

Cross Hall Surgery

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cross Hall Surgery on 18 February 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.
- The majority of risks to patients were assessed and well managed but the practice did not have oxygen or a defibrillator available and had not conducted a risk assessment in relation to this. They had also failed to conduct regular fire drills, although a drill was conducted shortly after the inspection.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Data showed patient outcomes were in line with local and national averages.

- The practice had carried out audits which resulted in quality improvements.
- The majority of 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, but translation services were not advertised.
- The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, which it acted on.
- The practice had proactively sought and acted on feedback from patients and had an active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

Summary of findings

- Ensure oxygen is available and all staff know how to use it.

In addition, the provider should:

- Ensure there is a defibrillator or have an adequate risk assessment in place to mitigate the need to have one available.
- Ensure regular fire evacuation drills are conducted.
- Provide information for carers and improve the system for identifying carers.

- Ensure translation services are advertised and patients are not asked to call other patients in for their appointments.
- Ensure homeless patients are able to register as patients to receive on-going care.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Systems were in place to ensure lessons were shared with staff to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Regular fire drills had not been completed; however, a drill was conducted shortly after our inspection. The practice did not have a defibrillator or oxygen available and they had not completed risk assessments in relation to this.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly similar to or above average in comparison to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice similar to than others for some aspects of

Summary of findings

care, and below average in others. For example, 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%), and 75% said the GP gave them enough time (CCG average 84%, national average 87%).

- The majority of 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?

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 to secure improvements to services where these were identified. For example, the practice participated in a local scheme to identify and improve the management of patients with atrial fibrillation, and another to relieve winter pressures on local A&E services.
- The majority of 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, with the exception of the absence of a defibrillator and oxygen for use in emergencies.
- 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.

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. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework. In most cases this supported the delivery of the strategy and good quality care; however, arrangements to monitor and improve quality and identify risk were not robust in relation to infrequent fire drills and the lack of emergency equipment.
- 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 knowing about 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.

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.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice did not have a register for patients aged over 75 years but all of these patients had a named GP.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example, 100% of patients aged over 75 with a record of a bone fragility fracture on or after April 2014 were being treated with an appropriate bone sparing agent. This was above the local Clinical Commissioning Group average of 96% and the national average of 93%.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There was a dedicated diabetes clinic every Thursday afternoon.
- Performance for diabetes related indicators was above the local Clinical Commissioning Group (CCG) and national average in some areas and below in others. For example, 86% of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 74%, national average 78%), and 88% of patients with diabetes had received the annual flu vaccine in the previous nine months (CCG average 91%, national average 94%).
- Longer appointments and home visits were available when needed.
- All of these patients had a named GP and most of them had received a structured annual review to check their health and medicines needs were being met.

Summary of findings

- 91% of patients with chronic obstructive pulmonary disease had a review in the previous 12 months. This was in line with the local Clinical Commissioning Group (CCG) average of 91% and the national average of 90%.
- 81% of patients with asthma had a review in the previous 12 months. This was above the CCG average of 74% and the national average of 75%.
- 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

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 has a cervical screening rate of 84%, which was in line with the national average of 82%. The practice had increased its chlamydia screening rate from none in 2012/2013 to 33 in 2014/2015 and they received an award in recognition of this achievement from the local CCG.
- Appointments were available outside of school hours and the premises were suitable for children and babies but there were no baby changing facilities.
- We saw positive examples of joint working with midwives and health visitors.

Good



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 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.

Good



Summary of findings

- Health promotion advice was offered and there was a wide variety of accessible health promotion material available throughout the practice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice told us they would provide urgent care for homeless patients but they would not register them as patients at the practice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- Performance for dementia related indicators was average. 85% of patients with dementia had a face-to-face review of their care in the previous 12 months (CCG average 84%, national average 84%).
- Performance for mental health related indicators was above average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in the previous 12 months (CCG average 84%, national average 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing mostly below local and national averages. Three hundred and ninety-eight survey forms were distributed and 108 were returned. This represented approximately 3% of the practice's patient list.

- 70% found it easy to get through to this surgery by phone compared to the local Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 75% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 63% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards which were all positive about the standard of care received.

We spoke with five patients during the inspection. The majority of these patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the practice's friends and family test conducted in December 2015 showed 72% of patients surveyed were likely or extremely likely to recommend the practice to others. 14% of patients were neither likely nor unlikely to recommend the practice and the remaining 14% were unsure.

Cross Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cross Hall Surgery

The practice operates from one site in Bromley. It is one of 48 GP practices in the Bromley Clinical Commissioning Group (CCG) area. There are approximately 3098 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has an alternative provider medical services (APMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include extended hours access, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, learning disabilities, patient participation, rotavirus and shingles immunisation and unplanned admissions.

The practice has a higher than average population of female patients aged from birth to 19 years and 30 to 39 years, and male patients aged from birth to 14 years and from 20 to 39 years. It has an above national average income deprivation affecting children and adults.

The clinical team includes a male GP and a long term female locum GP. The GPs work a combined total of 11 sessions per week. There is a female salaried practice nurse, and a female locum nurse. The clinical team is supported by a practice manager, three receptionists and a prescription clerk.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 8.00pm Thursday. Appointments are available from 9.00am to 1.00pm and from 4.00pm to 6.30pm Monday to Friday. There are two treatment/consulting rooms and a counselling room on the ground floor.

There is wheelchair access but there are no baby changing facilities. There is car parking available in front of the premises, and two disabled parking bays at the rear.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal hours to the 111 service. Patients who call 111 are re-directed to a contracted local OOH service or to Accident and Emergency, depending on the urgency of their medical concern.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

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 18 February 2016.

During our visit we:

- Spoke with the lead GP, practice manager, nurse and receptionists, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. The practice nurses did not attend these meetings but the practice manager informed us they emailed meeting minutes to them and discussed significant events with them individually.

Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an incident where a GP identified a prescribing error prior to signing a prescription, the practice reviewed its prescribing systems, created a dedicated hospital prescriptions folder and allocated a duty doctor to monitor this folder on daily basis to prevent similar recurrences.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 every three months. They told us they would always provide reports where necessary for other agencies such as social services within 24 hours. Staff

demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place 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 and security). The practice carried out weekly medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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.
- 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.
- 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.

Monitoring risks to patients

Are services safe?

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 but were not carrying out regular fire evacuation drills. The practice manager told us they had thought fire drills need to be conducted by an external fire officer, and that they would ensure annual fire drills would be conducted in future. The practice conducted a fire drill shortly after the inspection.
- 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 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Some of the arrangements in place to respond to emergencies and major incidents were not robust.

- There were four CCTV security cameras on the premises and panic buttons in all rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice did not have a defibrillator or oxygen available on the premises, and they had not carried out a risk assessment to mitigate the risks in relation to this. The lead GP informed us that they would consider purchasing a defibrillator and oxygen in April 2016 subject to available funding. 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for managers and the lead GP.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments; however, they did not carry out records audits or 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 96.1% of the total number of points available, with 8.7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the local Clinical Commissioning Group (CCG) and national averages in some areas and below in others.
- 86% of patients with diabetes had well-controlled blood pressure in the previous 12 months (CCG average 74%, national average 78%).

91% of patients with diabetes had a record of a foot examination and risk classification in the previous 12 months (CCG average 86%, national average 88%).

74% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (CCG average 75%, national average 78%).

88% of patients with diabetes had received the annual flu vaccine in the previous nine months (CCG average 91%, national average 94%).

The practice manager informed us that 89% of patients newly diagnosed with diabetes in the previous year had been referred to a structured educational programme to improve self-management of their condition. They also told us they would continue to monitor the quality of care provided to their diabetic patients.

- Performance for hypertension related indicators was average. 84% of patients with hypertension had well-controlled blood pressure in the previous 12 months (CCG average 80%, national average 84%).
- Performance for mental health related indicators was above average. 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan in the previous 12 months (CCG average 84%, national average 88%).
- Performance for dementia related indicators was average. 85% of patients with dementia had a face-to-face review of their care in the previous 12 months (CCG average 84%, national average 84%).

Clinical audits demonstrated quality improvement.

- There had been three clinical audits conducted in the last two years, and all of these were completed two cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit on a medicine used in the management of heart disease, the practice identified nine patients who required a more effective medicine. A subsequent second cycle of the audit identified that five of these patients had received this intervention.
- The practice participated in local audits, national benchmarking, accreditation and peer review but it did not conduct research.

Information about patients' outcomes was used to make improvements. For example, following another audit where the practice identified that their rate of unplanned admissions was higher than average, the practice

Are services effective?

(for example, treatment is effective)

implemented a register for patients at risk of unplanned admissions to ensure these patients' care and well-being could be regularly monitored. The practice also doubled their home visit rate to housebound patients.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the previous 12 months.
- Staff received training that included: infection control, safeguarding, fire procedures, basic life support, conflict resolution, customer service and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services 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. We were informed by the practice that they did not attend multi-disciplinary team meetings but we saw evidence that the practice liaised with the relevant health professionals on an individual ad-hoc basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Although staff had not received any training in mental capacity, staff we spoke with 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.
- The process for seeking consent was not monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition.

Are services effective?

(for example, treatment is effective)

- The practice nurse provided smoking cessation advice and the GPs provided weight management advice. Patients requiring alcohol cessation advice and more enhanced support were signposted to the relevant services.

The practice's uptake for the cervical screening programme was 84%, which was in line with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice did not encourage uptake of the screening programme by using information in different languages and for those with a learning disability, but they ensured a female sample taker was available. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

The practice had increased its chlamydia screening rate from none in 2012/2013 to 33 in 2014/2015 and they received an award in recognition of this achievement from

the local CCG. The practice informed us they had achieved this improvement by offering patients opportunistic testing, and by increasing awareness by displaying information posters about the disease and testing services available in the waiting area.

Childhood immunisation rates for the vaccinations given were comparable to local CCG averages. For example, childhood immunisation rates for the vaccinations given to children aged under two years ranged from 70% to 98% (CCG average 72% to 96%) and for five year olds from 83% to 100% (CCG average 81% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect; however, we saw an instance where patients' privacy was not respected.

- We observed that patients called other patients from the waiting room for their appointments, after being asked to do so by the GP. We immediately addressed this with the GP who assured us it would not happen again.
- 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 occasionally offer them a private room to discuss their needs. .

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect and that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients including one member of the patient participation group. The majority told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected and they found staff to be helpful and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was rated average for some satisfaction scores on consultations with GPs and nurses, and below average for others. For example:

- 95% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 84%, national average 87%).
- 80% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 92%).
- 82% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment; however, results were below local and national averages for some areas. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

We raised this with the practice manager who informed us that they prioritised patient satisfaction and would include the survey results on the agenda for the next practice meeting to explore how the results could be improved in future,

Are services caring?

Staff told us that translation services were available for patients who did not speak or understand English but we did not see notices in the reception areas informing patients this service was available. Staff told us they informed patients of this service verbally.

Patient and carer support to cope emotionally with care and treatment

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

The practice identified carers on their new patient registration form and by read coding them on their computer system. They had identified approximately 1% of the practice list as carers. There was no information 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 or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. For example, the practice participated in a CCG scheme to identify patients with atrial fibrillation and manage their condition with anticoagulants. At the time of our inspection, the practice was in the process of reviewing the impact of this scheme on patients' outcomes. The practice also participated in the Winter Resilience additional appointments scheme and had allocated 80 additional appointments between January and March 2016, to relieve pressure on local Accident and Emergency services.

- The practice offered a 'Commuter's Clinic' on Thursday evenings until 8.00pm for working patients who could not attend during normal opening hours.
- There were daily telephone consultations and online facilities for appointment booking/cancellation and repeat prescription requests.
- There were longer appointments available for patients with a learning disability and any other patient who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were no baby changing facilities.
- Patients were able to receive travel vaccines available on the NHS, and they were directed to other clinics for vaccines available privately.
- Counselling sessions were provided at the practice by an external counsellor every Thursday and Friday.
- There were wheelchair accessible facilities and translation services available. There was no hearing loop but staff told us they would take patients with hearing difficulties to a quiet area to speak with them or communicate with them in writing.
- Staff had completed training in conflict resolution, learning disability awareness and customer care to improve patients' experience of the service.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were available from 9.00am to 1.00pm and from 12.30pm to 6.30pm. Extended surgery hours were offered between 6.30pm and 8.00pm on Thursdays. Pre-bookable appointments could be booked up to four weeks in advance and daily urgent appointments were available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 70% said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 75% said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).

All but two of the five patients we spoke with during the inspection told us they were able to get appointments when they needed them. The practice manager informed us they had experienced a high rate of non-attendance, and the practice had begun to send warning letters to those patients to prevent this from re-occurring. They had also implemented online appointment booking in March 2015. The GP discussed with us plans to recruit an additional GP, which they hoped would improve access to appointments for patients.

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 a written protocol was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and found they were dealt with in a timely manner and with apologies given where appropriate. Lessons were learnt from concerns and complaints and action was taken

Are services responsive to people's needs? (for example, to feedback?)

to as a result to improve the quality of care. For example, following a complaint about the attitude of a member of

staff, the complaint was discussed with the member of staff involved; the patient received a full apology and the practice manager implemented staff management protocols to ensure a similar situation did not reoccur.

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 mission statement. It was not displayed in the waiting areas but staff knew and understood the values.
- The practice had a 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 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 which was used to monitor quality and to make improvements
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust in relation to infrequent fire drills and the lack of emergency equipment.

Leadership and culture

The partners in the practice 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. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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 regular team meetings and we reviewed several meeting minutes to demonstrate this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, they felt confident in doing so and felt supported if they did. The practice did not hold team away days but they attended annual Christmas celebrations.
- 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, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. The PPG was active and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following complaints about cost implications of the practice's premium rate telephone number, the practice changed it to a local rate number and displayed a notice in the waiting area and outside the practice to inform patients of this change. Patients we spoke with on the day told us they were satisfied with the new number.
- The practice had gathered feedback from staff through informal discussions, meetings and individual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

Are services well-led?

Good 

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

colleagues and management. The practice manager had responded to feedback from staff by relocating a

practice telephone to a quieter area of the reception office to improve the quality of telephone discussions with patients. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">• They had failed to ensure oxygen was available for use in the event of medical emergencies, and they had not carried out a risk assessment in relation to this. <p>This was in breach of regulation 12 (2)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>