

Central Hove Surgery

Quality Report

Ventnor Villas

Hove

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Central Hove Surgery on 22 March 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.
- Effective arrangements for managing medicines were not in place.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients spoke very positively about their experience of the practice said they were treated with compassion, dignity and respect.

- Patients said they usually found it easy to make an appointment and that urgent appointments were available the same day. However, they sometimes found it difficult to get through on the telephone.
- The practice was well led and staff felt supported by management.
- The practice sought feedback from staff and patients, which it acted on.
- Information about how to complain was available and easy to understand. The practice had effective arrangements in place for dealing with and responding to complaints.
- The practice did not have a defibrillator on the premises.

The areas where the provider must make improvement are:-

- Put arrangements in place to ensure the safe use of medicines.

The areas where the provider should make improvement are:-

Summary of findings

- Undertake a formal, written risk assessment regarding the decision not to have a defibrillator on the practice premises.
- Develop an ongoing audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least two cycles of a clinical audit.
- Ensure that higher levels of exception reporting for the quality and outcomes framework are kept under review.
- Hold regular meetings with the patient reference group and ensure feedback is sought on practice specific issues.
- Undertake pre-employment health checks for all new staff.

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 there were safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- However, the practice did not have effective arrangements in place for the safe management of medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the quality and outcomes framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken. However the practice did not have an on-going audit programme. Not all audits were completed cycles. .
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice lower than others for several aspects of care.
- The patient feedback we sought showed that patients felt they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.

Summary of findings

- 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.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice had recently taken part in a CCG initiative which placed pharmacists in GP practices to improve the quality of prescribing and medicines management.
- Patients said they found it easy to make an appointment and that they could get urgent appointments the same day. However, some patients said it was difficult to get through to the practice on the telephone.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision to deliver high quality care for patients.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. There was a virtual patient reference group.(VPRG). A VPRG is a group of patients who volunteer to, participate in practice surveys and with whom the practice can consult with from time to time by e-mail.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice 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.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice scores for all the diabetes indicators in the quality outcomes framework were higher than the national average. For example, 91% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months compared to a national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients with long term conditions had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- 77% of patients with asthma, on the practice register, had had an asthma review in the preceding 12 months

Good



Summary of findings

- 76% of women aged 25-64 had notes recording that a cervical screening test had been performed in the preceding 5 years (04/2014 to 03/2015) compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives, health visitors and school nurses. Midwifery services were available at the practice one afternoon a week.
- Baby changing facilities were available.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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 had identified 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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

Good



Summary of findings

- 85% patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) which was comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice made referrals to a locally commissioned service which provided specialist psychiatric nursing support aimed to improve the independence and recovery of patients with serious mental illness.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing below the local and national averages. Three hundred and fifteen survey forms were distributed and 106 were returned. This represented 1.6% of the practice's patient list.

- 59% of patients found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 88%, national average 85%.
- 76% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average 85%, national average 85%.

- 72% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average 79%, national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. They commented that staff were friendly, helpful, kind and caring and that they treated patients with respect. They all commented that the care and treatment they received was very good or excellent. Six of the comments cards indicated that patients found it difficult to get through to the surgery by telephone and make an appointment.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test results showed that 95% of patients would recommend this practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:-

- Put arrangements in place to ensure the safe use of medicines.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:-

- Undertake a formal, written risk assessment regarding the decision not to have a defibrillator on the practice premises.

- Develop an on-going audit programme that demonstrates continuous improvements to patient care in a range of clinical areas. Ensure there are at least 2 cycles of a clinical audit.
- Ensure that higher levels of exception reporting for the quality and outcomes framework are kept under review.
- Hold regular meetings with the patient reference group and ensure feedback is sought on practice specific issues.
- Undertake pre-employment health checks for all new staff.

Central Hove Surgery

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 a practice manager specialist adviser.

Background to Central Hove Surgery

Central Hove Surgery is located in the centre of Hove and provides primary medical services to approximately 6,254 patients.

There are four GP partners, three who are female and one male. There are two practice nurses, and one health care assistant. There is a practice manager and a team of 11 administrators/receptionists. All staff including the GPs, practice nurses, practice manager and administrative staff are part-time.

Data available to the Care Quality Commission (CQC) shows the practice serves a population that is comparable with the national and clinical commissioning group average in relation to age profile and deprivation.

The practice is open 8.30am to 1pm Monday to Friday, and from 2pm to 6pm Monday, Tuesday, Wednesday and Friday and from 3pm - 6pm on Thursdays. Extended hours appointments are offered every Thursday between 6.30pm and 7.30pm for GP appointments and between 6.30pm and 8pm for nurse appointments. Appointments can be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice.

The practice runs a number of services for its patients including; chronic disease management, contraception, smoking cessation, travel advice, vaccinations and immunisations.

The practice provides services from the following location:-

Ventnor Villas

Hove

BN3 3DD

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 22 March 2016. During our visit we:

- Spoke with a range of staff including the GPs, the practice nurses, the administrators and receptionists and the practice manager.

Detailed findings

- Spoke with six patients who used the service.
- Spoke with two members of the virtual patient reference group
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, as a result of the wrong vaccine being given to a child, the practice had updated its procedures for checking that the correct vaccines were being administered. An apology was given to the family. We saw that the details of this event had been shared at a clinical meeting.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three
- Notices above the examination couches advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role however non clinical staff who acted as chaperones had

not had a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager showed us a risk assessment that had been undertaken for the decision not to undertake DBS checks for staff who acted as chaperones. This identified that these staff would not be left alone with patients and therefore the risk to patients was low.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe. There was a protocol for ensuring that medicines were kept at the required temperatures which was attached to the vaccine fridge door. When we looked at the temperature recording charts for the medicines fridges we saw that one of the fridges had been recorded as being above the required maximum temperature on certain days and that no details of any action taken had been recorded. On the day of the inspection we were told that the fridge temperatures had been reported to the practice manager but no action had been identified to address this. There were no records to confirm this to be the case. This meant that the practice could not be sure the medicines held in the fridge had not been compromised. After the inspection we were told that the reasons for the temperatures being above the maximum on certain days was due to the re-stocking of vaccines and the fridge doors being open for longer periods. However this explanation had not been recorded on the temperature recording charts We also saw that there was no sign on the plug for the fridge to ensure that it was not accidentally switched off.
- The practice did not manage the security of prescriptions in line with national guidance. We saw that whilst blank prescription pads were securely stored, the systems in place to monitor their use were not

Are services safe?

robust. The serial numbers of each individual prescriptions and the date they were issued were not recorded. We also observed that prescriptions for use in the practice printers were not stored securely. For example, we saw a box of prescription pads on the floor under someone's desk. This meant that the practice did not have sufficiently robust systems in place to prevent theft and misuse of blank prescriptions.

- 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two 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 DBS. It was noted that staff did not have pre-employment health checks.
- 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.

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 which identified local health and safety representatives. The practice manager undertook an annual risk assessment of the practice premises which looked at individual areas of the practice environment including fire safety.. Fire drills had been carried out. We saw records to show that fire equipment and alarms were regularly tested. 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 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 that 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 an identified cupboard in the nurses' treatment room. It was noted that the emergency medicines were kept in different boxes within that cupboard.
- There was oxygen with child and adult masks which was in date and fit for use. However, the practice did not have a defibrillator available on the premises. The practice told us that this was because there was a defibrillator located in a nearby supermarket and that they always alerted the ambulance crew to the fact they did not have a defibrillator on the premises in the event of a patient collapse. It was noted that there was no formal written risk assessment to support the decision not to have a defibrillator on the premises. 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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, with 17% exception reporting, which was above the CCG average of 11% and the national average of 9%. This (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 told us that this was because they had a high number of patients who failed to attend review meetings. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national averages. For example, 91% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 month. (CCG average 84%, national average 88%)
- The percentage of patients with hypertension having regular blood pressure tests was 88% (CCG average 82%, national average 83%).
- Performance for mental health related indicators was comparable to the CCG and national averages. For example, 85% patients with schizophrenia, bipolar

affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) (CCG average 83%, national average 88%)

The practice had undertaken nine clinical audits in the last two years. However, these were mainly generated in response to the clinical commissioning groups prescribing incentive schemes. There was no evidence that the practice had its own programme for clinical audit or that any audit was undertaken in response to internal triggers such as significant events. Only one of the clinical audits we saw represented a completed audit cycle and the other audit outcomes were not always supported by the findings. There was therefore limited evidence to show that clinical audits demonstrated any quality improvement.

- The practice participated in local audits, national benchmarking, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, training for nurses reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example attending specific training courses.
- 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. All staff had protected learning time to enable them to keep up to date with training. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support, communication skills and conflict resolution. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 80% and the national average of 82%. The practice opportunistically encouraged women to attend for their cervical smears. Patients who did not attend were followed up by the primary care support team that administered the screening programme. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 72% and five year olds from 38% to 45%. We did not have data available on the national and local CCG rates.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the virtual patient participation group. They also 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 in line with or above the CCG and national average for its satisfaction scores on consultations with nurses and receptionists, but below for GPs. For example:

- 81% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 81% said the GP gave them enough time (CCG average 84%, national average 87%).
- 88% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed 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 nurses, but slightly below for GPs. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 90% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. There was a notice in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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 or telephone call giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice was involved in a CCG pilot project looking at improving the care of elderly and frailer patients with the development of multidisciplinary teams.

- The practice offered extended hours every Thursday between 6.30pm and 7.30pm for GP appointments and between 6.30pm and 8pm for nurse appointments for working 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled toilet facilities, a hearing loop and translation services available.
- Baby changing facilities were available.

Access to the service

The practice was open 8.30am to 1pm Monday to Friday, and from 2pm to 6pm Monday, Tuesday, Wednesday and Friday and from 3pm - 6pm on Thursdays. Extended hours appointments were offered every Thursday between 6.30pm and 7.30pm for GP appointments and between 6.30pm and 8pm for nurse appointments. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages except for ease getting through to the surgery by phone which was significantly below the CCG and national average.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 59% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 66% of patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 69%).

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

We spoke with the practice about the lower levels of satisfaction in relation to getting through easily to the surgery by phone. They told us that they had had an external review undertaken to identify how they could improve the appointment making process and we saw evidence which confirmed this to be the case. The practice was due to move to a new building in 2017 and they told us that plans to have additional telephone lines, additional staff and a new appointment making system, would be implemented in the new premises.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

We looked at records of three complaints received in the last 12 months and found that these were satisfactorily handled with openness and transparency and in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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.

Governance arrangements

The practice had governance arrangements which supported the delivery of good quality care. There were structures and procedures in place which 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.
- Clinical audits were undertaken to monitor quality and to make improvements. However the practice did not have an ongoing audit programme. Not all audits were completed cycles.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- 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 in doing so and felt supported if they did. There were regular practice meetings for all staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual patient participation group (VPRG) through surveys, suggestion boxes and complaints received. We spoke with two members of the VPRG. One member of the group felt that it would be helpful if they held regular meetings in order to discuss issues that they were being asked to comment on. They felt that they frequently received information, but were unaware at times of the context, or reason they were being asked to comment on it. We discussed this with the practice manager who told us that meetings for the VPRG would be held once the practice moved to its new premises.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in a CCG pilot

Are services well-led?

Good 

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project looking at improving care of elderly and frailer patients with the development of multidisciplinary teams. The practice had also recently taken part in a CCG initiative which placed pharmacists in GP practices.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have arrangements in place to ensure the safe management of medicines including the storage of vaccinations at the correct temperature and the issuing of blank prescriptions.</p> <p>This was in breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>