained other waste which had not been appropriately segregated. We also found that whilst practice staff had access to a spillage kit, there were not specific kits available for each type of body fluid spillage. The practice's infection control policy did not provide assurance that spillages were being dealt with safely.

Risks to patients

There were mostly adequate systems to assess, monitor and manage risks to patient safety. However, some areas required strengthening.

- There were some arrangements in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. However, more

substantive GP hours were required to cover both sites effectively and we saw that GP locums were used regularly. Both long-standing salaried GPs were due to leave the practice at the end of May 2018, but their posts had already been recruited to. A third salaried GP was due to commence in August 2018 as Royal primary care had recognised that more GP hours were required.

- There was an induction system for staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- We found that the practice had a system in place to record vaccine refrigerator temperatures. We noted that the temperature had been recorded as being above the normal ranges on a few occasions, but no reason was recorded to explain why this was the case. Therefore, we could not be assured that actions had been taken to address this to keep patients safe.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- There was mostly a clear approach to managing test results. The practice had some systems in place to check uptake and to recall non-responders as part of the cervical screening programme, but we identified components of this which needed strengthening. For example, the in-house system to check that results were received for all samples that were sent for analysis. Following the inspection, the practice provided an audit to show this had been undertaken for the three-month period prior to our inspection. They also advised us that they would ensure this became a regular audit going forward.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines. The pharmacists reviewed any medicines changes required following a hospital discharge.
- There was a robust monitoring process for patients prescribed high risk medicines.

Track record on safety

The practice had a good track record on safety.

- There were some risk assessments available in relation to safety issues.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. GPs and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong and incidents were reported. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. Learning was discussed at practice meetings and was also shared via notifications on the computer system.
- The practice acted appropriately on patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

Please note: Any Quality Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.

Effective needs assessment, care and treatment

Clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Templates on the practice computer system linked with guidance to ensure care was provided in accordance with current evidence-based practice. Any new or revised guidance was discussed at regular clinical meetings.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received assessments of their physical, mental and social needs. The practice identified these patients using the frailty index, and had developed a frailty register.
- The practice team worked effectively with community based health and care staff including the community matron as part of an integrated approach to care. Weekly multi-disciplinary meetings reviewed the ongoing care and support for patients who were at risk of hospital admission or had complex health and care needs. The practice employed their own care coordinator who monitored these patients on an ongoing basis.
- The practice employed a chronic disease nurse to visit housebound patients who were not part of the community matron caseload. This nurse also undertook ward rounds in the nursing homes aligned with the practice.
- Individual care planning and liaison for care home patients had been strengthened by the introduction of regular meetings with the practice care coordinator.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. If patients had more than one condition, the review would incorporate a holistic review to ensure they needed to only attend an annual review once.
- Nurse liaison staff (designated members of the administration team with additional training) coordinated the annual reviews, and arranged pre-review tests and offered flexibility with appointments to accommodate work and personal commitments.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins (recommended medicines) for secondary prevention, people with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- Patients prescribed multiple medicines were offered an annual review with the practice pharmacist and where appropriate changes or alternatives would be discussed with the patient to achieve the optimum treatment regime.
- For patients with the most complex needs, the practice team worked with other health and care professionals, including the community matron, district nurses and specialist nurses to deliver a coordinated package of care.
- The practice nurses undertook individual care planning for patients with conditions such as asthma and diabetes.
- The practice monitored those individuals prescribed high risk medicines within secondary care as part of shared care arrangements to keep patients safe.

Families, children and young people

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care, or for immunisation. The safeguarding lead GP was informed when this

Are services effective?

happened. We reviewed a set of patient records which had not been coded to highlight this, but the practice informed us that this would usually be undertaken routinely. This had been implemented further to the findings of a Serious Case Review, and was detailed within the practice safeguarding policy.

- The practice provided some family planning services including emergency contraception and long-lasting contraceptive injections. The practice did not provide coil or implant fittings on site but referred patients to a local family planning service.
- The lead safeguarding GP attended monthly safeguarding meetings with the health visitor, the school nurse and community matron to review any children where there were any known safeguarding concerns.
- The practice adhered to national guidance on determining a younger person's capacity to consent when consulting with them (for example, contraceptive advice)

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

- The practice's uptake for cervical screening was 76.4% which was 5% below the CCG average, and below the national average of 81%. Unverified QOF data provided by the practice for 2017-18 showed a slight decrease to 75%.
- The practices' uptake for breast and bowel cancer screening was in line with local averages and national averages.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice had completed annual health reviews for 23% of their 79 patients on their learning disability register in 2017-18.
- End of life care was delivered in a coordinated way with collaboration from the multi-disciplinary team. Patients on the palliative care register were reviewed at designated meetings held every two months. The

practice shared appropriate information with the out of hours' provider for example, to ensure the patient received the right care promptly in line with their preferences.

- Staff were aware of what to do and who to contact regarding adult safeguarding concerns and were able to recognise signs of abuse, staff had been trained and were aware of the lead GP. There was a system to flag patients with a safeguarding concern on the practice's computer system to ensure staff were alerted to this during any interactions with the patient.
- The practice would accommodate any individuals or families living in vulnerable circumstances including those with no fixed abode and members of the travelling community.

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

- The practice employed a mental health nurse to oversee and coordinate care for patients aged 16 and over requiring mental health support.
- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was above the local average of 91% and national average of 90%. Exception reporting rates were higher at 28% (local 13%; national 12.5%).
- The practice considered the physical health needs of patients with poor mental health and those living with dementia. For example, 89% of patients experiencing poor mental health had received discussion and advice about alcohol consumption in the last 12 months. This was in alignment with local and national averages but with higher exception reporting at 35% (local 11%; national 10%).
- 83.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was in alignment with local (82.5%) and national (83.7%) averages. However, exception reporting rates were higher at 16.3% (local 5.6%; national 6.8%).
- Screening assessments were undertaken to detect signs of dementia. Some patients were referred to a memory clinic or secondary care for further investigations.
- Practice pharmacists monitored if patients with poor mental health failed to collect their prescriptions and followed this up with individuals. If the patient was receiving care at the hospital for their condition, they would inform secondary care to advise follow up.

Are services effective?

- The practice worked with local services including the community mental health team, the crisis intervention service and housing to support the needs of their patients. For example, patients at risk of suicide may be referred to the crisis team although the practice's own mental health nurse had experience in this field so referral rates were low.

Monitoring care and treatment

The practice provided evidence of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

- QOF results for 2016-17 showed an overall achievement of 97.7% compared to the CCG average of 97.1%, and a national average of 95.5%. The practice provided information (subject to external verification) that this performance had been maintained with an achievement of over 97.1% for 2017-18.
- The overall clinical exception rate for QOF was slightly above local and national averages. However, this was significantly higher for mental health indicators. The practice was aware of this and had completed an audit to investigate why this was the case. This showed that many patients had been exempted as they were classed as being in remission, and could not be removed from the mental health register without deleting their original diagnosis. Therefore, they were likely to continue to appear to have a high exception reporting rate for these patients.
- The practice was involved in quality improvement activity. For example, we saw evidence of an extensive clinical audit programme. This included full cycle and multiple cycle audits. These were clearly written and relevant. An audit programme was in place for the current year with an expectation that all clinicians took part in this. We saw that audit topics reflected MHRA alerts, NICE guidance, prescribing guidelines/shared care protocols and significant events. These provided evidence of improved outcomes for patients, for example, an audit identified seven patients as having had a peptic ulcer who were being prescribed an anti-inflammatory medicine without medicines to reduce the amount of acid produced by the stomach. These patients were reviewed and where appropriate prescribed the medicines to help protect the stomach.

Some patients declined this but the audit highlighted the importance of two-way communication to explain and discuss risks and having rationale to document why the recommended regime was not being adhered to.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- The practice understood the learning needs of staff who could access appropriate training to meet them. The majority of staff said they were provided with protected learning time.
- We viewed the practice training log and saw that staff were up to date with their training schedule.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Staff were encouraged and given opportunities to develop. For example, a nurse was finalising their training to become the practice's fourth advanced nurse practitioner.
- The practice closed one afternoon a month for staff training. On occasions, training was combined with Royal Primary Care's other practice as part of a joined-up approach.
- The practice had developed a comprehensive induction programme for new starters. This included a comprehensive 12 week induction on all aspects of the role for administrative and reception staff. There was a process to sign-off individual competencies once they had been achieved. There was an induction pack available for GPs and we saw this was updated as required, for example if an issue relevant to locums was identified via an incident or complaint.
- The practice provided staff with ongoing support. This included an induction process and regular appraisals. We were told that clinical supervision and support for revalidation was available.
- There was a procedure for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital.
- We saw that care plans were used extensively. The practice worked with patients to develop personal care plans that were shared with relevant agencies where appropriate.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents.
- The practice participated in social prescribing schemes via the voluntary single point of access which gave access to specific voluntary schemes to support patients at home.
- 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.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice was not actively supporting national priorities and initiatives to improve the population's health. However, they informed us that they were developing a list of campaigns with the Trust's communication team to promote this going forward.
- The practice offered NHS health checks and new patient checks.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice told us that appropriate team members had undertaken training on the mental Capacity Act.
- The practice monitored the process for seeking consent appropriately.

Helping patients to live healthier lives

Staff helped patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

Please refer to the Evidence Tables for further information.

Are services caring?

We rated the practice as good for providing caring services.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural and social needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids (for example, a hearing loop) and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The latest results from the national GP patient survey showed that patients felt that they were involved in decisions about their care and treatment. Results were comparable to other GP practices.

Privacy and dignity

The practice respected patients' privacy and dignity.

- 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.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations with the GP, advanced nurse practitioner, mental health nurse or pharmacist were available each day, which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. The patient administration system was used to alert staff to specific needs, for example, hearing and visual impairment (Accessible Information Standards).
- The practice provided effective care coordination for patients who were vulnerable or who had complex needs. They supported them to access services both within and outside the practice.

Older people:

- The practice was responsive to the needs of older patients, and offered home visits for those who had difficulties getting to the practice.
- Housebound patients taking anticoagulant medicines were monitored at home by the practice nurses who also visited patients needing either flu, pneumococcal, or shingles vaccinations.
- The practice held flu vaccination clinics which included Saturdays to ensure patients needing help from working relatives were able to attend.
- The practice provided care for residents at two designated residential care homes with regular scheduled visits from their chronic disease nurse, and any urgent requests were responded to on the day.
- Practice pharmacists undertook reviews of polypharmacy (the concurrent use of multiple medicines by a patient)

People with long-term conditions:

- The practice had a higher proportion of patients with a long-term condition and older patients. We saw that the practice achieved good outcomes for these patient groups, demonstrated for example by their performance on the Quality and Outcomes Framework (QOF).
- The practice held regular meetings with members of the wider local community health and social care teams to discuss and manage the needs of patients with complex medical issues.
- The practice offered longer appointments and home visits as needed to meet the needs of this group.

Families, children and young people:

- Children were offered a same day appointment when this was requested.
- Appointments were offered in the afternoon so that parents could bring children after school. In addition, the practice ran both an early morning and an evening surgery once a week so that parents with young families could attend to see a GP or nurse (included the advanced nurse practitioner and mental health nurse) without having to bring the whole family with them.
- The availability of a community psychiatric nurse (mental health nurse) within the practice team gave access to specialist help for issues such as post-natal depression.
- Sexual health chlamydia testing packs were available in the waiting area for patients.
- The practice had recently devised and sent out a specific patient survey to younger patients to capture the needs of children and young people. A leaflet was available in the practice to advise young people how to access services relevant to their needs.

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

- The practice offered extended opening hours appointments to see either a GP or nurse. These were available on one morning and one evening each week.
- Appointments and repeat prescriptions could be arranged online. However, there were limited online appointments available, for example in the month prior to our inspections a total of 36 online appointments had been offered by the clinical team. The practice participated in the electronic prescription service meaning that patients could request repeat prescriptions online and collect these from their preferred pharmacy.

Are services responsive to people's needs?

- Patients could request access to their online medical records affording easier access to their own information at a convenient time.
- Telephone consultations with the GP, advanced nurse practitioner and mental health nurse were offered each day which supported patients who were unable to get an appointment, attend the practice during normal working hours, or had expressed to have this type of consultation as their preference.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a named practice nurse lead for learning disabilities. Patients had individual care plans and information was provided in a format to meet their understanding.
- The practice registered patients on a temporary basis if their personal circumstances were not stable enough for them to have a permanent abode, and support with their issues would be offered on an individual basis.
- Longer appointments were available to accommodate those patients who needed more time to discuss their needs.
- There was a practice carer's policy and two nominated carers champions to help advise and support carers. Alerts on patient records highlighted carers to support their needs.
- For patients on the palliative care register, the practice had a dedicated phone line which would ring on every administrative phone to ensure they were not kept waiting.
- Patients and their families were signposted to local services to help support them with alcohol or substance abuse.

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

- Patients could directly book an appointment directly to see the practice's mental health nurse. The nurse had completed specialist training in mental health and was able to provide help for those patients experiencing conditions such as anxiety, depression, and low self-esteem. Appointment times were extended to 20 minutes in recognition of the need to deal with patients

sensitively and allow sufficient consultation time. Patients were often allocated a follow up appointment at the time of their initial consultation to facilitate their attendance.

- Patients with poor mental health were provided with information about how to access self-help resources and talking therapy services.
- Annual physical health checks were offered for patients with long-term health problems and for patients with dementia.
- The practice team had a good understanding of how to support patients with mental health needs and those patients living with dementia. Staff completed annual training in dementia.
- The practice provided patients with a dementia information pack produced by their CCG. This included details on self-referral to local support services and other information.

The practice had a named carer's champion who was able to signpost carers to appropriate support services. Carers of patients with dementia were flagged to allow consideration of their needs, such as appointment flexibility and respite needs.

- The practice had undertaken a dementia environment review which was led by the dementia lead and matron for older people nurse from the local hospital. This resulted in changes such as the introduction of red toilet seats in patient areas (to aid patient's cognition in finding the seat), themed notice boards, and clearer signage.

Timely access to care and treatment

Patients were mostly able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients with the most urgent needs had their care and treatment prioritised. A GP was available to triage calls every day to identify if patients who had not got an allocated appointment needed to be seen or given advice.
- The practice offered some limited online booking for appointments. Patients could order their repeat prescription online.
- Patients mostly reported that the appointment system was easy to use. Patients could book up to two weeks in advance.

Are services responsive to people's needs?

- The practice used an automated appointment text reminder system to help reduce DNA (did not attend) appointments.
- Patients could access early morning and evening extended hours' appointments on one day each week.
- Routine GP appointments were scheduled for 10 minutes, whilst advanced nurse practitioners had 15 minute slots, and the mental health nurse provided a 20 minute consultation. This adjustment accommodated patient and clinician need more appropriately.

Outcomes from the most recent GP patient survey, published in July 2017, showed that patient satisfaction in relation to access to appointments was mostly below local and national averages. This impacted on the outcomes relating to the overall experience of the practice, and the percentage of those that would recommend the practice to others. Royal Primary Care was fully aware of this issue and had developed an action plan to improve this, and this was being monitored via internal patient surveys.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The practice had developed a clear approach in terms of the leadership of the practice, and was aware of future succession planning requirements.
- Royal Primary Care had a designated Clinical Divisional Director working across both of the organisation's GP practices. This role impacted on driving clinical improvements to enhance patient care.
- Managerial arrangements were aligned to processes within the trust. A substantive general manager post had also been recently introduced to strengthen sustainable management arrangements for Royal Primary Care.
- Blue Dykes Surgery was managed by a lead GP, and this role was being shared by senior GPs who were about to retire when we undertook our inspection. This role was to be continued going forward by a newly appointed salaried GP. There was a site manager to assist in the daily running of the practice supported by the Divisional Service and Business Managers. The practice was in the process of appointing its own site lead practice nurse to provide professional support to its nursing team. The Divisional Director, General Manager and Lead Nurse managed the two practices which form Royal Primary Care.
- A collaborative approach with Royal Primary Care's other practice provided opportunities for joined-up working. For example, a GP based at the other practice led on NICE guidance and prescribing across both sites.
- Royal Primary Care highlighted leadership development and capability within their transformation plan. This incorporated talent spotting and access to leadership training.
- GPs and managers were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

Vision and strategy

The practice was able to articulate a clear vision to deliver high quality, sustainable care.

Royal Primary Care had a vision to be a first-class provider of sustainable primary care services, delivering the best

possible care to their patients, and being a great place for people to work. There was a clear strategy for the practice that fed into the Trust's overall strategy and business planning arrangements. The strategy was monitored by the Trust's Board.

The practice vision was underpinned by core values and objectives specific to primary care.

- There was an awareness of the most important challenges and risks facing the practice and these were risk assessed with actions taken to try and minimise their potential impact. Royal Primary Care had used the first year to align processes with those of the Trust. In addition, they had strengthened the leadership of the practice, recruited to vacant posts and worked to address inherited problems around financial viability. The new leadership structure covered both practices managed by Royal Primary Care.
- For 2018-19, Royal Primary Care had developed a transition and transformation plan to progress their six strategic objectives. For example, in providing high-quality, safe and person-centred care, and developing partnerships further to deliver better care
- Royal Primary Care engaged with their CCG and GP federation to influence and drive improvement in the delivery of patient care within the locality. Management representatives attended local meetings to discuss local issues and share best practice. For example, discussions had commenced to seek a system wide approach to implement NHS England's commitment to introduce 8am-8pm working and seven day GP access from October 2018.
- Staff we spoke to demonstrated their commitment towards the vision and values and their role in achieving them. Royal Primary Care had undertaken work to engage staff in understanding how they contributed to objectives and the vision, and align individual objectives with the strategy into the appraisal process.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They told us that they enjoyed their work and were proud to work in the practice.

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed. A process called 'Listen into Action' had been introduced by Royal Primary Care to empower staff to make changes.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All but one member of staff (who had been in post for more than 12 months) had received an annual appraisal in the last year. Pay structures had been reviewed and aligned to a skills and aptitude framework.
- Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were given protected time to support their professional development. However, one member of the team told us that this was not the case.
- There was an emphasis on the safety and well-being of all staff. We were told how managers had been supportive to members of the team throughout difficult personal circumstances. This included time off work and flexible working arrangements.
- The practice promoted equality and diversity and had a policy to support this. Staff had received equality and diversity training. Staff told us that they felt they were treated equally.
- There were positive relationships between staff and teams. 'Glimpse of Brilliance' awards had been introduced to acknowledge the good work of individual staff.

Governance arrangements

- Whilst there were mostly clear systems of accountability to support good governance and management, we identified some concerns at our inspection. Some processes and systems were not sufficiently robust to evidence of effective governance. This included:
- We found that greater assurance was necessary in reviewing the work and oversight of the extended clinical team. For example, there was limited evidence of consultation audits to provide assurance on this matter. We reviewed some advanced nurse practitioner

referrals made as part of the 'two-week wait' to request an urgent hospital specialist advice, because of symptoms that might indicate a potential cancer diagnosis. We found that the consultation notes did not always record thorough details or evidence that sufficient investigations had been undertaken at practice level. In addition, we were informed that one of the salaried GPs informally reviewed notes' entries made by locum GPs as part of gaining assurance on the quality of their work. However, there were no audits or documentation available to support this. The practice informed us that GPs were available to advise where needed and undertake debrief sessions if required for the advanced nurse practitioners and prescribing clinicians. However, these arrangements were largely informal.

- We were informed that incoming correspondence was triaged by administrative staff, and that this was usually done on the day of receipt, although there could be a delay of two to three days at busier periods. We found that a letter had been received on 9 May asking for a patient's sutures to be removed on 11 May. This letter had not been triaged by the day of our inspection on 11 May. However, the practice confirmed to us that this request was completed on 11 May following our inspection. The practice informed us that they were slightly behind their normal response timescales due to our inspection and the bank holiday earlier that week. We did not find clear evidence to support quality assurance and clinical oversight of the process.

The practice told us that incoming correspondence was monitored and tracked on a daily basis, and in addition a daily operational conference call was chaired by the Service Manager with all site leads updating on any challenges. Where these were anticipated or experienced a risk review was undertaken and additional support provided to bring back in line any areas that were moving beyond the desired timeframe. A written practice protocol supported this process.

Following our inspection, the practice told us that on the afternoon of 18 May, there were 45 items of incoming correspondence awaiting action and these only dated back to the previous day. We also saw positive examples of effective governance arrangements:

Are services well-led?

- The lead pharmacist had been designated as governance lead, and we saw how this person was instrumental in driving quality improvement work in clinical audit, and the oversight of safety alerts.
- Practice leaders had established concise policies and procedures which were regularly reviewed, and could be accessed easily by the practice team.
- The network of meetings aligned with the Trust structure. For example a monthly governance meeting reported into a Performance Quality Board.
- There was a schedule of regular in-house meetings which were well documented. This included a weekly clinical practice meeting which had representation from all professional groups who then cascaded this back to their colleagues. Minutes were also available for the team to access.
- Staff were clear on their roles and accountabilities including in respect of safeguarding

Managing risks, issues and performance

There were some processes for managing risks, issues and performance, but some areas required strengthening

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, we found some concerns relating to infection control, vaccine management, and an effective failsafe cytology recall system during our inspection. The contracting of health and safety site management issues to another local trust provided a comprehensive approach to ensure compliance. However, the information was not always readily available or known by managers at practice-level.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of performance and enabled corrective actions to be taken if required
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality.
- The practice had a business continuity plan in place and had trained staff for major incidents. This had been put into action recently when a suspected gas leak occurred.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used information to assess performance and to take corrective actions if these were indicated. The practice had meetings with their CCG to discuss performance.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. It was acknowledged that systems needed a review and there were plans to harmonise IT systems across the two Royal Primary Care practices to aid consistency and better access to information. There were also plans to utilise technology more effectively, such as remote working, and a bid for four laptop computers had been made to the CCG to facilitate this.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. A patient participation group was in place.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was evidence of systems and processes for continuous improvement and innovation.

Are services well-led?

- The practice had a clear transformation plan to support their strategic objectives. This included targeted measures focused towards the achievement of each specific objective.
- Daily 'huddles' had been introduced to provide an opportunity for the team to catch up on key issues each day and share any key messages. This was open to all staff, although clinician input was subject to their work schedule. We also saw how staff had been involved in discussions on how they contributed to the CQC's assessment criteria and we saw a whiteboard displaying the outcomes from this in the main administration office area.
- The practice care coordinator had worked closely with one of the care homes to provide regular support and advice, and this had seen a reduction in requests for home visits.
- The role of the chronic disease nurse gave designated input to housebound and care home patients to help address their needs on an ongoing basis.
- The practice employed mental health nurse provided expertise to support patients with poor mental health, as well as being a resource for the rest of the practice team. The nurse provided more consultation time to accommodate the needs of these patients.
- Members of the reception team acted 'as care navigators' and asked patients to give a brief description of their problem when they called the practice. This enabled effective signposting and supported the principle of 'right care, right person, right place' to direct the patient to see the most suitable clinician to deal with their problem.

Please refer to the Evidence Tables for further information.

Regulatory action

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
How the regulation was not being met?We found some concerns relating to infection control, vaccine management, and the failsafe cytology recall system during our inspection.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
How the regulation was not being met?We found some concerns relating to assurances being provided on the quality of the work of the extended clinical team, and the quality assurance process regarding the management of incoming patient correspondence.