Regency Surgery

Quality Report

Regency Surgery
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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	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Regency Surgery on 26 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were not always assessed and well managed for example in relation to storage and disposal of controlled medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However not all staff had received formal training on the Mental Capacity Act 2005. Not all nursing staff had received the appropriate level of training on safeguarding children.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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.
- There was a clear leadership structure and staff felt well supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- Over 2% of the patients registered at the practice were human immunodeficiency virus (HIV) positive patients and all of these patients were offered annual reviews. The GPs had received specific training so that they were able to support patients with HIV who were also opiate dependent and prescribe appropriate medicines. A specialist substance misuse nurse visited the practice once every two weeks and worked collaboratively with the practice to maintain the health of this patient group.

The areas where the provider must make improvements are:

- Adhere to the national requirements and the practice policy relating to the storage and disposal of controlled drugs.

The areas where the provider should make improvements are:

- Ensure all staff receive appropriate training on the Mental Capacity Act 2005.
- Ensure all staff are trained to the appropriate level for safeguarding children.
- Increase the numbers of patients who attend national screening programmes for bowel and breast cancer screening.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, one of the practice nurses had not received the appropriate level of safeguarding training.
- Risks to patients were assessed and well managed.
- The practice had a policy to hold no stock of controlled drugs (medicines that require extra checks and special storage because of their potential misuse). However, on the day of inspection we found two controlled drugs on site which had been brought in by patients and not disposed of.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff did not always have the skills, knowledge and experience to deliver effective care and treatment. For example, although staff had a good understanding of the Mental Capacity Act 2005 they had not received formal training on this.
- 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?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff 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.
- Patients said they found it easy to make an appointment with a named GP and 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 and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered all patients appointments with their named GP to ensure continuity of care.
- Over 2% of the patients registered at the practice were human immunodeficiency virus (HIV) positive patients and all of these patients were offered annual reviews. The GPs had received specific training so that they were able to support patients with HIV who were also opiate dependent and prescribe appropriate medicines. A specialist substance misuse nurse visited the practice weekly and worked collaboratively with the practice to maintain the health of this patient group.

Are services well-led?

Good

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

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

Summary of findings

- There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs and housebound patients.
- The practice participated in the local admission avoidance scheme to help avoid unnecessary hospital admissions for older people.
- The practice hosted the proactive care programme and was the first within the local area to offer this service.
- The GPs and practice nurses provided home visits to older people

People with long term conditions

Good

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.
- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 84% which was better than the CCG average of 76% and the national average of 78%.
- The practice annual review appointments were 40 minutes, instead of the usual 30 minutes, to give the patient more time.
- Home visits were offered for those with enhanced needs and housebound patients.
- Over 2% of the patients registered at the practice were human immunodeficiency virus (HIV) positive patients and all of these patients were offered annual reviews.
- The GPs had received specific training so that they were able to support patients with HIV who were also opiate dependent and prescribe appropriate medicines. A specialist substance misuse nurse visited the practice weekly and worked collaboratively with the practice to maintain the health of this patient group.

Summary of findings

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

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was below the clinical commissioning group (CCG) average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- One of the GPs had a specialist interest in children's health and liaised with a local school to discuss the role the practice had in delivering primary care services to children.
- Testing kits for sexual health screening were available in the patient toilets to encourage patients to get tested and ensure privacy and discretion.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Evening clinics and phone consultations were available to patients who were unable to attend during normal working hours.
- A weekly smoking cessation clinic was available.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- The practice had a large number of patients who were homeless or in temporary housing. The GPs worked closely with local hostels and care workers to provide care for these patients.
- The practice had a significant number of patients who were victims of domestic violence and worked collaboratively with other health and social care agencies to ensure their physical and mental wellbeing.

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for the management of patients diagnosed with dementia was similar to local and national averages. For example 80% of these patients had received a face-to-face review within the preceding 12 months in comparison with the CCG average of 82% and the national average of 84%.
- Performance for indicators related to patients with poor mental health was similar to the local and national averages. For example, 86% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the local average of 83% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice commented on the importance of continuity of care for this patient group and told us they were proud that they had not needed to use locums over the past year which meant that patients always had the choice of seeing their own GP.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. Of the 386 survey forms which were distributed, 117 were returned. This represented 3% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 78% and the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received and considered the staff to be friendly, efficient and welcoming.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients also praised the attitude of the staff and told us they were sympathetic to their needs.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Adhere to the national requirements and the practice policy relating to the storage and disposal of controlled drugs.

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Ensure all staff receive appropriate training on the Mental Capacity Act 2005.
- Ensure all staff are trained to the appropriate level for safeguarding children.
- Increase the numbers of patients who attend national screening programmes for bowel and breast cancer screening.

Outstanding practice

We saw one area of outstanding practice:

- Over 2% of the patients registered at the practice were human immunodeficiency virus (HIV) positive patients and all of these patients were offered annual reviews. The GPs had received specific training so that they were able to support patients with HIV who were also opiate dependent and prescribe appropriate medicines. A specialist substance misuse nurse visited the practice once every two weeks and worked collaboratively with the practice to maintain the health of this patient group.

Regency Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

Background to Regency Surgery

Regency Surgery is situated on Old Steine in the city of Brighton and Hove. The practice provides services for approximately 4,120 patients living within the central Brighton area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standard. The practice has relatively large numbers of working age people compared to the national average, many of whom are students attending local universities. Deprivation amongst all population groups is high when compared to the population nationally, which can mean a greater need for health services. The practice has a higher than average number of lesbian, gay, bisexual and transgender (LGBT) patients.

As well as a team of three GP partners (two male and one female), the practice also employs two practice nurses and a phlebotomist. A practice manager is employed and there is a team of receptionists and administrative clerks.

The practice is a training practice for GP trainees, foundation level two doctors and pre-registration student nurses.

The practice is open between 8am and 6.30pm on weekdays and appointments are available from 8.30am to 6.30pm on weekdays. Extended opening is available from 6.30pm to 7.30pm on Tuesdays. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to five months in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services and surgical procedures.

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.

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 26 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (the practice manager, GP, nursing and administrative 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.

Requires improvement

Are services safe?

Our findings

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).
- 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice cleaner received a scratch on the skin from a needle which had been discarded into the bin in the patients' toilet in the reception area. The practice immediately followed the sharps injury protocol and the toilet door was fitted with a lock and key, which patients had to request from reception, so that patients' use of the facilities could be more closely monitored.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements 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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses were trained to level two, with the exception of one practice nurse who was only trained to child safeguarding level one. The practice contacted us after the inspection to confirm that the appropriate had been completed. All other staff were trained to at least level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG 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 in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a policy of holding no controlled drugs on site (controlled drugs are medicines that require

extra checks and special storage because of their potential misuse). However, on the day of inspection we found two controlled drugs on site which had been brought in by patients and not disposed of. The practice contacted us the day after inspection confirming that the controlled drugs on site had been appropriately destroyed. There was a written agreement in place for receipt and destruction of unwanted controlled drugs with a local pharmacy.

- We reviewed four personnel files and found 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 well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills. 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 variety of other risk assessments in place 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).
- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, instead they had an agreement with the GP practice with which they shared a building that they would use their defibrillator in the event of an emergency. An appropriate risk assessment was in place. All staff were aware of this and there were instructions explaining where it was located on the wall of each clinical area and in reception. There was oxygen with adult and children's masks available on site. A first aid kit and accident book were available.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with 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 patients' needs.
- 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). The most recent published results were 98% of the total number of points available.

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

- Performance for diabetes related indicators was similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 84% which was better than the CCG average of 76% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 85% which was similar to the CCG average of 87% and the national average of 88%.
- The practice performance for management of patients with poor mental health was similar to the local and national averages. For example, 86% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 83% and the national average of 88%.
- The practice performance for the management of patients diagnosed with dementia was similar to local and national averages. For example 80% of these patients had received a face-to-face review within the preceding 12 months in comparison with the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the local and national averages achieving 79% in comparison with the CCG average of 82% and the national average of 84%.
- The exception reporting for the practice was better than the CCG and national averages (9% compared to 11% locally and 9% nationally). (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).

  There was evidence of quality improvement including clinical audit.
- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the was an audit of the accuracy of records of human immunodeficiency virus (HIV) medicines held by the practice. Patients were prescribed these medicines by the local HIV specialist centre, however it was important the practice held an up to date record of all medicines to be certain that there was no interaction with other medicines prescribed by the practice. The findings from the initial audit cycle showed a need for improvement, however by the second cycle HIV medicines were accurately recorded.

Effective staffing

Staff 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.

Good

Are services effective?

(for example, treatment is effective)

- 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff had a good understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA 2005). However, none of the staff had formal training in MCA, which meant they couldn't be sure of their understanding. The practice responded to this the day after our inspection and arranged for all staff to receive the appropriate training.
  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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 76%, which was similar to the clinical commissioning group (CCG) average of 81% and the national average of 82%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 62%, which was similar to the CCG average of 65% and lower than the national average of 72%. The percentage of patients between the ages 60 and 69 years old who had bowel screening in the preceding 30 months was 49%, which was lower than the CCG average of

Good

Are services effective?

(for example, treatment is effective)

56% and the national average of 58%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given to under two year olds ranged from 67% to 94% and five year olds from 54% to 58%. Comparable figures for local and national averages were unavailable.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

The patient Care Quality Commission comment card we received was positive about the service experienced. Patients we interviewed said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results for its satisfaction scores on consultations with GPs and nurses were mixed when compared with local and national averages. For example:

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful which was significantly better than the CCG average of 88% and the national average of 87%.
- 87% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- The practice had responded to patients who felt their GP did not give them enough time by extending the length of the standard appointments from 10 to 15 minutes and the time for annual reviews from 30 to 40 minutes.
- On the day of inspection, we observed the receptionist offering compassion and kindness to a patient who appeared to be distressed. The patient was listened to and the receptionist arranged for them to be seen straight away. We also noted that the receptionists seemed to know every patient and welcomed them all.

Care planning and involvement in decisions about care and treatment

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

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

Good

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

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 patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice operated a named patient list for all patients and told us they considered continuity of care to be essential.
- The practice participated in the admission avoidance service to help avoid unnecessary hospital admissions.
- The practice hosted the proactive care service and was the first within the local area to offer this service.
- Over 2% of the patients registered at the practice were human immunodeficiency virus (HIV) positive patients and all of these patients were offered annual reviews.
- The GPs had received specific training so that they were able to support patients with HIV who were also opiate dependent and prescribe appropriate medicines. A specialist substance misuse nurse visited the practice weekly and worked collaboratively with the practice to maintain the health of this patient group.
- One of the GPs had a specialist interest in children's health and was liaising with a local school to discuss the role the practice had in delivering primary care services to children.
- The practice had a large number of patients who were homeless or in temporary housing and the GPs worked closely with local hostels and care workers.
- The practice had a significant number of patients who were victims of domestic violence and worked collaboratively with other health and social care agencies to ensure their physical and mental health.
- The practice told us they were proud that they had not needed to use locums over the past year which meant that patients saw their own GP.
- Sexual health screening kits were available in the patient toilets to encourage patients to get tested and assure privacy and discretion.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am and 6.30pm daily. Extended hours appointments were offered on Tuesday evenings from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to five months in advance, urgent appointments were also available for people that needed them. Phone appointments were also available.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The practice told us they were proud of these results and worked hard to meet their patients needs.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective 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 in leaflets and on a poster in the waiting room.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that the GP had been abrupt with them over a misunderstanding about appointment times. The practice discussed the situation and responded to the patient offering an apology and a further follow up if they felt it was needed.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings which were well attended.
- 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. We noted team away days were held four times a year by the partners and that staff attended training days.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. 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.
- The practice was proud of its low staff turnover which they felt increased continuity of care.
- Staff told us they enjoyed working at the practice and had great job satisfaction.
- We observed a pleasant working atmosphere 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. The PRG ran a patient survey and received correspondence from the practice relating to patient surveys proposals for improvements

Are services well-led?

Good

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

to the practice. For example, a patient who was transgender commented that the sexual health screening packs in the toilets were aimed at either male or female and did not consider the needs of the transgender community. The practice found a way to distribute the packs differently so that all members of the community were included.

- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. This included involvement in a new local scheme to improve the care offered to children incorporating primary and secondary care together.

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
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The practice did not adhere to the policy on storage and disposal of controlled drugs. This was in breach of regulation 12 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.