

# Dr D J Corlett and Partners

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr DJ Corlett & Partners at Beechfield Medical Centre, Spalding on 24 November 2015. The purpose of this inspection was to ensure that improvement had been made following our inspection in February 2015 when breaches of regulations had been identified.

Following the most recent inspection we found that overall the practice was still rated as requires improvement but significant improvements had been made and specifically, the rating for providing a safe service had improved from inadequate to requires improvement.

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

- The system for reporting, investigating and learning from significant events had improved but was not robust and further improvements were required.
- Some of the systems and processes in place were not robust. For example, safeguarding, infection control, dispensary and the triage system.
- Data showed patient outcomes were average or above for the locality. There was a programme in place for ongoing clinical audits.
- Patients said they were treated with compassion, dignity and respect. They were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. However learning from complaints was limited.
- Urgent appointments were available on the day they were requested through the triage system.
- There was an improved and clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints are in place.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice, such as nurse protocols.
- Ensure there is a robust system in place to ensure that patients are safeguarded from abuse and improper treatment.
- Ensure the system for triage is robust including competency checks.

- To conduct audits of the quality of their dispensing service.

In addition the provider should:

- Ensure Patient Group Directions are completed appropriately.
- Ensure issues identified in the most recent infection control audit are actioned.
- Ensure there is an appropriate risk assessment in place relating to the COSHH).

**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 requiring improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations were not consistently thorough enough and lessons learned were not always identified or communicated widely enough to support improvement.
- The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Generally risks to patients were assessed and well managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice had not ensured that staff who carried out triage duties were competent.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available.

The practice had responded to issues raised, although some complaints had not been investigated fully and learning was not always identified or implemented.

**Good**



## Are services well-led?

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

- It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was an improved leadership structure and most staff felt supported by management. Staff told us that the culture within the practice had improved and was now very open.
- Practice specific policies were implemented and were available to all staff. Some were not available on the day of inspection but were provided following our visit.
- The practice had a number of clinical policies in place to govern activity but there were limited nurse protocols in place.
- Some systems and processes required further improvement and development, such as those for dealing with significant events and complaints, safeguarding and triage.
- The practice had developed the patient participation group (PPG) which was becoming more active. Feedback was sought from patients and staff.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

The provider was rated as requiring improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions.

The provider was rated as requiring improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



### Families, children and young people

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

The provider was rated as requiring improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

- Children and young people were treated in an age-appropriate way and were recognised as individuals, the practice having trained staff as a “Young Person” friendly practice . The practice offered a triage system into an urgent clinic for emerging issues on the day. This was particularly useful to families with young children. The practice arranged and facilitated baby immunisations to coincide with GP baby checks and post natal maternal checks in order to simplify the process for new mothers. Appointments were available outside of school hours.
- There was a lack of awareness of children on the at risk register for safeguarding and child protection and the list was not up to date. There were no multi-disciplinary safeguarding meetings taking place.

## **Working age people (including those recently retired and students)**

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

The provider was rated as requiring improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided well person clinics, travel clinics, sexual health and smear test clinics as well as NHS health checks to those over 40 years.
- There was a well-established telephone call-back system which was useful for working people and a triage system into an urgent clinic for emerging issues on the day.

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

The provider was rated as requiring improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had a good awareness of and worked with patients whose first language was not English to ensure their needs were dealt with appropriately. A number of staff spoke relevant languages and translation services were available.

**Requires improvement**



# Summary of findings

- There was a lead GP for learning disabilities and the practice held a register of patients living in vulnerable circumstances such as those with a learning disability. It had carried out annual health checks for people with a learning disability. It offered longer appointments and flexibility to support people with a learning disability.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- There was not a robust safeguarding process in place. There were no multi-disciplinary safeguarding meetings taking place.

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

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

The provider was rated as requiring improvement for safety and for well-led and good for effective, caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice maintained a number of registers for patients with mental health problems including those with Depression, other Mental Health Issues and a separate dementia register.

There was a lead GP for depression who oversaw the system of constant review the practice operated for these patients depending on their type of depression. Patients with other mental health problems were invited for mental health checks annually, monitored and coordinated by the Lead Nurse.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 1 July 2015. The results were mixed and showed the practice was performing in line with local and national averages in most areas. 299 survey forms were distributed and 38% completion rate.

- 73% find it easy to get through to this surgery by phone compared with a CCG average of 77% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 51% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 67% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

- 76% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 75% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 70% feel they don't normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards, five of which were extremely positive about the standard of care received. One comment expressed dissatisfaction with the length of time to get an appointment. Staff were described as caring, helpful and understanding.

We spoke with two patients during the inspection. Both patients said that they were happy with the care they received and thought that staff were accommodating, friendly and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure robust processes for reporting, recording, acting on and monitoring significant events, incidents, near misses and complaints are in place.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice, such as nurse protocols.
- Ensure there is a robust system in place to ensure that patients are safeguarded from abuse and improper treatment.

- Ensure the system for triage is robust including competency checks.
- To conduct audits of the quality of their dispensing service.

### Action the service **SHOULD** take to improve

- Ensure Patient Group Directions are completed appropriately.
- Ensure issues identified in the most recent infection control audit are actioned.
- Ensure there is an appropriate risk assessment in place relating to the COSHH).

# Dr D J Corlett and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr D J Corlett and Partners

Dr DJ Corlett & Partners is a GP practice which provides a range of primary medical services under a GMS contract to around 16,000 patients from a surgery in the town of Spalding, Lincolnshire. The practice's services are commissioned by South Lincolnshire Clinical Commissioning Group (CCG).

The service is provided by three full time male GP partners, two full time female GP partners and a female part time GP partner, three Advanced Nurse Practitioners, four Practice Nurses, three triage nurses and two healthcare assistants. There is also a dispensary manager and a team of dispensing assistants. They are supported by a management team and reception and administration staff.

Local community health teams support the GPs in provision of maternity and health visitor services. The practice has one location registered with the Care Quality Commission (CQC) which is at Beechfield Medical Centre, Beechfield Gardens, Spalding, Lincolnshire, PE11 1UN.

The surgery is in a modern two storey building with a large car park which includes car parking space designated for use by people with a disability near the surgery entrance.

We reviewed information from South Lincolnshire clinical commissioning group (CCG) and Public Health England which showed that the practice population had similar deprivation levels compared to other practices within the CCG and much lower than the average for practices in England.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

The practice is a training practice for GP trainees. At the time of our visit there was one trainee in place.

The practice is open between 08:00am and 6:30pm from Monday to Friday. Appointments are available from 08:30 am to 6pm on weekdays. The practice closes for an hour at lunchtime once a week for staff training. The practice does not provide extended opening hours.

## Why we carried out this inspection

In February 2015 we had carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned 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 that inspection we found the practice to require improvement overall but specifically the rating for providing a safe service was inadequate. We carried out this further comprehensive inspection to ensure that improvement had been made.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed information we had requested from the practice prior to our visit, as well as information from the public domain including the practice website and NHS choices.

We carried out an announced visit on 24 November 2015. During our visit we spoke with a range of staff including GPs, the management team, the nursing team, dispensary assistants as well as reception and administration staff. We also spoke with patients who used the service. We observed how people were interacted with and talked with carers and family members.

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

- Is it safe?

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events. Concerns had been identified at our inspection in February 2015 regarding the management and learning from complaints and significant events. Improvements had been made with the introduction of a more structured system including meetings to discuss significant events but we found further improvement was required.

We reviewed the significant event summary and looked at reports of significant events in more detail. It was apparent that any learning outcomes or actions that needed to be done were not being documented or evidenced, and review dates were not being applied. Some investigations were not detailed enough and although analysis had taken place it had not identified any themes.

For example, one significant event related to an out-of-date injection having been given. A preventable factor was recorded as 'checking expiry dates'. There was no reference to the lack of a stock checking system and the dispensing manager had recorded that they would 'allocate task of stock checks'. The practice manager had recorded that a protocol was now in place for general medications stock check'. There was no record of responsibility for the action or what the protocol was. There was no mention of whether the patient had been informed or whether the drug manufacturer had been contacted about the out-of-date drug. There was no review date to ensure any implemented changes were working.

Staff told us they would inform their line manager of any incidents and there was also a recording form available on the practice's computer system and staff were aware of its location.

We saw a positive culture in the practice for reporting and learning from medicine incidents and errors. Incidents were logged and then reviewed. However, we noted that some actions following significant events were either unsuitable actions or had not been completed to help minimise the chance of similar errors occurring again. Near-miss dispensing errors had been recorded, however, staff confirmed there had been none since the most recent recorded entry in July 2015.

There was a process in place for receiving, disseminating and acting on safety alerts.

### Overview of safety systems and processes

- Some arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. However there was a lack of oversight by the safeguarding lead. They were not aware how many children were on the risk register for safeguarding and child protection and the list was not up to date. There were no multi-disciplinary safeguarding meetings taking place. Following our inspection we were informed that there had been an immediate change of safeguarding lead. The safeguarding children policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice did not have a safeguarding adults policy on the day of the inspection. We have since received a policy which provides some guidance for staff to follow. Staff had received training relevant to their role. GPs were trained to Safeguarding level 3.
- We saw notices in most consultation rooms which advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).
- We found there had been improvements in infection control processes since our last inspection. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Two practice nurses were the infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. In February 2015 the practice had undertaken a full infection control audit. The audit we reviewed had required actions identified but there was no action plan or any indication of

## Are services safe?

timescales when the actions would be completed by. At this inspection we found that the practice had not put an action plan in place so therefore we were unable to ascertain if the actions had been completed.

- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. There were a variety of ways available to patients to order their repeat prescriptions. Patients we spoke with said they received their prescriptions on-time. There were arrangements in place to provide both medicines in seven day compliance aids and a twice weekly delivery service for vulnerable patients.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained, however, we noted that the practice had not recently conducted audits of the quality of their dispensing service. Dispensing staffing levels were in line with DSQS guidance. Dispensing staff had completed appropriate training, were provided on-going training and had their competency annually reviewed.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The practice should make more robust arrangements for the security of medicines stored in the dispensary areas and vaccine refrigerators. Records showed medicine refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. However, we

noted that steps had not been taken to reduce the risk of vaccine refrigerators being disconnected from power sources. Staff told us that processes were in place to check medicines stored within the dispensary areas were within their expiry date and suitable for use, however, the practice did not keep records of expiry date checks in the dispensary or for refrigerated vaccines in clinical areas.

- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines. There was not a robust system in place to ensure that the patient group directives (PGD's) were signed by relevant members of the nursing team and authorised. Patient group directions (PGDs) are specific written instructions for the supply or administration of a licensed named medicine including vaccines to specific groups of patients who may not be individually identified before presenting for treatment.
- We reviewed 12 personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and generally well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. There were a number of risk assessments in place relating to safety in the workplace. The practice had an up to date fire risk assessment and had carried out a fire drill on 19 November 2015. Actions had been identified and the practice were in the process of completing an action plan. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings.. We saw a legionella testing certificate dated August 2015 in place

## Are services safe?

but it was not clear if this had included a risk assessment to determine if any control systems were required. There was no risk assessment in place for the control of substances hazardous to health (COSHH).

- Records showed twice daily refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. The practice had a cold chain policy in place to ensure that medicines were kept at the required temperatures.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

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

- All staff received basic life support training at appropriate intervals and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. The practice did not have a policy for the checking of emergency equipment and medicines.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. New guidelines were discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Current results from 2013/14 were 97% of the total number of points available, with 6.7% exception reporting. This was 0.2% below the CCG average and 3.5% above the national average.

For example:

- The performance for diabetes related indicators was 98.8% which was 6.6% above the CCG average and 9.6% above the national average.
- The performance for asthma related indicators was 100% which was 3.1% above the CCG average and 2.6% above the national average.
- The performance for patients with hypertension was 100% which was 0.5% above the CCG average and 2.2% above the national average.
- The performance for patients with COPD was 100% which was 1.3 % above the CCG average and 4% above the national average.
- The dementia diagnosis rate was 100% which was 3.3% above the CCG average and 5.5% above the national average.

Clinical audits demonstrated quality improvement. Since our inspection in February 2015 the practice had

strengthened their system for clinical audits. We looked at three clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and monitored. We saw evidence of ongoing audit and a plan of audit in place going forward.

The practice participated in applicable local audits, national benchmarking and peer review.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- In most areas the practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The practice had a triage system. Triage is a system where either a GP or a practice nurse speaks to a patient to assess their problem and determine the best course of action. The purpose of triage is to ensure that patients who feel their problem needs to be dealt with either on the day or before a routine appointment is available can access clinical advice quickly and efficiently. At the previous inspection we were told that the triage nurses had not received any specific training in minor illness and/or telephone triage to carry out this role. Furthermore there was no clear triage policy/guidelines in place to ensure patient safety. At this inspection we found that triage nurses had undertaken telephone triage training. However one of the nurses carrying out telephone triage had recently been appointed and the practice had not carried out any competency checks. On the day of our inspection there was no triage protocol available but this was provided following our inspection.
- 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 these learning needs and to cover the scope of their work. This included ongoing support



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, mentoring, peer support, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that some multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- The process for seeking consent was monitored to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Not all staff we spoke with had an awareness of the Mental Capacity Act 2005 and their duties in fulfilling it.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- There were nurse led smoking cessation clinics available on the premises to support patients who wanted to stop smoking.
- The practice ran a sexual health clinic which provided contraceptive services and sexual health advice, screening and treatment to their patients including young people. This was also available to patients of other practices.
- The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme.
- The practice's uptake for the cervical screening programme was 82.79%, which was comparable to the national average of 81.88%.
- Flu vaccination rates for the over 65s were 77.61%, and at risk groups 57.25%. These were also above CCG and national averages.
- 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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.

Five of the six patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent, caring service and staff were helpful, and treated them with dignity and respect.

We also spoke with one member of the patient participation group. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national patient survey showed mixed responses from patients on how they were treated and that this was with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.

- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

### **Care planning and involvement in decisions about care and treatment**

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

Results from the national patient survey we reviewed showed patients had mixed responses to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

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.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Vulnerable patients were flagged on the practice computer system which enabled staff to offer extra support as necessary.

## Are services caring?

Staff told us that if families had suffered a bereavement, the family were contacted by means of a condolence card and a home visit would be arranged when appropriate to support and meet the family's needs. Are services

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had a low reception desk in order for patients who used a wheelchair to communicate to reception staff.
- There were disabled facilities and translation services available.
- The practice had a lift to improve access to the first floor.
- Notices about the practice were written in five different languages which included English and Polish.

### Access to the service

The practice was open between 08:00am and 6:30pm Monday to Friday. Appointments were from 08:30am to 6:30pm daily. There were no extended hours surgeries available. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- <>% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.

73% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.

- 76% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

### 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The procedure was clearly explained on the website as well as a downloadable Complaints and Comments Leaflet.

We looked at four of the 22 complaints received in the last 12 months and found they had been responded to in a timely way. However we found that the system for recording and investigating complaints was not always robust as one complaint we looked at should have also been recorded as a significant event. Learning from complaints was not always identified or where it was identified in some cases there was no evidence that the learning points had been followed up. A number of complaints related to one GP partner and we were told that this theme had been identified and would be addressed at the next complaints meeting. Following our inspection we were told the GP partner had undertaken additional training with regard to their consultation and communication style.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

The practice had a statement of purpose which included the practice values. These included providing the best possible quality service to patients within a confidential and safe environment by working together and to encourage patients to get involved in the practice through surveys, questionnaires and encourage them to comment on the care they received.

- The practice had a strategy and supporting business plans which reflected the vision and values.
- Since our inspection in February 2015 we found that significant improvements been made including in the areas of risk assessments, safeguarding training, infection control procedures, processes for dealing with safety alerts, fire safety procedures, staff support and a programme of clinical audits had begun. However there were areas which required further work. We saw evidence that the practice were forward looking and were exploring different options regarding provision of appointments.

### 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 had been improvements in the management structure which was much clearer and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. Some were not available on the day of inspection but were provided following our visit.
- The practice had a number of clinical policies in place to govern activity and these were available to staff within the practice. We looked at the nurse protocols and found that two had no date or evidence that they had been reviewed, for example, hypertension and cardiovascular disease and one did not give staff any guidance, for example, chronic kidney disease. There was no triage protocol available on the day of our visit but this was provided following our inspection.

- A range of minuted meetings took place within the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements was in place.
- There were now robust arrangements for identifying, recording and managing risks.

The system for dealing with significant events and complaints had improved but required further development.

### Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable. However we found there was a lack of oversight in respect of safeguarding.

Staff told us that the culture within the practice had continued to improve and there was a culture of openness and honesty.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that the culture within the practice had improved and was now very open. They told us they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by management in 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 sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the growing patient participation group (PPG), the NHS Friends and Family Test and complaints received. The PPG was increasingly active and met on a regular basis and submitted proposals for improvements to the practice management team. The practice had also gathered feedback from staff through staff meetings,

# Are services well-led?

Requires improvement 

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

appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt there had been an improvement in communication and they felt much more involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was

forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a teaching practice and at the time of our visit there was one GP trainee. They told us they felt well supported and described their experience at the practice as the most useful to date.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  Care and treatment was not being provided in a safe way for service users.  The provider was not ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.  These matters were in breach of regulation 12(1), 12(2)(c) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  (1) Service users must be protected from abuse and improper treatment in accordance with this regulation.  (2) Systems and processes must be established and operated effectively to prevent abuse of service users.  This was in breach of Regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  Systems and processes must be established and operated effectively to enable you to:

## Requirement notices

(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); and

(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

This was in breach of Regulation 17 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014