

Packers

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Packers on 7 June 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.
- There were some risks to patients as the practice had not carried out essential health and safety checks on the building. The practice had recently put in place action plans to address this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to see a named GP and there was continuity of care, with appointments available every day.
- Patient's satisfaction with how they could access care and treatment was better than local and national averages.
- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. Feedback from patients about their care and treatment was consistently positive.
- The practice had reasonable facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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 improvements are:

- Take action to address identified concerns with fire safety as identified in the fire risk assessment, including enhanced training of staff in fire safety procedures.
- Take action to address identified concerns with electrical safety as identified in the electrical installation condition report.

In addition the provider should:

- Embed formal governance arrangements including systems for regularly assessing and monitoring risks and the quality of the service provision. Ensure minutes are kept of meetings to aid learning and information sharing.
- Update the training policy to reflect when refresher training is required and ensure that accurate records are kept of all training undertaken by 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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. Risk assessments had recently taken place for fire, electrical and water safety and there were a large number of actions required to address issues raised.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. Feedback from patients about their care and treatment was consistently positive.
- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients can access appointments and services in a way and at a time that suits them. The practice ran an open surgery every day and patients gave very positive feedback about this service. Patients could choose which doctor they saw and there was continuity of care. There were also some pre bookable appointments.
- The practice had reasonable facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these had been written very recently and did not fully reflect practice processes.
- The partners and practice manager met weekly but there were no minutes kept of these meetings and no formal governance

Summary of findings

meetings held. There was little evidence of an overarching governance framework to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good



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.
- The GPs regularly visited residents at a local care home every week and feedback from the home was very positive. There were over 70 residents at the home which had a unit for people with dementia and an assisted living unit.
- The practice identified those patients most at risk of hospital admission. A care coordinator rang these patients after a discharge from hospital to offer assistance and support.

People with long term conditions

Good



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.
- 90% of patients on the diabetes register had a record of a foot examination and classification which was in line with the CCG average of 89% and national average of 88%.
- 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.

Families, children and young people

Good



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

Summary of findings

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.
- 80% of eligible female patients had a cervical screening test which was similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccines given were in line with or better than clinical commissioning group (CCG) averages.

Working age people (including those recently retired and students)

Good



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

- 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 electronic prescribing allowing patients to collect prescriptions from a pharmacy closer to their place of work.
- Appointments were available on Saturday mornings for patients who could not attend on a weekday, and telephone appointments were available during the day.
- 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.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Practice staff understood the cultural needs of the local traveller population and how to achieve good medical care for this group of patients.

Summary of findings

- The practice offered longer appointments for patients with a learning disability and saw these patients outside routine surgery hours when the waiting room was quiet. They looked after a home for residents with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good



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

- 91% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- 95% of patients experiencing poor mental health had an agreed care plan, which was better than the national average of 88%.
- 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.
- 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 were published in January 2016. The results showed the practice was performing better than local and national averages. 253 survey forms were distributed and 108 were returned. This represented 2.3% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients commented that doctors listened well and took time to fully understand issues. Other comments included that staff were caring and helpful, and patients felt they were well looked after. One patient commented that they had decided not to move away as they were so pleased with the surgery.

We spoke with ten patients during the inspection. All ten patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Many patients stated how much they liked the open surgery system, and said they did not want this to change. The friends and family test data from May 2015 to May 2016 showed 97% of respondents were likely to recommend the surgery to family or friends.

Areas for improvement

Action the service **MUST** take to improve

- Take action to address identified concerns with fire safety as identified in the fire risk assessment, including enhanced training of staff in fire safety procedures.
- Take action to address identified concerns with electrical safety as identified in the electrical installation condition report.

Action the service **SHOULD** take to improve

- Embed formal governance arrangements including systems for regularly assessing and monitoring risks and the quality of the service provision. Ensure minutes are kept of meetings to aid learning and information sharing.
- Update the training policy to reflect when refresher training is required and ensure that accurate records are kept of all training undertaken by staff.

Packers

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, together with a GP specialist adviser.

Background to Packers

Packers is a long standing family practice which is located on the Wentworth Estate, at the end of a parade of shops in Virginia Water. It is sometimes known as Virginia Water Medical Practice. The building was purpose built in 1975, originally with an accommodation suite above the practice rooms. The downstairs has two consulting rooms, a reception and waiting area and offices used by administration staff. There is a treatment room on the first floor which is accessed via a separate staircase, with a separate waiting room. There is no lift and no room to install a lift, the building has limited scope for any further development. The practice are considering plans to extend the premises to meet increasing patient demand.

The surgery is located at:

Christchurch Road

Virginia Water

Surrey

GU25 4RL

There are approximately 4,635 patients registered at the practice. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 15-34 year olds and

higher than average for those aged 45-59 and 80 and over. There is a lower proportion of adults with a long standing health condition (43.3% compared to national average of 54%).

The practice has two partners (one male and one female), both doctors work full time. There are two practice nurses and a health care assistant. The practice manager leads an administration and reception team of eight staff.

The practice is open from 8am to 6pm from Monday to Friday. Appointments and open surgery take place between 8am and 12.15pm and 2.30pm to 6pm.

Telephone lines are open from 8.30am to 6pm, with urgent calls only answered between 1pm and 2pm by the practice. Care UK provide an answering service between 8am and 8.30am and 6pm to 6.30pm and pass calls on to the patients usual GP.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

At the time of the inspection the practice was in the process of registering for maternity and midwifery services. We saw evidence that this process was in hand.

Why we carried out this inspection

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been an incident where a patient, locked himself in a toilet on the premises. The patient had been behaving in an erratic manner on arrival at the surgery. The incident was dealt with and the practice decided to change this toilet to a staff only toilet, as there was no means of access to the toilet from outside.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to child protection level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Are services safe?

Some risks to patients had recently been assessed, and a management plan was being put in place to address these risks.

- There were some procedures in place for monitoring and managing risks to patient and staff safety, however these procedures were not thorough and not always specific to the building. The practice had recently undertaken a fire risk assessment which identified a large number of areas to action. The practice had arranged to use an external consultant to develop a site specific fire procedure to address a number of these issues and to train staff in basic fire procedures. The practice carried out regular fire drills. The practice had recently had an electrical check done on the fixed wiring of the premises and a number of areas were identified that needed urgent remedial action.
- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives
- Clinical equipment was checked to ensure it was working properly however there was no evidence of a recent check of portable electrical equipment, stickers on equipment showed that it was last checked in 2014. The practice immediately arranged a portable appliance test and we saw evidence that this was booked for 14 June 2016.
- 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). An assessment for legionella had been

undertaken very recently and there were some actions required which the practice was in the process of carrying out, for example descaling the taps in the kitchen area.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the downstairs administration room and some emergency medicines (adrenalin) available in the upstairs treatment room.
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- 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 96.7% of the total number of points available with an exception reporting rate of 6.4%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. 90% of patients on the diabetes register had a record of a foot examination and classification which was below the clinical commissioning group (CCG) average of 89% and the national average of 88%.
- Performance for mental health related indicators was better than the national average. 95% of patients experiencing poor mental health had an agreed care plan, which was better than the CCG average of 91% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been several clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken included reducing antibiotic usage through working with the clinical commissioning group pharmacist and attending an educational session led by the microbiology consultant.

Information about patients' outcomes was used to make improvements such as: a review of the new deep vein thrombosis (DVT) pathway which was in use across the clinical commissioning group (CCG). This was as a result of a false negative test which the practice had reported to the CCG and the manufacturer of the test kit used.

Effective staffing

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

- The practice had a short induction programme for all newly appointed staff. This covered such topics as safeguarding, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, equality and diversity, basic life support and information governance. Staff had had basic in house training on fire safety and there was a plan for further training in line with the fire risk assessment. Non clinical staff had had in house training in infection control.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance; however the nurses had not had formal training in the Mental Capacity Act 2005. The practice set up plans to address this on the day of the inspection.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 80% and the national average of 82%. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were better than clinical commissioning group (CCG) averages for under two year olds and lower than CCG averages for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% compared to 75% to 88% for the CCG and five year olds from 71% to 82% compared to 76% to 91% for the CCG. These figures were based on data from NHS England for the period April 2014 – March 2015. The practice told us that three parents had declined vaccinations for their children and four others were traveller children who had not attended for vaccinations, the practice had written to all these parents to encourage uptake of the vaccinations. We saw data from the practice which showed that 88% of all five year olds had been immunised in the last year, April 2015 – March 2016. This data had not been externally verified.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 45 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 one member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them and carers were directed to a scheme offering paid carers breaks. The practice encouraged carers to let the surgery know that they were a carer so they could access further support; this was done through leaflets in the waiting area, an article in the practice newsletter and a link on the practice website. The practice had reviewed why they did not have more carers registered and had found that some patients employed private carers to help them.

GPs provided a special service for palliative care patients by giving 24 hour cover and daily home visits during the day, evenings and weekends. These patients were given doctor's mobile numbers to contact at any time.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had worked with the local community service, secondary care consultants and the local care home to prevent falls arising in care homes. Data showed that falls leading to A&E attendance had reduced by 20% as a result.

- The practice offered a Saturday morning clinic from 8.30am to 11am for patients who could not attend during normal opening hours.
- The practice ran an open surgery every day where patients came to see a GP and would sit and wait to be seen. Patients could choose which GP they saw giving continuity of care.
- Patients were able to request an appointment for more complex issues.
- A well woman clinic was run every week with pre bookable appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for all patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice was not planning to install a lift to improve access as there was not room to do so.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. There was an open surgery twice a day from 8.30am to 9.45am and from 3.30pm to 4.45pm. In addition patients were seen before and after morning surgery and before and after the afternoon surgery, these appointments were booked by the GPs. Extended hours appointments were offered every Saturday morning.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 73%.

People told us on the day of the inspection that they liked the open surgery system and did not want to change to a pre bookable appointment system.

The practice had a system in place to assess:

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

This was done by the receptionist taking all relevant details, including if the patient had a carer with them. The receptionist alerted the patient's usual GP who made an informed decision on the priority of the visit according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient was taken to hospital by ambulance from the surgery and the spouse

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

complained that he had not been advised that this had happened. The practice had been unsure whether to call due to data protection concerns. The practice reviewed its policy and clarified that they would contact the next of kin in such an emergency situation.

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 strong history of providing patient centred care and this was evident in how the GPs and staff worked.
- The practice had a strategy and supporting business plan which reflected the vision and values. We saw that key aspects of the business plan had recently been achieved such as changing to a new clinical IT system which enabled easier information sharing with other healthcare providers.
- The practice list size was growing (over 11% increase since April 2012) and the partners were considering employing another GP to address the increased demand.

The practice had been through a number of major changes in the last two years. The senior partner had retired, the senior nurse had retired and a new practice manager had joined the practice. In addition the practice had changed the clinical IT system in January 2016 and was adapting to this new system. The practice was reviewing and amending how the practice operated as a result of these changes in personnel. The practice had the capacity to continue to change and adapt as required.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, although several aspects of this were new and not yet fully embedded.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice policies were implemented and were available to all staff, however some of these were quite generic or had been written very recently and were not specific to the practice, for example the fire policy. The practice manager had an action plan in place to address this.
- The partners and practice manager met weekly but there were no minutes kept of these meetings.
- Clinical meetings were held monthly and minutes of these meetings had been taken for the last three months. The arrangements for identifying, recording

and managing risks relating to the premises were being newly assessed and needed to be actioned and then embedded. For example there was no clear evidence to support the decision as to where the emergency trolley was kept, and the risks to patients in the upstairs treatment room of the emergency equipment being kept downstairs.

Leadership and culture

Partners they told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice manager had set up a mobile application to communicate quickly with staff and to help with getting staff cover urgently when staff were sick or unable to attend work at short notice.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was a virtual PPG who took part in surveys and a small patient forum who met and discussed ideas for improvement. For example, a request was made for Wi-Fi in the waiting room and the practice set this up for patients.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example the nurses had recently

requested that one nurse appointment was reserved daily for on the day requests and this had been agreed by the partners. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example it was working with the CCG to support the development of the locality hub at the local hospital for older people with multiple needs. The partners arranged for educational talks with local consultants and had recently had a talk from a consultant psychiatrist.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered provider was unable to demonstrate that it had done all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The provider had not carried out recommended actions arising from a fire risk assessment and electrical safety assessment, including training of staff in fire safety.</p> <p>This was in breach of regulation 12(1) (2) (a) (b) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>