

The Brownhill Surgery

Quality Report

2 Brownhill Road
Chandler's Ford
Hampshire
SO53 2ZB

Tel: 02380 252414

Website: www.brownhillsurgery.co.uk

Date of inspection visit: 10 May 2016

Date of publication: 27/06/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to The Brownhill Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Brownhill Surgery on 10 May 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 assessed and well managed with the exception of those relating to recruitment checks, legionella and blank prescriptions.
- 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.
- 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 supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that blank prescriptions held in clinical areas are kept securely at all times.

Summary of findings

- Ensure that a formal risk assessment for Legionella is conducted and that any risks identified are appropriately managed.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Consider the current operation of the patient participation group to encourage greater patient participation.
- Review the current systems and processes relating to the Quality Outcomes Framework to ensure patient outcomes are optimal.

The areas where the provider should make improvement are:

- Ensure the practice website fully reflects the services available to patients. For example, with regard to appointment availability.

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
- 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.
- 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. For example, there were risks in the security of clinical areas, recruitment and legionella.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- 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.
- 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.

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 it.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However this was not always robust enough 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

Good



Summary of findings

- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- Performance indicators for conditions commonly found in older patients were comparable to national averages. For example, 100% percentage of patients with atrial fibrillation (an irregular heart beat) were treated with appropriate medication compared to a national average of 98%.
- The practice used an alerting system on the records of older patients who had limited mobility and provided appointments in a ground floor consulting room.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice's computer system enabled clinical staff to access patient records directly when on home visits.
- Frail older patients were actively identified and supported by a dedicated team which the practice part-funded.

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.
- Data for patients with long-term conditions compared well with national figures. For example, the percentage of patients with diabetes, on the register, who had a flu vaccination in the preceding 1 August to 31 March was 100%, compared to a national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.
- The practice regularly hosted an external service to screen patients for retinopathy (an eye disorder). This meant patients did not have to travel large distances to receive this care.

Summary of findings

Families, children and young people

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

Good



- 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.
- A total of 80% of eligible women attended for a cervical smear in 2014-2015. This is similar to the national average of 81%.
- 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, health visitors and school nurses.

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).

Good



- 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.
- A text messaging service for reminders to attend appointments and routine reviews was offered to patients.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people 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.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- A total of 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 91% compared to a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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.

Good



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 in line with local and national averages. A total of 243 survey forms were distributed and 116 were returned, which is a response rate of 48%. The completed surveys represented responses from approximately 2% of the practice's patient list.

- A total of 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- A total of 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- A total of 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- A total of 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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. The patient commented upon being treated with respect by staff and on the cleanliness of the practice.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Brownhill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

Background to The Brownhill Surgery

The Brownhill Surgery is located in the centre of Chandlers Ford, a town north of Southampton, Hampshire. The practice is based in a converted residential building built in approximately 1900, and there are two floors. Three treatment rooms are on the ground floor and three treatment rooms are on the first floor. The practice provides services to patients living in the Chandlers Ford, Eastleigh and Otterbourne areas of Hampshire. The practice area has low deprivation and low unemployment compared to the averages for England.

The practice provides services under a NHS General Medical Services contract and is part of NHS West Hampshire Clinical Commissioning Group (CCG). The practice has approximately 7,000 patients registered. A total of 68% of patients at the practice are working or are in full-time education compared to the national average of 60%. The practice population has a similar number of patients with a long-standing health condition compared to the national average. A total of 51% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The practice has two male GP partners, one female GP partner, and one female GP who is a long-term locum. Together, the GPs provide care equivalent to approximately three full-time GPs over approximately 23 sessions per

week. The GPs are supported by one full-time nurse practitioner, who is a non-medical prescriber and provides diagnosis, treatment and advice to patients. Two practice nurses and one health care assistant also provide a range of services to patients such as 24 hour heart monitoring and long-term condition reviews. Together the practice nurses are equivalent to just under two full time nurses. The clinical team are supported by a management team including secretarial and administrative staff.

The practice telephone lines and reception desk are open between 8am and 6.30pm. Appointments are available between 8.30am and 12pm and again from 3pm to 6.30pm daily. Extended hours appointments are offered every weekday between 7.20am and 8.30am and on Monday and Thursday evenings until 7.10pm. The Brownhill Surgery has opted out of providing out-of-hours services to their own patients and refers them to the out of hours service via the NHS 111 service.

The practice offers a range of additional in-house services to patients including antenatal care, midwifery, phlebotomy, travel advice, sexual health services and minor operations. The practice offers online facilities for booking of appointments and for requesting prescriptions.

We carried out our inspection at the practice's only location which is situated at:

2 Brownhill Road, Eastleigh, Hampshire, SO53 2ZB

The practice has not previously been inspected by the Care Quality Commission.

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

Detailed findings

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 10 May 2016.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the deputy practice manager, nursing and reception staff, health professionals who work with the practice 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 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.
- Significant events were a regular agenda item at weekly meetings and 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, a patient contacted the practice because they were experiencing chest pain. They were advised by the reception staff to attend the practice within 30 minutes and to contact 999 if their symptoms worsened. The patient did not attend this appointment and the duty GP was informed, who contacted the patient and found they had attended A and E. After the event the telephone transcript was listened to and the incident was discussed at a practice meeting to see if any improvements in the care offered could be made. Reception staff received training on how to handle potential emergency calls. A protocol was made for reception staff to support them to handle calls appropriately from people experiencing chest pain or possible stroke. We saw evidence that this protocol was in use and was readily available to reception staff.

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 3
- 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. Non-clinical staff undertaking chaperone duties had not received a Disclosure and Barring Service (DBS) check. The practice had conducted a risk assessment to determine whether a DBS check was necessary for these staff and found the risk to be low. (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. A 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. For example, the bins for clinical waste had been replaced by bins which were colour coded, to ensure waste was disposed of correctly.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice 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

Are services safe?

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.

- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed the files of three staff who had been employed since April 2013 and found records of recruitments checks were not consistently held by the practice. Employment checks must include proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We found that proof of identification was absent in three files and evidence of satisfactory conduct in previous employment were absent in two files.

Monitoring risks to patients

Risks to patients were not consistently 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 regular 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. The practice had sought advice from a local contractor but had not conducted a formal risk assessment for Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This meant the practice could not demonstrate that all risks associated with Legionella had been identified and were managed appropriately.

- 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. The practice reception and administrative staff were trained to perform each other's roles and so were able to provide cover when staff were absent.

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.
- 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 91% of the total number of points available. The practice's exception reporting rates for all clinical domains were comparable to the averages for England (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). The practice achieved an overall exception reporting of 14%, compared to a CCG average of 10% and national average of 9%.

Data from 2014-15 showed:

- Performance for diabetes related indicators was to the national average.
- Performance for mental health related indicators were mixed. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented, in the preceding 12 months was 91% compared to a national average of 88%.
- The percentage of patients with mental health problems whose smoking status and alcohol consumption was recorded was lower than the national average. The

practice achieved 57% for recording of alcohol consumption compared to a national average of 90%, and 82% for smoking status compared to a national average of 94%.

In 2014-15, the practice was an outlier for QOF indicators relating to the recording of the alcohol consumption of patients with serious mental health conditions. The practice achieved 56% compared to a national average of 90%. The practice explained that this was an error in the way this was recorded by staff. This had been highlighted and discussed at practice meetings and at wider locality meetings and an action plan developed to improve upon this. We were shown practice data for the 2015-16 QOF cycle, which had not been externally verified, that showed this had improved to 65%.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last two years, of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included .

Information about patients' outcomes was used to make improvements. For example following the 2014-15 QOF, the practice had proactively liaised with the local diabetic specialist service to improve upon the care provided to patients with diabetes. The nurse practitioner had been employed since October 2015 and had specialist skills in diabetes management and was responsible for overseeing the care of patients with diabetes. Patients with diabetes with average blood sugar readings that were high, were proactively contacted by the practice for an additional review.

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

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Accurate and detailed records of each member of staff's progress through the induction programme were kept.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The practice were committed to the training and development of staff. For example, the mission statement prioritised improving the services provided by the practice through training and development of staff and we saw evidence that staff had a range of opportunities to undertake training that was not only considered to be mandatory. For example, non-clinical staff undertook additional training in office management and software packages.
- 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 all 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. We spoke with health professionals who liaise with the practice who commented upon the good communication by the practice and that the practice prioritised patient centred care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- 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. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group. The practice referred patients who needed specialist dietary advice to a community dietician.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of

Are services effective?

(for example, treatment is effective)

78% and the national average of 81%. There was a policy to offer telephone 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. There were failsafe 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. The practice conducted and reviewed an annual audit of inadequate smears to ensure these did not exceed acceptable levels.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast screening uptake was better than

the Clinical Commissioning Group (CCG) average at 78%, compared to a CCG average of 74%. Uptake for bowel cancer screening was also higher than the CCG average at 71% compared to a CCG average of 64%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 56% to 99% compared to a CCG average range of 49% to 99%. Childhood immunisation rates for five year olds ranged from 94% to 100% compared to a CCG average range of 93% to 99%.

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

Are services caring?

Our findings

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.

Reception staff were perceptive to the needs of patients and vigilant at noticing changes in patients. GPs told us that receptionists were able to raise any concerns they had regarding patients via messages to the duty doctor. For example, it was noted by reception staff that an older patient appeared to grow more muddled over a period of time of coming to the practice. The duty GP was notified of the concerns, and was able to contact the patient to assess them and arrange appropriate support.

We received one patient Care Quality Commission comment card which was positive about the service experienced. The comment said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Patients we spoke to said that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and 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 92% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 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 from the comment card 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 in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.
- 99% had confidence and trust in the last nurse they saw or spoke to compared to a CCG average of 98% and national average of 97%.

Are services caring?

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

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

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 65 patients as

carers, which is approximately 1% of the practice list. The practice had a range of information to help carers receive support and advice including information aimed at children who were young carers. The practice proactively offered carers an annual physical health check to make sure their health needs were appropriately addressed; the uptake of this for 2015-16 was 83%.

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. Information about what to do in the event of bereavement was clearly outlined on the practice website.

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 had successfully bid for a local phlebotomy service for patients along with 11 other practices in the locality which was commissioned by the CCG. Patients could choose to access phlebotomy on Saturday mornings or at any of the practices involved.

- The practice offered extended hours appointments every weekday from 7.20am to 8.30 am and from 6.30pm to 7.10pm Monday and Thursday for patients who could not attend during normal opening hours.
- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, baby changing and translation services available.
- The practice had investigated installing a lift to improve access for patients to both levels of the building. A lift could not be fitted due to the constraints of the building. The practice used an alert on their computer system to identify which patients needed to be seen on the ground floor and clinicians moved rooms to see patients as needed. Signs were displayed in the reception and waiting area to remind patients to request a ground floor room if needed.
- The practice offered text message reminders for appointments and when routine reviews were due to patients who had signed up for the service. Patients were also able to reply to the practice via text.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and from 2pm to 6.30pm daily. Extended hours

appointments were offered every weekday morning from 7.20am until 8.30am and every Monday and Thursday evening until 7.10pm. Patients were able to access Saturday morning appointments at two other local practices following a local agreement. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than or similar to local and national averages.

- 62% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 82% and national average of 73%.
- 87% of patients said the last appointment they got was convenient compare to a CCG and national average of 92%.

Patients we spoke to on the inspection were satisfied with the practice opening hours. However, we found that information on the practice website did not fully reflect the appointments available to patients registered at the practice. For example, the times extended hours appointments offered were not advertised. The practice had appointed a full-time nurse practitioner in October 2015 in response to patient feedback about lack of appointment availability. Prior to this appointment, the practice had actively informed patients about the skills and role of the nurse practitioner to encourage them to use this service. Patients told us on the day of the inspection that they were always able to get urgent appointments when they needed them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system
- We noted that patient comments on the NHS Choices website were appropriately responded to.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency in 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 about an adverse reaction following an immunisation. The care of this patient was reviewed to ensure the procedure for the immunisation had been conducted appropriately. The patient received an apology letter and an explanation regarding the reaction experienced.

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 through illness prevention and health promotion.

- The practice had a mission statement which was displayed
- 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. There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these had not been robust in relation to the governance of security of prescriptions, recruitment records and legionella risk assessments were managed as needed.

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 regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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 surveys and complaints received
- The practice had a virtual Patient Participation Group (PPG); however this had not been active for the previous six months to our inspection. The practice continued to send email communication to patients who were members of the PPG, however reported that patient responses were very limited. The practice was seeking to attract new members for the PPG via advertisements in the practice waiting room.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Are services well-led?

Good 

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

management. For example, nursing staff told us they were supported by the practice to attend professional development events. 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. For example, the practice, along with 11 other practices in the locality

had formed a federation to bid and deliver services for patients in the area. Practice staff were directors of the federation. The federation had successfully bid for funding to set up a service to support patients who were at risk of admission to hospital. The service consisted of community matrons, a pharmacist, social workers and health and social care support workers. The service assessed patients in their own homes to ensure they were receiving the most appropriate care and treatment and put in place support as necessary. The service started in March 2016.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.</p> <ul style="list-style-type: none">A robust system was not in place to ensure the safe storage of blank prescription pads kept in clinical areas. <p>This was in breach of Regulation 12 (2) (b) (g)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>The registered provider did not ensure that premises and equipment used by service users were clean and properly maintained.</p> <ul style="list-style-type: none">The practice had not conducted a formal assessment to assess the risk of contamination by Legionella. <p>This was in breach of Regulation 15 (1a,e)(2)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered provider did not ensure that persons employed received appropriate support, training, professional development, supervision and appraisal as necessary for them to carry out the duties they were employed to perform.</p>

This section is primarily information for the provider

Requirement notices

- The practice did not hold records for the appropriate recruitment checks of staff prior to their employment.