

# Robert Frew Medical Partners

## Quality Report

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Date of inspection visit: 17 October 2017  
Date of publication: This is auto-populated when the report is published

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

On 28 September 2016 we carried out a comprehensive inspection at Robert Frew Medical Partners. Overall the practice was rated as requires improvement. The practice was rated as inadequate in safe, requires improvement in effective and well-led, and good in caring and responsive.

As a result of that inspection we issued the practice with requirement notices in relation to Regulation 12, Safe care and treatment, Regulation 13, Safeguarding service users from abuse and improper treatment and Regulation 17 Good governance.

The practice submitted an action plan to detail the actions taken in relation to the requirement notices.

We then carried out an announced comprehensive inspection at Robert Frew Medical Partners on 17 October 2017. Overall the practice is rated as good.

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

- There was a system in place for reporting and recording significant events and improvements had been made which reflected that the provider complied with the requirements of the duty of candour.
- From the sample of significant events that we reviewed we saw that staff were clear what constituted such events. The practice was open and transparent and we saw that staff from all areas of the practice were reporting and learning from significant events. Incidents were investigated, discussed and we saw evidence of learning to mitigate their reoccurrence.
- Medicine alert information had been consistently actioned. The practice also demonstrated that patients receiving high risk medicines were audited regularly to ensure that the monitoring and reviews were in place.
- Safeguarding arrangements had been established to enable clinicians to identify those patients

# Summary of findings

potentially at risk. The practice was following up on vulnerable persons who had attended accident and emergency services or not attended their hospital appointments.

- The practice was clean and tidy. The infection control lead had received appropriate training. Cleaning schedules were in place to evidence where, when and how the facility had been cleaned. There was an action plan in place and we saw that actions had been completed.
- The practice were monitoring and recording the issue of prescription stationery within the practice.
- Staff had undertaken appropriate recruitment checks including disclosure and barring service checks.
- Risk assessments for health and safety, fire and legionella were in place.
- Medicines and medical supplies that we checked were in date.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or above average compared to the local and national averages.

- There was a detailed locum induction pack in place for GPs.
- Data from the national GP patient survey, published in July 2017 showed areas had improved since the survey results in 2016.
- Where low levels of satisfaction were reported with the GPs the practice had held a meeting to discuss all the areas and put actions in place to improve.
- The practice had identified carers and was working in partnership with social care professional to provide a drop-in advice service to patients.
- The practice proactively sought feedback from patients, which it acted on. The patient participation group was active and told us the partners involved them and operated with transparency.

In addition the provider should:

- Continue to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

**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 good for providing safe services.

- There was a system in place for reporting and recording significant events and improvements had been made which reflected that the provider complied with the requirements of the duty of candour.
- From the sample of significant events that we reviewed we saw that staff were clear what constituted such events. The practice was open and transparent and we saw that staff from all areas of the practice were reporting and learning from significant events. Incidents were investigated, discussed and we saw evidence of learning to mitigate their reoccurrence.
- Medicine alert information had been consistently actioned. The practice also demonstrated that patients receiving high risk medicines were audited regularly to ensure that the monitoring and reviews were in place.
- Safeguarding arrangements had been established to enable clinicians to identify those patients potentially at risk. The practice was following up on vulnerable persons who had attended accident and emergency services or not attended their hospital appointments.
- The practice was clean and tidy. The infection control lead had received appropriate training. Cleaning schedules were in place to evidence where, when and how the facility had been cleaned. There was an action plan in place and we saw that actions had been completed.
- The practice were monitoring and recording the issue of prescription stationery within the practice.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable or above average compared to the local and national averages.
- There was a detailed locum induction pack in place for GPs.
- Staff were aware of current evidence based guidance and used this to refer to and to plan audits.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.

Good



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey, published in July 2017 showed areas had improved since the survey results in 2016.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified carers and was working in partnership with social care professional to provide a drop-in advice service to patients.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice offered extended hours on a Wednesday evening and a Saturday morning for working patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Good



# Summary of findings

- The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- The provider was aware of the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

# 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 good for the care of older people.

- The practice provided services to patients within residential and nursing homes. Meetings were held with the homes to review the services.
- The practice worked as part of an integrated care team and made referrals to specialist health and social care provision via the single point of contact team.
- The practice operated multidisciplinary team working and held palliative care meetings bi monthly
- The practice was establishing drop-in sessions with a social worker to support carers.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing 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.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice nurses specialised in the management of chronic disease and were able to initiate insulin therapy for diabetic patients.
- The practice offered 24 hour blood pressure monitoring services and could check patient heart rhythms on their ECG machine.

Good



### Families, children and young people

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

Good



# Summary of findings

- Wednesday evening and Saturday pre-bookable appointments were available.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- The practice offered contraceptive advice for patients.
- The practice promoted the cervical screening programme. The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG average of 82% and the national average of 81%.

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

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

- The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, providing extended opening hours once a week and pre-bookable appointments on a Saturday.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available with the GP or nursing team.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff were trained in meeting the diverse needs of their patients for example attending an awareness course on travelling communities.
- Staff assisted patients with literacy and communication needs.

Good





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice's data showed 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 83% and national average of 84%.
- The practice was comparable to the CCG and national average for their management of patients with poor mental health. For example, 97% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months compared with the CCG average of 87% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients with dementia and provided home visits for those unable to attend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. 252 survey forms were distributed and 120 were returned. This represented a response rate of 48%.

- The results of the 2016 survey said that 61% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%. In 2017 this had decreased to 52% compared to the local average of 66% and national average of 71%.
- In 2016, 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 82% and the national average of 85%. In 2017, this had decreased to 86% compared to the CCG average of 82% and the national average of 84%. However it was still above the local and national averages.
- In 2016, 74% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%. In 2017, this had increased to 77% compared to the CCG average of 80% and the national average of 85%.

- In 2016, 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%. In 2017, this had increased to 71% compared to the CCG average of 72% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were positive about the service experienced. Four of the comment cards, whilst positive also mentioned issues with appointments and getting through on the telephone. Other comments said that there were no issues getting an appointment when they needed one and that staff were caring and friendly.

We spoke with two members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. Comment cards highlighted that staff were professional and responded compassionately when they needed help.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

# Robert Frew Medical Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist adviser.

## Background to Robert Frew Medical Partners

Robert Frew Medical Partners is located in Wickford, Essex. The practice provides services for approximately 14000 patients.

- The practice holds a Personal Medical Services (PMS) contract and provides GP services commissioned by Basildon and Brentwood Clinical Commissioning Group.
- They have a branch surgery, Franklin Way Surgery, 2 Franklin Way, Wickford, Essex. We did not visit the branch surgery during our inspection.
- The practice serves an affluent community with low levels of deprivation for children and older people. The practice also has a higher than local and national life expectancy for both women and men.
- The practice has seven GP partners, consisting of two female and five male GPs.
- The practice nursing team consists of two nurse practitioners, two practice nurses and two health care assistants. All the nursing team are female.
- The clinical team are supported by a large administrative, reception and secretarial team overseen by the deputy and practice manager.

- The main Robert Frew Medical Partners practice base in Wickford is open between 8am and 6.45pm Monday to Friday. They operate extended hours on a Wednesday until 8.15pm and on Saturday mornings 9am to 12.30pm. Appointments are available from 9am to 11am, 2pm to 4pm and 4.30pm to 6.30pm. Extended surgery appointment times are 6.30pm to 8pm and 9am to 12.20pm on a Saturday. Appointments at the branch surgery are available Monday to Friday 9am to 11am.
- The practice has opted out of providing out-of-hours services to their patients. The practice told us the CCG arranges their out of hour's provision and they advise patients to call the 111 service or attend the walk in centre.
- The practice has a comprehensive website. It provides an extensive range of information of their staff and services such as vaccination programmes; management of long term conditions and minor illness including signposting useful websites.

## Why we carried out this inspection

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

This inspection was a follow up to our previous comprehensive inspection at the practice in September 2016 where breaches of regulations had been identified.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 October 2017. During our visit we:

- Spoke with a range of staff (practice management, GPs, nursing and reception team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### What we found at our previous inspection in September 2016

The practice was rated as inadequate for providing safe services. We found that not all staff were confident in identifying incidents and that some incidents that had been reported lacked investigations and evidence of learning to mitigate their reoccurrence. We found that medicine alerts had not been consistently actioned and that some patients were found to be on medicines contrary to guidance. Some patients prescribed high risk medicines had not received appropriate monitoring. Safeguarding arrangements were not sufficiently established to enable clinicians to identify those patients that may be at risk. The practice were not following up vulnerable patients who had attended accident and emergency services or their hospital appointments. The lead infection control nurse had not received the appropriate training and cleaning schedules were not sufficiently detailed. There were insufficient systems in place for the monitoring and recording of prescription stationery within the practice.

### What we found at this inspection in October 2017

#### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of significant events that we reviewed we saw that the practice was open and transparent and that staff from all areas of the practice were reporting and learning from significant events. There had been 18 significant events reported in the last year. These ranged from prescription issues, reception administration errors, to referrals that had not been received by the hospital.
- We reviewed four incidents that had been reported. One was a patient reaction to a medicine, one was a letter

that had not been seen due to a computer system issue, and one human error where the wrong patient had been booked in for an appointment. We saw that actions, learning and follow up was clearly documented. For example, audits had been completed and processes had been updated.

- Each significant event had action taken, followed up and learning points cascaded to staff. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw from significant events that patients were contacted when applicable.
- We viewed minutes of clinical and reception meetings along with significant event meetings were these were discussed with the team and staff we spoke with were able to talk about significant events that had been reviewed or that they had completed.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team and discussed them. We saw that the practice had a folder of all safety alerts that had been received and a log that documented the date received and any action taken if applicable to the practice. The practice produced evidence of searches already conducted in response to the alerts received.

#### Overview of safety systems and processes

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

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

## Are services safe?

details for safeguarding referrals available on the computer system and in the policy. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nursing staff were trained to level two as appropriate to their role.
- The practice told us that children that missed any appointments or frequent A&E attenders were contacted routinely and if necessary these were then forwarded to the GP for review.
- A notice on each consulting room door advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The nursing staff had schedules for their own cleaning of the consulting rooms and their equipment.
- One of the partners was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, limescale removed from taps, a light that had been faulty and infection control training for the cleaner.

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

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We saw that as the practice could not access the hospital records for blood monitoring that had taken place there, the practice were completing regular audits of these patients to ensure that reviews and monitoring was in place. This was a local issue in the CCG and the medicines team from the CCG were looking at developing a new system for the practices in the locality. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The practice were tracking the prescriptions serial numbers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had a cold chain policy in place and staff could explain the process that they would take should the temperature of the fridge be out of range. We saw evidence that the fridge temperatures were checked daily and that any concerns were documented and significant events completed were appropriate.

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

### Monitoring risks to patients

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

- Risks to patients were assessed and well managed.
- There was a health and safety policy available and a risk assessment had been completed that was
- The practice had an up to date fire risk assessment which was completed in February 2017 and this had identified risks and actions which had been completed.

## Are services safe?

The practice had completed a fire drill in April 2017 and this had highlighted some issues, such as staff not being able to silence the alarm and telephone numbers being out of date. This was then written up and investigated as a significant event and actions had been completed to prevent reoccurrence.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice did not have a five year fixed wire test certificate. However this was booked on the day of the inspection to take place the following week.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice manager had a log of all risk assessments for example, a risk assessment for a scented candle was in place that was used by one of the GPs.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

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

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### What we found at our previous inspection in September 2016

The practice was rated as requires improvement for providing effective services. Patient blood results had not been reviewed and actioned appropriately. There was no system in place for recording patients who were subject to deprivation of liberty or reviewing their provision of care. There was no formal induction process for locum staff working at the practice.

### What we found at this inspection in October 2017

#### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw evidence of discussions of NICE guidance at clinical meetings that were held.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

#### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF data for 2015/2016 showed the practice achieved 95% of the total number of points available. Their exception reporting was 6.2% which was below the local average of 7.2% and the national average of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review

meeting or certain medicines cannot be prescribed because of side effects). Unverified data for 2016/17 showed that the practice had achieved 97% of the total number of points available.

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

- Performance for diabetes related indicators was higher compared to the CCG and national averages. For example, was 92% compared to CCG average of 89% and national average of 91%. Exception reporting in this indicator was 3.4% which was below the CCG average of 3.6% and national average of 5.5%.
- Performance for stroke related indicators were higher compared to the CCG and in line with national averages. For example, was 88% compared with CCG average and national average of 88%. Exception reporting in this indicator was 1.4% compared with 3.3% CCG average and 4.4% nationally.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record in the preceding 12 months was 97% compared with the CCG average of 87% and the national average of 89%. Exception reporting in this indicator was 18.9% compared with 9.2% CCG average and 12.7% nationally.

Unverified data for these indicators showed continuous improvement in 2016/17:

- Performance for diabetes related indicators was 97%. Exception reporting was 9.5%.
- Performance for stroke related indicators was 86%. Exception reporting was 5.5%.
- Performance for mental health related indicators was 92%. Exception reporting was 5.9%.

There was evidence of quality improvement including clinical audit:

- There had been numerous clinical audits completed in the last year, seven of these that we reviewed were completed audits where the improvements identified had been implemented and monitored.



# Are services effective?

## (for example, treatment is effective)

- One of the audits was relating to patient safety following medicine alerts. These had been set up to be reaudited to ensure that the guidance was still been followed. Other audits were completed on antibiotic prescribing and patients had been called in for reviews were appropriate. Two audits had been in relation to children safeguarding to ensure information was accurate and up to date. Audits were also completed regularly for patients on warfarin and high risk medicines. Due to the practice not being able to access the hospital system for blood results the practice audited separately to review these patients.

Other audits had taken place, with plans to complete the second cycle later in the year.

### Effective staffing

We found staff were appropriately supported and had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had undertaken appraisals following appointment to highlight any areas that needed further training.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The deputy manager had a matrix that identified staff training.
- The practice had a locum pack that provided any locum GP information that they may need in relation to the practice, processes and protocols. For example, referrals, complaints, safeguarding. This pack had a signing sheet at the back for the locum to sign to say that they agreed and understood the practice policies and procedures.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by

access to on line resources and discussion at practice meetings. Nurses attended meetings with colleagues in the area to discuss any concerns and share best practice.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The system that the deputy manager used highlighted if there were any gaps or if anyone's training was due to be updated. An email was sent as a reminder to these staff a month before the training was due for review.
- The practice attended time to learn events that were led by the CCG. These meetings were used for training sessions on different topics throughout the year.
- The practice manager had documented checks of registration with staffs professional bodies and indemnity was in place for those staff that required it.

### 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.
- From the sample we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had highlighted from significant events that had been reported that there was an issue with two week wait referrals. Due to these being reported the practice had implemented an effective process to ensure that these were completed and referred on time.

Staff worked together and with other health and social care professionals to understand and meet the range and

# Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. We reviewed the meeting minutes and found both had been well attended, discussions appropriately documented and actions reviewed and closed.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

The practice had revised the appropriateness of their systems to ensure the timely sharing of information via their patient record system. The practice had a protocol in place for managing pathology and test results from the previous inspection. We viewed the pathology results and saw that these had all been actioned appropriately and in a timely manner.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were provided practical advice and signposted to the relevant service

Childhood immunisation rates for the vaccinations given were above the standard 90%. For example;

- The practice achieved 97% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved 97% of appropriate vaccinations for children aged two years of age.

The practice's uptake for the cervical screening programme was 85%, which was comparable with the CCG average of 82% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer and were in line with national and CCG averages for these. For example, data from the National Cancer Intelligence Network (2015/16) showed the practice uptake for screening patients aged 60-69 years of age for bowel cancer within 6 months of their invitation was comparable to the local and national average achieving 59% as opposed to 55% locally and nationally. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme.

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

# Are services caring?

## Our findings

### What we found at our previous inspection in September 2016

The practice was rated as good for providing caring services. Data from the national patient survey showed patients rated the practice in line with or above the local and national averages. Where low levels of satisfaction was reported with the GPs the practice had shared their findings with their patient participation group and agreed to undertake individual performance reviews. The practice had identified carers and was working in partnership with social care to provide a drop-in service to patients.

### What we found at this inspection in September 2017

#### Kindness, dignity, respect and compassion

We found that staff members were welcoming and helpful to patients and treated them with dignity and respect.

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

All of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were caring and friendly. Four of the comment cards, whilst positive also mentioned issues with appointments and getting through on the telephone. Other comments said that there were no issues getting an appointment when they needed one and that staff were caring and friendly.

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

Results from the national GP patient survey, published in July 2017 showed an increase in patient satisfaction with the nursing team and confidence and trust in their GPs. Satisfaction had improved in all areas since 2016. For example:

- In 2016, 76% of patients said the GP was good at listening to them. In 2017, this had increased to 80% which was comparable to the CCG average of 84% but below the national average of 89%.
- In 2016, 73% of patients said the GP gave them enough time. In 2017, this had increased to 75% which was comparable to the CCG average of 82% but below the national average of 86%.
- In 2016, 92% of patients said they had confidence and trust in the last GP they saw. In 2017, this had increased to 95% which was the same as the CCG and national average 95%.
- In 2016, 66% of patients said the last GP they spoke to was good at treating them with care and concern. In 2017, this had increased to 75% which was in line with the CCG average of 80% but below the national average of 86%.
- In 2016, 90% of patients said the last nurse they spoke to was good at treating them with care and concern. In 2017, this had increased to 95% which was in line with the CCG average of 89% and the national average of 91%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff and said that staff listened to their needs and tried to accommodate requests. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, published in July 2017, showed an increase in all areas. Patients reported improved levels of satisfaction with the clinical team. For example:

- In 2016, 68% of patients said the last GP they saw was good at explaining tests and treatments. In 2017, this had increased to 72% compared to the local average of 80% and the national average of 86%.

## Are services caring?

- In 2016, 60% of patients said the last GP they saw was good at involving them in decisions about their care compared. In 2017, this had increased to 68% compared to the local average of 80% and the national average of 86%.
- In 2016, 90% of patients said the last nurse they saw was good at involving them in decisions about their care. In 2017 this had increased to 91% compared to the local average of 82% and national average of 85%.

The practice had held a meeting in July 2017 to discuss the outcome of the recent patient survey results. We reviewed minutes of this meeting that discussed each section of the survey. The GPs were disappointed with the results and agreed that they would reflect on this in their appraisals. It was decided as part of the action plan that the practice would run their own survey using the patient survey questions for each individual GP. This was completed for one week in September 2017. Results from the same questions showed improvement in the 66 surveys that were completed that week. All responses to questions regarding GPs were over 80% rated as very good, other than patients being involved in decisions about their care which was 73%. The minutes also reflected praise for the nursing team as their scores were between 91% and 99%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a hearing loop installed at the practice.

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

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

The practice's computer system enabled the GPs to know if a patient was also a carer. The practice had identified 184 carers (1.3% of their patient list). The practice had spoken with a support group to see if they were able to attend the practice and were looking at other ways to provide support. The new patient checklist asked patients if they were a carer. The practice had a notice board in the waiting area dedicated to carers and the support that could be accessed locally. The practice also had a carer's protocol which documented support for carers by the practice, such as appointments to be prioritised and times to enable them to fit in with their caring role. In addition to this the practice would provide health checks and flu vaccinations to those patients that identified as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer an appointment. Staff were also informed of the death and patient records updated.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### What we found at our previous inspection in September 2016

The practice was rated as good for providing responsive services. The practice provided a range of services to meet the needs of their patient population with extended opening and minor surgical facilities. Learning from complaints was shared but not consistently recorded in meeting minutes or staff files.

### What we found at this inspection in August 2017

#### Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice offered extended opening hours on a Wednesday evening until 8.30pm and on Saturday morning for appointments until 12.30pm.
- There were longer appointments available for patients with a learning disability.
- The practice offered face to face and telephone appointments. Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Information was available to patients on countries and the vaccinations required and patients were asked to complete vaccination request forms in advance of their attendance.
- Patients could book and cancel appointments seven days a week, over the phone on their automated system or online. Patients could order repeat prescriptions to be dispensed at a location convenient for them to collect.
- The practice website could be translated into a number of languages for non-English speaking patients and their families. The staff also had access to translation services.
- There was an onsite counselling service providing talking therapies. Patients were able to self-refer to the service.
- The midwifery service visited the practice twice weekly on Wednesday and Thursday.

- The practice registered and responded to the needs of temporary patients.
- The practice provided minor operations facility for a range of treatments. They also provided a 24 hour blood pressure recording service, Specialist GP Ophthalmology (the study and treatment of disorders and diseases of the eye) and two GPs trained in gynaecology.
- There were accessible facilities, which included a hearing loop, and interpretation services available.

#### Access to the service

The main Robert Frew Medical Partners practice was open between 8am and 6.45pm Monday to Friday. They operated extended hours on a Wednesday until 8.15pm and on Saturday mornings 9am to 12.30pm. Appointments were available from 9am to 11am, 2pm to 4pm and 4.30pm to 6.30pm. Extended surgery appointment times were from 6.30pm to 8pm and 9am to 12.20pm on a Saturday.

Appointments at the branch surgery were available Monday to Friday from 9am to 11am.

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

- In 2016, 69% of patients were satisfied with the practice's opening hours. In 2017 this had increased to 73% compared to the CCG average of 71% and the national average of 76%.
- In 2016, 61% of patients said they could get through easily to the practice by phone. In 2017 this had decreased to 52% compared to the local average 66% and the national average of 71%.

At the meeting to discuss these results the practice had already identified that there was a problem following patient comments and complaints. They had produced a report to analyse the peak times that patients were telephoning the practice. Staffing levels had been aligned to cover the peak times and phone system changed so that patients wanting to use the automated system would be taken out of the queue quicker.

The practice had a system to assess:

- whether a home visit was clinically necessary; and

# Are services responsive to people's needs?

(for example, to feedback?)

- the urgency of the need for medical attention.

The practice had a duty doctor each day who was responsible for allocating home visits to the other GPs.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at three complaints received in the last 12 months and found that they were all handled satisfactorily and in line with the practice policy. There was a log sheet

completed for all complaints which documented response dates, investigations and outcome. We viewed practice minutes and saw that complaints were on the agenda and that in October partners meeting the complaints were discussed in addition to them been discussed in nurse or reception meetings were applicable. Actions taken were clear and documented. However, learning from complaints was not evident in the discussions or the documentation. For example complaints regarding staff attitude or consultation had been responded to and an apology had been given. The complainant had in some cases been invited in for a discussion. There was no reflection on why the patient had complained about staff attitude. Previously one of the partners had provided training to the reception staff on how to deal with difficult conversations following staff complaints about patients. The practice reception staff had a book where they recorded any low level conflict with patients, this was so that there was a record if a complaint was received and also if the zero tolerance process was to be used.

# Are services well-led?

Good 

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

## Our findings

### What we found at our previous inspection in September 2016.

The practice was rated as requires improvement for being well led. The system in place to identify and act on risks to patients was not effective. This included the management of medicines alerts, the review of high risk medicines prescribed to patients, the training of staff responsible for infection control, the system in use for monitoring compliance with guidance and the timely actioning of patient test results. Improvements were required for the provider to comply with the requirements of the duty of candour. The practice needed to train staff on recognition of significant events and strengthen systems in place for the management of incidents.

### What we found at this inspection in September 2017

#### Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. Staff were clear about the vision and their responsibilities in relation to this. The mission statement was 'to provide quality services with care and professionalism. The practice had a three year business plan which highlighted areas for improvement. For example, possible extension to the practice surgery, future employment of an information technology champion to make better use of the electronic patient record system that the practice used.

#### Governance arrangements

As a result of the inspection findings in September 2016 the practice had worked to improve on all areas highlighted whilst recognising that there was still work to complete. There had been changes in the partnership over the last 12 months and we were told that the practice had gone through a difficult time. However, there were improvements that had been made since the previous inspection.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held which provided an opportunity for staff to learn about the performance of the practice.
- Partner meetings were held weekly and nurse meetings monthly.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice manager had full oversight of risks and all staff within the practice were aware of the need for identifying and recording significant events to identify potential risks.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.
- Risks associated with the premises, equipment, fire safety, infection control, training, recruitment, business continuity, managing test results and medicines had all been assessed and actions had been taken.
- New processes and guidelines were embedded.

#### Leadership and culture

On the day of inspection we found improvements had been made throughout the practice to deliver accessible and quality care. The practice had taken on board the outcome of the previous inspection. The management in the practice were open to continued improvement.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff were

# Are services well-led?

Good 

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

confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met monthly carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had worked with the practice following the last inspection to ensure that areas identified for improvement were reviewed. The

PPG were challenging regarding the practices previous inspection and had met the evening before the inspection to ensure that information from the PPG was communicated to the team on the day of the inspection.

- The PPG were involved in the wider community and had been part of the plans to enable the area to have two defibrillators to be used in the community.
- The NHS Friends and Family test, complaints and compliments received.
- Comments left on NHS choices were responded to by the practice.
- Staff through annual appraisals and generally through staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had a suggestion box for staff and another for patients. Staff could have the option if they felt they could not raise something at the meeting that they could add it to the agenda anonymously.
- The practice initiated meetings with the local care homes to discuss ways that they could work better together and to discuss any problems that they may have to improve the care of the patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had health care assistants that had previously been reception staff.

The practice was a training practice for medical students and was hoping to become a training practice for GP registrars in the future, in addition to hosting doctors for general practice experience.