

Twyford Practice

Quality Report

Twyford Surgery
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Date of inspection visit: 31 August 2016

Date of publication: 12/10/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Twyford Practice on 31 August 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.
- Patient records, topical medicines and completed and signed prescriptions were found in an unsecured area of the building. Other risks to patients were assessed and well managed.
- 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, but they were not always satisfied with access to appointments, especially on the telephone.
- 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. However, it did not have an automatic entrance door or doorbell to assist accessibility for patients with disabilities.
- 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.

Summary of findings

The area where the provider must make improvement is:

- Ensure the security of medicines, test results and prescriptions at all times.

In addition, the provider should:

- Undertake work to increase the number of patients identified as carers.
- Continue to work to improve patient satisfaction through patient feedback to ensure it meets the needs of the patients and the practice.

- Ensure that the practice premises meets accessibility expectations for patients with disabilities, those using wheelchairs and parents with children in pushchairs.
- Ensure that the current cycle of appraisals is completed by April 2017 and that annual appraisals take place thereafter.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was 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.
- We found that an open nursing area, which could be accessed by patients, had unsecured test results topical medicines and completed and signed prescriptions on its worktop.
- Other risks to patients were assessed and well managed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. 70% of patients with diabetes achieving a target blood level of 64mmol or below compared to the CCG average of 74% and national average of 78%.
- Exception reporting in all 16 clinical and all five public health domains was below the clinical commissioning group (CCG) and national average. (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).
- 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. However, not all staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

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.
- In areas where ratings were below average, work was being undertaken to improve patient satisfaction, for example through additional training for receptionists and ensuring that there was enough of them working in the early morning, when demand was highest.
- 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.
- The practice was liaising with a local carers' organisation to improve signposting to sources of support and this provision was due to be introduced in September 2016.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. The practice provided facilities to host other medical services when required, such as breast and aortic aneurism screening, smoking cessation, audiology testing, counselling and physiotherapy, to improve local patient access.
- There was continuity of care, with urgent appointments available the same day.
- There was a ramp access to the front door, dedicated parking spaces and toilet facilities accessible to disabled people. However, the practice did not have an automatic entrance door or doorbell to assist with accessibility for patients with disabilities. There were twice-monthly Saturday morning GP consultations available and telephone consultations were available in the early morning and late evening for working patients who unable to attend within normal hours.
- The practice had identified where there was dissatisfaction with access to appointments, and had made changes to the telephone system and receptionist availability in response to this.

Summary of findings

- 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.

Are services well-led?

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

- There was 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 a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However there were improvements needed in the management of medicine and patient record security, and Disclosure and Barring Service (DBS) checks.
- 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
- Feedback was proactively sought 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. Several staff members made positive comments about changes brought in by the new practice manager since she joined in July 2016, and how clearly these had been communicated to them.

Good



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



- It offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. GPs undertook weekly ward rounds at the local nursing home and rehabilitation home for elderly people recovering from operations.
- Close links were maintained with the community matron and district nurses who had their offices on site and were welcomed to attend the practice team's mid-morning coffee breaks to discuss cases.
- Flu clinics were supported by local organisations working with the elderly to create a community social event.
- Patients with a history of falls were referred for assessment and to the local Steady Steps fall prevention project when appropriate.

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.
- Performance for some diabetes related indicators was below the clinical commissioning group (CCG) and national average, with 70% of patients with diabetes achieving a target blood level of 64mmol or below compared to the CCG average of 74% and national average of 78%. The practice was responding to this by implementing the Diabetes UK Year of Care programme to improve patients' self-management of their condition.
- 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.

Summary of findings

- Patients with long-term conditions were screened for depression, and provided with appropriate support.
- The practice liaised with community heart failure and chronic obstructive pulmonary disease (COPD) nurses and the community matron to support patients who struggled to attend the surgery.

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 in line with national averages for children aged up to five, but slightly below average for under twos.
- 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.
- 86% of female patients aged 25 to 64 had received a cervical screening test in the preceding five years, compared to a CCG average of 84% and a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.
- Safeguarding cases were discussed at the practice's monthly primary health care team meeting and there was regular liaison with the health visitor locality team, which was based on site.
- Counselling services for teenagers and young adults were available on site.

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.
- It 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.

Summary of findings

- Breast and aortic aneurism screening, smoking cessation, audiology testing, counselling and physiotherapy was available at the surgery to improve patient access.
- Twice-monthly Saturday morning surgeries and early morning and late evening telephone consultations were available for those who found it difficult to attend during usual opening hours.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients with a learning disability were offered longer appointments.
- There was regular work with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided GP services for residents of a local drug rehabilitation centre, many of whom settled in the area after completing or leaving the programme. As a result, the surgery had a high number of patients with current or previous substance misuse issues. It engaged with the local drug and alcohol recovery service to provide drug maintenance and addiction therapy support.
- GP services were also provided to a local sheltered accommodation unit for vulnerable adults and a residential home for children with emotional difficulties.

Good



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).

- 99% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG average of 93% and the national average of 88%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advance care planning was carried out for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was 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 were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighteen survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 49% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, 17 of which were wholly positive about the standard of care received, describing staff as caring, reassuring and knowledgeable. Three cards commented on difficulties in getting through on the telephone, waiting times, feeling rushed in appointments and uncomfortable chairs in the waiting room.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three commented on the late running of appointments on the day of inspection.

The most recent published Friends & Family Test results showed that 86% of patients would recommend the practice.

Twyford Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Twyford Practice

Twyford Practice provides GP services to 12,500 patients in a semi-rural area of Berkshire around the large village of Twyford and partially bounded by the River Thames and the M4 motorway. The practice serves an area with an overall low level of deprivation. Ethnicity based on demographics collected in the 2011 census shows the population of the surrounding area is predominantly White British. There is an annual patient list turnover of 10%, and a higher number of patients aged five to 15 and 35 to 54.

The practice has seven GP partners, four female and three male, and two female salaried GPs, equivalent in total to just under six whole time GPs. There are four practice nurses, equivalent to 2.75 whole time, and two healthcare assistants. It also has a dispensary which can provide pharmaceutical services to patients who live more than one mile (1.6km) from their nearest pharmacy premises. Two dispensers currently provide the services to 9% of patients. The practice provides a delivery service for dispensed to patients' homes when appropriate.

Services are provided to a local nursing home, a rehabilitation home for the elderly recovering from operations, a care home for children with emotional issues, a chronic mental health unit and a residential rehabilitation facility for patients with substance abuse

issues. Many former residents of this facility settle in the area after completing or leaving the programme and as a result, the practice has a higher than average number of patients with current or previous substance misuse issues.

Accommodation is provided on site for a number of additional services on a regular or occasional basis, including breast and aortic aneurism screening, smoking cessation, audiology testing, counselling and physiotherapy. The practice also hosts medical students on six week placements and for short taster experiences.

The practice is open from 8am to 6.30pm Monday to Friday, with additional consultations available on Saturday mornings from 8.30am to 11.30am. Telephone consultations are available from 7.30am and at 6.30pm on weekdays. The dispensary is open from 9am to 12.30pm and 2pm to 5pm Monday to Friday.

The out of hours service is provided by WestCall and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the surgery is closed.

Services are delivered from:

Twyford Surgery
Loddon Hall Road
Twyford
RG10 9JA

The practice has not been previously inspected for ratings by the CQC.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016.

During our visit we:

- Spoke with a range of staff including four GPs and members of the nursing, dispensary and non-clinical teams, 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 computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety. For example, following a recent communication issue about how patients with chronic obstructive pulmonary disease (COPD) should request replacement “rescue packs” of standby medicine, the practice had begun work on designing an explanatory leaflet for patients to be issued with the packs.

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, nursing team members to a minimum of 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. We saw non-clinical staff following the spill kit procedure effectively after an incident at reception. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- However, we found that an open nursing area, which could be accessed by patients, had unsecured test results, topical medicines and completed and signed prescriptions on its worktop.
- Patient Group Directions had been adopted 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.

Are services safe?

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and there was a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Both members of dispensing staff had joined the surgery in 2016 following the retirement of a long-term dispenser. They were receiving additional support from a local pharmacist, and the practice was planning with another local GP surgery to employ a shared pharmacist on a more permanent basis to continue with this process.
- A service was provided to deliver dispensary medicines to patients who found it difficult to attend the surgery.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out 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. There were a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

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.

- There were 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 96% of the total number of points available.

QOF data from 2014-15 showed that the practice was in line with most QOF clinical targets:

- Performance for mental health related indicators was above the clinical commissioning group (CCG) and national average, with
- However, performance for some diabetes related indicators was below the CCG and national average, with 70% of patients with diabetes achieving a target blood level of 64mmol or below compared to the CCG average of 74% and national average of 78%.

The practice was taking action to improve its outcomes for diabetic patients by following the Diabetes UK Year of Care model, to support patients in self-managing their condition. One of the nurses had undertaken additional training in diabetes as part of this project.

Exception reporting in all 16 clinical and all five public health domains was below the CCG and national average. The overall QOF exception rate for 2014-15 was 5%, which was below the CCG average of 8% and the national average

of 9%. (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). For peripheral arterial disease, osteoporosis and contraception, the practice had an exception rate of 0%, compared to CCG and national averages of between 3% and 12%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, two of these were completed full cycle audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of patients records initially undertaken in October 2014 and repeated on four further occasions, most recently in August 2016, showed an increase of 100% in the number of patients with their medicine allergy status recorded. This reduces the risk of prescribing medicines to which patients could have an adverse reaction.

Information about patients' outcomes was used to make improvements such as an audit of the care of patients attending the practice's nurse-led minor illness clinic in March 2016 demonstrated that the clinic provided a good standard of care, and could be effectively used to reduce the number of GP appointments required for these conditions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, one of the practice nurses had recently

Are services effective?

(for example, treatment is effective)

undertaken diabetes training to improve outcomes for patients with the condition, and completed an asthma diploma following the retirement of a nursing colleague who had previously specialised in that condition.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The new practice manager, who had joined in July 2016, had identified that not all non-clinical had received an appraisal in the last 12 months and had drawn up a programme to rectify this by the end of October 2016, with three having been completed to date.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff 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, were signposted to the relevant service for further support, with smoking cessation sessions available on site.

The practice's uptake for the cervical screening programme was 81%, which was above the CCG average of 78% and the national average of 74%. 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 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 also encouraged its patients to attend national screening programmes for breast and bowel and cancer screening. The practice's uptake for the breast

Are services effective?

(for example, treatment is effective)

cancer screening programme was 80%, compared to the CCG average of 81% and the national average of 72%, and its uptake for the bowel screening programme was 67%, which was above the CCG average of 66% and the national average of 58%.

- Childhood immunisation rates for the vaccines given in 2015-16 to under two year olds were slightly below CCG average, ranging from 87% to 93% compared to the CCG average of 91% to 96%. The rates for five year olds of 91% to 96% were in line with the CCG average of 91% to 97%. The practice was liaising with the health visitors

based on site to increase its uptake for under two year olds by encouraging non-attenders and providing the opportunity for immunisations to be administered during appointments outside of the timetabled baby clinics.

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.

Seventeen of the 20 patient Care Quality Commission comment cards we received were wholly 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. Three cards commented on difficulties in getting through on the telephone, waiting times, feeling rushed in appointments and uncomfortable chairs in the waiting room.

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

Results from the national 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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 96% 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 and national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.

However:

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice had worked with the PPG to identify that some of the patient concerns about interactions with receptionists were around making appointments. It had increased the number of receptionists available in the mornings and was encouraging patients to make appointments by telephone or online rather than attending the surgery in person when it opened.

Additional training sessions were being arranged for reception and administration staff focussed around issues which had been identified at the annual complaints review meeting around customer service challenges.

Care planning and involvement in decisions about care and treatment

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

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

- 93% 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%.

Are services caring?

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

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers (1% of the practice list). Information was available to direct carers to the various avenues of support available to them, and there was a carers' noticeboard in the waiting room. The practice was liaising with a local carers' organisation to improve signposting to sources of support, and this provision was due to be introduced in September 2016.

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. It provided facilities to host other medical services when required, such as breast and aortic aneurism screening, smoking cessation, audiology testing, counselling and physiotherapy, to improve local patient access.

- There were two Saturday morning clinics a month for working patients who could not attend during normal opening hours and telephone consultations every morning and at the end of surgery.
- 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. GPs also undertook weekly ward rounds at the local nursing home and rehabilitation home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. However, the surgery did not have entrance facilities to assist with access for patients with disabilities, wheelchair users or parents with pushchairs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with GP appointments available from 8am to 12.30pm and 3pm to 6.30pm. Extended hours appointments were offered two Saturdays a month from 8.30am to 11.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were available every weekday from 7.30am and at the end of surgery.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 49% of patients said they could get through easily by phone compared to the CCG average of 76% and the national average of 73%.

The practice had identified patient dissatisfaction with access to appointments. As a result, it had introduced additional telephone lines, a dedicated emergency number and a separate phone line for outgoing calls. If this line was already in use, GPs were encouraged to use their own mobiles to make calls. Changes had been made to the receptionists' rota to ensure that four receptionists were available at the start of every day. Patients were also being encouraged to make bookings online rather than telephone for routine appointments.

There was a system in place to assess:

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

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

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.
- We saw that information was available to help patients understand the complaints system on the website, in the practice information booklet, and via a complaints leaflet available from reception.

We looked at 14 complaints received in the last 12 months and found they were satisfactorily handled. Lessons were learnt from individual concerns and complaints and also

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

from analysis of trends, and action was taken to as a result to improve the quality of care. An annual meeting was held to review complaints and identify learning points. The last meeting had been held in May 2016 when it had been identified that a number of complaints over the last 12

months related to access to the service. Increased telephone lines and reception cover had been introduced, and the team was planning to focus its next away day on strategies to improve appointment availability.

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.

- It had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- There was 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 performance was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice had failed to identify the risks of leaving prescriptions, topical medicines and test results in an open area which was accessible to patients.

Leadership and culture

On the day of inspection the partners 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
- It 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 and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice held regular Time for Improving Patient Service (TIPS) sessions in house for the team several times a year.
- Staff said they felt respected, valued and supported, particularly by the partners. 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.

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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the management team. For example, the PPG had been involved in discussions leading to the establishing of the nurse-led minor illnesses clinic and improvements to communication with patients, such as the email newsletter.
- The practice had gathered feedback from staff through staff meetings, appraisals, discussions and the TIPS sessions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, such as; when changes

Are services well-led?

Good 

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

were needed to the online appointments system, how samples were dealt with at reception, and challenges in dealing with difficult situations with patients. Staff told us they felt involved and engaged to improve how the practice was run. Several staff members made positive comments about changes brought in by the new practice manager since she joined in July 2016 and how clearly these had been communicated to them.

Continuous improvement

There was a focus on continuous learning and improvement at all levels. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was making plans with another local surgery to employ a shared pharmacist to provide long-term additional support to their dispensary teams.

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 17 HSCA (RA) Regulations 2014 Good governance</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 or mitigate risks relating to the storage of test results, topical medicines and completed and signed prescriptions in the nurse's work area.</p> <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>