

Esher Green Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Esher Green Surgery on 22nd December 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of those relating to a legionella risk assessment and staff recruitment.
- 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 said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Urgent appointments were available on the day they were requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- Ensure that all recruitment checks are carried out and recorded as part of the staff recruitment process. This includes retaining information for Disclosure and Barring Service (DBS) checks for those staff that need

Summary of findings

them, proof of identity, CV with full employment history and references and to complete a risk assessment as to which staff require a criminal records check with the DBS.

- Complete a legionella risk assessment.

In addition the provider should:

- Ensure staff are aware of the business continuity plan.

- Ensure there is improved dissemination of information of patient care plans when carried out by the Advanced Nurse Practitioner.
- Ensure that the carpet in the treatment rooms are replaced with suitable flooring as specified in the practice refurbishment plan.

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 unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, the practice had not conducted a legionella risk assessment and recruitment files we reviewed did not contain the required information.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice needed to ensure there was improved dissemination of information of patient care plans when carried out by the Advanced Nurse Practitioner.
- 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.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not always find it easy to get through to the practice by phone during busy periods but were able to get urgent appointments the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice routinely ran patient surveys for feedback and was in the process of starting up the patient participation group. The group had had their first meeting and was in the process of being developed.
- There was a strong focus on continuous learning and improvement at all levels.
- There was an effective skill mix of doctors, advanced nurse practitioner, practice nurses and health care assistants (HCA).

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients had a named GP which allowed for continuity of care.
- The practice had good relationships with a range of support groups for older patients.
- The practice endeavoured to assist patients to remain in their preferred place of care for as long as possible.
- The practice provided medical services for residential homes, two nursing homes and conducted regular visits.
- The practice had a safeguarding lead for vulnerable adults.
- There were arrangements in place to provide flu and pneumococcal immunisation to this population group.

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.
- 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.
- For patients with more complex diabetic needs there was a monthly clinic with the Diabetic Specialist Nurse.
- Patients were able to have 24 hour blood pressure monitoring.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ensured that children needing emergency appointments would be seen on the day or were offered a same day telephone appointment to discuss any concerns.
- We saw positive examples of joint working with midwives and health visitors.
- The practice promoted healthy living and had supporting information for preventing diabetes, heart disease, kidney disease, stroke and dementia advertised at the front desk, in the newsletter and on the practice website.
- The practice ran child developmental clinics and child immunisations at same time to help patients attend appointments.

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 offered advice by telephone each day for those patients who had difficulty in attending the practice.
- Patients could pre-book early morning appointments from 7:30am twice a week as well as one evening a month with appointments until 8pm.
- 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.
- The practice offered NHS over 40's health checks.
- Electronic Prescribing was available which enabled patients to order their medicine online and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice could offer a separate quiet waiting room for patients.
- The practice regularly worked with multi-disciplinary teams 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.
- Translation services were available for patients who did not use English as a first language.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- The practice also provided an auditory loop in the practice and offered text messaging services to those with hearing difficulties.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

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



- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 had mixed results but mainly showed the practice was performing above average when compared with local and national averages in most areas. 331 survey forms were distributed and 110 were returned. This represented 0.13% of the practice's patient list.

- 68% of patients described their experience of making an appointment as good (The Clinical Commissioning Group (CCG) average was 68% and the national average 73%).
- 54% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 76% of patients found the receptionists at this surgery helpful (CCG average 84% and national average 87%).
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 86% and national average 85%).
- 89% of patients described the overall experience of their GP surgery as good (CCG average 85% and national average 85%).
- 94% of patients said the last appointment they got was convenient (CCG average 90% and national average 92%).
- 85% of patients would recommend their GP surgery to someone who has just moved to the local area (CCG average 79% and national average 78%).
- 68% of patients described their experience of making an appointment as good (CCG average 68% and national average 73%).

The practice was aware of the concerns raised by patients at being able to access appointments. It had put in place on-line booking of appointments and updated the

telephone system. Patients spoken to on the day of the inspection told us that they felt the telephone system had recently improved. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Results also showed that:

- 94% said the last GP they saw or spoke to was good at listening to them (CCG average 91%, national average 89%).
- 88% said the last GP they saw or spoke to was good at explaining tests and treatments (CCG average 87%, national average 86%).
- 96% had confidence and trust in the last GP they saw or spoke to (CCG average 96%, national average 95%).
- 91% say the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 83%, national average 85%).

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) prior to our inspection to enable patients to record their views of the practice. We received 20 comment cards which all contained positive comments about the standard of care received. We also spoke with seven patients on the day of the inspection. Patients told us that they were respected, well cared for and treated with compassion. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as kind and told us they always had enough time to discuss their medical concerns.

Areas for improvement

Action the service MUST take to improve

- Ensure that all recruitment checks are carried out and recorded as part of the staff recruitment process. This includes retaining information for Disclosure and Barring Service (DBS) checks for those staff that need

- them, proof of identity, CV with full employment history and references and to complete a risk assessment as to which staff require a criminal records check with the DBS.
- Complete a legionella risk assessment.

Summary of findings

Action the service **SHOULD** take to improve

- Ensure staff are aware of the business continuity plan.
- Ensure there is improved dissemination of information of patient care plans when carried out by the Advanced Nurse Practitioner.
- Ensure that the carpet in the treatment rooms are replaced with suitable flooring as specified in the practice refurbishment plan.

Esher Green 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 and a practice manager specialist advisor and a second CQC inspector.

Background to Esher Green Surgery

Esher Green Surgery is a surgery offering personal medical services to the population of Esher, Surrey. There are approximately 8,500 registered patients. The practice has a branch surgery which we did not inspect as part of this inspection process.

Esher Green Surgery is run by three partner GPs. The practice is also supported by three salaried GPs, a nurse practitioner, a senior practice nurse and two practice nurses, two healthcare assistants, a team of administrative / reception staff, a business manager and a practice manager. There is a mix of both male and female doctors.

Esher Green Surgery is a teaching practice for medical students and is also a training practice for GP trainees and FY2 doctors.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks and holiday vaccinations and advice.

Services are provided from two locations:

Esher Green Surgery

Esher Green Drive, Esher, Surrey, KT10 8BX

And a branch surgery located at:

Esher Green Surgery at Emberbrook,

14 Raphael Drive, Thames Ditton, Surrey, KT7 0EB

We did not inspect the branch surgery during this inspection.

Opening hours are Monday to Friday 8:30am to 6:30pm, with emergency calls taken from 8am to 8:30am. The practice has extended hours each Wednesday and Thursday morning and is open from 7:30am for pre-bookable appointments and one Friday per month until 8pm.

During the times when the practice is closed arrangements are in place for patients to access care from Care UK which is an Out of Hours provider.

The practice population has a higher number of patients between 5 – 19 and 40 – 54 years of age than the national and local CCG average. The practice population also shows a lower number of 20 – 34 and 70- 84 year olds than the national and local CCG average. There is a slightly higher number of patients with a long standing health condition and a lower number with health care problem in daily life, but a slightly higher than average number of patients with caring responsibilities. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 December 2015. During our visit we:

- Spoke with a range of staff, including GPs, practice nurses, administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a concern was raised in relation to child immunisations clinic. We saw that timed slots had increased to 15 minutes in order to address the concerns raised.

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

Systems were generally in place to keep patients safe, although the practice had not ensured that the required information was retained in recruitment files.

- 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 3 for children and had received safeguarding vulnerable adults training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who kept 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. However, the prevention and spread of legionella had not been considered.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed five personnel files of staff recently employed and records we looked at did not all contain evidence that appropriate recruitment checks had been undertaken prior to employment. We found that the files reviewed did not include information specified in Schedule three of the Health and Social Care Act. For example, some files did not contain CV's or job applications, proof of identification, references from past employers, a full works history which included months and years, an investigation into gaps in employment and reasons for leaving past employers. There was also no written risk assessment as to why administration or reception staff had not received a criminal record check via the Disclosure and Barring Service (DBS).

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed, with the exception that a legionella risk assessment had not been completed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However, the practice had not completed a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). After the inspection the practice was able to confirm to us that a legionella risk assessment had been completed on 29 December 2015 and findings were being acted upon.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a dedicated member of staff who ensured that enough staff were on duty and had in place a rota system for all the different staffing groups.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- Staff were aware of what to do in a major incident such as power failure or building damage. However, they were not aware of any written business continuity plan for reference. This was brought to the attention of the practice manager who advised us that this would be addressed immediately so that all staff knew where to view or how to refer to the business continuity plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 88.5% of the total number of points available, with 6.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed:

- The percentage of patients with hypertension having regular blood pressure tests was below average when compared with the CCG and national average. The practice QOF score was 67% with the CCG average being 80% and the national average at 83%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was at 85%, with the CCG average at 92% and national average at 95%.
- Performance for cancer was better than the CCG and national average. With cancer related indicators at 100% in comparison with the CCG and national average of 98%.
- Performance for mental health related was at 100% with the national average being 88%.
- Performance for dementia related indicators was at 100% with the CCG and national average being at 93% and 95%.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and patient's outcomes. We reviewed five clinical audits that had been carried out within the last 18 months. All identified where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicine management. Findings were used by the practice to improve services. For example, the practice has completed two audits for patients who were receiving anticoagulation medicines in 2014 and in 2015. This had ensured that patients who were required to attend blood test appointments were attending and that the process for following up those that did not attend was in place and working effectively. It also ensured that results of blood tests that were above or below recommended guidelines were managed as per protocols in place.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff, which included new staff shadowing long standing staff members. New staff underwent a probationary period in which their competencies were reviewed.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going 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 as required and that district nurses and health visitors held individual meetings with GPs on a weekly basis. Care plans were routinely reviewed and updated however, the practice needed to ensure there was improved dissemination of information of patient care plans when carried out by the Advanced Nurse Practitioner.

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 patients, 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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, 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 nurses could support patients with reviews for long term conditions such as diabetes or asthma and could conduct cervical smears, blood test and vaccinations
- Practice nurses could offer smoking cessation advice.

The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for vaccines given were comparable to CCG/national averages. For example, 90.7% of children under 24 months had received the MMR vaccination with the national average being 82%. Flu vaccination rates for the over 65s were 69% with the national average being 73% and 48% of patients from the at risk group had received their flu vaccinations compared to the national average of 52%.

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 and that conversations taking place in these rooms could not be overheard.
- Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.
- The reception desk and waiting area were separate which helped with patient confidentiality.
- The practice had a second area that could be used as a private waiting area and was used by patients as required.
- We noted that the practice had installed an electronic booking in system.

All of the 20 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 seven patients on the day of the inspection. 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 the national and CCG averages 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 CCG average of 91% and national average of 89%.

- 91% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).

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 or slightly above with the local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group average of 87% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%).
- 91% of patients 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. The practice had a hearing loop for those patients who had a hearing impairment.

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.

Are services caring?

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

Staff told us that if families had suffered bereavement, their usual GP contacted them 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. We noted that bereavement advice was also on the practice's website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered appointments from 7:30am every Wednesday and Thursday and until 8pm one Friday a month.
- 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.
- The practice was accessible for patients with services located on the ground floor.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- A specialist diabetic nurse visited the practice once a month to help support patients.
- Patients with poor mobility were provided with information of a volunteer based community charity who could provide transport services to the practice.
- Electronic Prescribing was available which enabled patients to order their medicine on-line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday. Emergency calls could be taken from 8am each morning and there were early morning pre-bookable appointments available Wednesday and Thursday from 7:30am - 8:30am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them as well as telephone consultations.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and

treatment was below local and national averages. However, patients told us on the day that they were able to get appointments when they needed them and felt the new phone lines had made an improvement.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 54% of patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 68% of patients described their experience of making an appointment as good (CCG average 68%, national average 73%).
- 53% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 60%).
- 57% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 67%, national average 65%).

The practice was aware of the concerns raised by patients at being able to access appointments. It had put in place on-line booking of appointments and updated the telephone system. Patients we spoke with on the day of the inspection told us that they felt the telephone system had recently improved. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- The complaint 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. There were posters on display in the waiting area, a complaints leaflet and information was on the practice website.
- A comments and suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including

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

complaints. Two of the patients we spoke with told us that they had raised concerns with the practice and these had been responded to in a timely manner which had addressed their concerns.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had been acted on.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was on display and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and was regularly monitored.
- We spoke with 15 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. Staff spoke very positively about the practice

Governance arrangements

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

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

Leadership and culture

The partners in the practice 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 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 patients 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.
- 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 patient surveys, comments and complaints received. There was a new patient participation group which was in the process of being developed.
- 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

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had two partners who were trained as FY2 supervisors and a third partner lead on undergraduate training. We saw plans in place to refurbish the practice which would include new flooring and refurbishment of patient toilets.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The things which a registered person must do to comply include:-</p> <ul style="list-style-type: none">assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care related. <p>How the regulation was not being met:</p> <p>The provider had not completed a legionella risk assessment and therefore was not doing all that was reasonably practicable to mitigate risks.</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 12 (2)(h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Persons employed for the purpose of carrying on a regulated activity must:-</p> <ul style="list-style-type: none">Be of good character <p>The following information must be available in relation to each such person employed:-</p> <ul style="list-style-type: none">The information specified in schedule three <p>How the regulation was not being met:</p> <p>We found that the registered provider had not ensured that information specified in Schedule three was available in relation to each person employed. Records did not contain information for Disclosure and Barring Service (DBS) checks for those staff requiring them, proof</p>

This section is primarily information for the provider

Requirement notices

of identity, CV with full employment history or references. There was no risk assessment as to which staff did not require a criminal records check with the DBS.

This was a breach of regulation 19 (1)(a)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014