

Hawthorn Surgery

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Hawthorn Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hawthorn Surgery on 5 November 2015.

Overall the practice is rated as good.

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

- Urgent appointments were available the same day.
- The practice had good facilities including disabled access and was found to be visibly clean and tidy.
- Information about services and how to complain was available.
- Patients said the quality of care was excellent. They felt cared for and well looked after and staff were friendly and helpful.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Recruitment checks were carried out and the appropriate recruitment checks had been undertaken prior to employment.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- Complaints were managed and dealt with effectively.
- 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.
- Staff did not understand and fulfil their responsibilities to raise concerns and report incidents and near misses. Not all incidents had been recorded and trends and themes were not looked at in detail to prevent reoccurrence.

However there were areas where the provider should make improvements.

Actions the provider must take:

Summary of findings

- Ensure there is a robust system to manage and learn from significant events and near misses.

Importantly the provider should:

- Review the system for making referrals to ensure they are done in a timely manner.

- Continue to ensure that fridge temperature checks are carried out daily and recorded to ensure that vaccines had been stored at the appropriate temperature when they used them in line with the Cold Chain Policy.

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.

Staff did not understand or fulfil their responsibilities to raise concerns and to report incidents. Not all incidents had been recorded and trends and themes were not looked at in detail to prevent reoccurrence. Incidents that were recorded were investigated and lessons were learned and communicated to all staff to support improvement. Risks to patients were therefore not assessed and well managed.

The practice were able to provide evidence of a good track record for monitoring safety issues. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Staff had been trained to the appropriate level for safeguarding and understood how to raise a concern.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were mainly at or above national and CCG average. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Not all staff had received formal training in the Mental Capacity Act however staff understood their responsibilities. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice above others for all aspects of care. Patients said they were treated with 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

It had a clear vision and strategy. 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 meetings. There were systems in place to monitor and improve quality and identify risk. The practice had an active patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings. The practice was aware of future challenges and were looking at merging with another practice in 2016.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. An Age UK advisor attended the surgery once a week to provide advice and support and would also visit patient's homes with consent of the patient. Every patient had a named GP. The practice had contact with district nurses and participated in meetings with other healthcare professionals to discuss any concerns. Flu checks were offered for over 65's to identify potential Atrial Fibrillation to assist with preventing strokes.

Good



People with long term conditions

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

GPs and nursing staff had lead roles in chronic disease management. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check that their health and medication needs were being met. Patients were encouraged to manage their conditions and were referred to health education and other services such as smoking cessation which was provided by the practice. Special notes were used on the patient record enabling out of hours providers to be informed of any special information they may need in relation to these patients outside normal surgery hours.

Good



Families, children and young people

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

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. The practice met with health visitors, midwives and school nurses on a bi-monthly basis to discuss any safeguarding issues. The practice had compiled a minor ailments booklet which

Good



Summary of findings

included advice on ailments such as colds, burns, diarrhoea and chickenpox, which also directed patients to A&E or the pharmacy where necessary. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice surgery had same day urgent appointments available. The extended hours appointments were available up to 6pm twice a week. The feedback from the patient survey showed that 98.6% said the last appointment they got was convenient compared with a CCG average of 92.3% and a national average of 91.8%. The practice also offered telephone consultations with a clinician if requested and also offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had a disability lead and annual reviews were offered to these patients. Longer appointments were available for people with a learning disability. Staff had been trained 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for providing effective, caring, responsive and well-led services; it is rated as requires improvement for safe services. The concerns which led to this rating apply to everyone using the practice, including this population group.

100% of people experiencing poor mental health or dementia had received an annual review. The practice regularly worked with multi-disciplinary teams in the case management of people

Good



Summary of findings

experiencing poor mental health. The practice worked with a mental health liaison nurse who they could refer patients to who would then meet with patients to make any further referrals to the relevant teams for support.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing above local and national averages. 252 survey forms were distributed and 47.2% were returned.

- 96.9% found it easy to get through to this surgery by phone compared with a CCG average of 77.2% and a national average of 73.3%.
- 94% found the receptionists at this surgery helpful compared with a CCG average of 87.7% and a national average of 86.8%.
- 90.2% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62.5% and a national average of 60%.
- 95.3% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.2%.
- 98.6% said the last appointment they got was convenient compared with a CCG average of 92.3% and a national average of 91.8%.
- 95.9% described their experience of making an appointment as good compared with a CCG average of 74.4% and a national average of 73.3%.
- 99.2% felt they did not normally have to wait too long to be seen compared with a CCG average of 65.5% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients told us that the quality of care was excellent. They felt cared for and well looked after and staff were friendly and helpful. Comment cards highlighted that staff responded efficiently and professionally when they needed help and provided support and understanding when required.

We saw the results of the Friends and Family Test for the months of January to October 2015 which showed that out of 108 responses, 97% that had been completed said they were either extremely likely or likely to recommend the practice to friends or family with 2% saying they were unlikely.

We also spoke with care homes where residents were patients of Hawthorn Surgery and the care home staff said that there was a mutual respect and trust between the practice and the care homes. They said that if they called the practice the doctors would attend without question. They told us that the GPs that attended would also ensure medication reviews were completed whilst they attended the home. At times nurses would take notes to the surgery to meet with the clinical staff to review patients care plans and complete reviews to enable face to face discussion.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is a robust system to manage and learn from significant events and near misses.

Action the service **SHOULD** take to improve

- Review the system for making referrals to ensure they are done in a timely manner.

- Continue to ensure that fridge temperature checks are carried out daily and recorded to ensure that vaccines had been stored at the appropriate temperature when they used them in line with the Cold Chain Policy.

Hawthorn 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 two pharmacist inspectors, a GP and a practice nurse specialist advisor.

Background to Hawthorn Surgery

Hawthorn Surgery is a two partner practice in a purpose built building on the outskirts of Scotter village. The practice list size is approximately 4100 patients and covers approximately 75 square miles and includes a further 17 surrounding villages. The practice list size has been growing and the lead GP plans to retire next year. The practice are working with another practice in a nearby village with plans to merge which will then give patients better access for appointments and will also assist with the recruitment to posts that will be coming available.

The site has car parking and pedestrian access and additional parking has also been secured at the village hall a short walk away.

The practice has two GP partners, both male, and a female locum GP that attends the practice for one session most weeks. The practice is a dispensing practice and dispenses to approximately 30% of its list size. The practice employs a practice manager who has worked there for over 20 years, two part time practice nurses and a phlebotomist along with six administration staff and five dispensary staff.

The practice provides GP services under a (GMS) General Medical Services contract.

The practice has a small ethnic population and offers telephone interpreters for those that have language difficulties. The practice also covers patients in four care homes, two of which are supported with weekly visits by one of the partners.

The surgery is open from 8am until 6.30pm Monday to Friday other than Wednesday when the practice closes at 12.30pm. The surgery also closes for lunch from 12.30pm to 2pm. Appointments are available from 8.45am although on a Thursday there are appointments from 8.20am and appointments are available up until 6pm twice a week. The practice operates an emergency clinic every day at 11am. This is for patients that call on the day and need to be seen on the day. The practice also offer appointments that can be booked up to a week in advance, telephone consultations and home visits.

The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

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

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

Detailed findings

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

The inspector :-

- Reviewed information available from NHS England and the CCG.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 November 2015.
- Spoke with staff, patients, care home staff and a member of the PPG.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice had discussed significant events at the practice meetings. Staff told us that there had been incidents of referrals not been requested at the time of reviewing discharge summaries by the GP and that these had not been recorded as an incident although they had been brought to the attention of the GP and the practice manager. Not all incidents that had been reported and investigated had been analysed regarding themes and reoccurrence. For example there had been incidents relating to recording errors and practice staff been unable to reach GP on mobile telephone which did not have sufficient actions to prevent reoccurrence.

We reviewed safety records, incident reports and minutes of meetings where reported incidents were discussed. Lessons in relation to these incidents were shared to make sure action was taken to improve safety in the practice. For example, the practice had removed the ability to send a task to the pharmacy – this was following two incidents where the pharmacy had been alerted to something instead of the reception staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that chaperones were available, if required. Nursing staff acted as chaperones and whilst they had not completed any formal training for the role they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure).
- All clinical staff had received a disclosure and barring check (DBS). (DBS)
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and a poster in the reception office. The practice had an up to date fire risk assessments and regular fire drills were carried out. All staff had completed fire safety training within the past 12 months. All electrical equipment was checked within the past 12 months to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly; however there was a new spirometer that was purchased this year that had not been identified as to when it would be due for first test.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice employed the cleaner and the practice had a cleaning protocol for the cleaner to follow. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit had taken place and we saw the audit with comments and a full action plan to be completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. All prescriptions were reviewed and signed by a GP before they were given to the patient.

Are services safe?

Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice and kept securely at all times. This was highlighted to the staff and the practice manager and a process and tracking forms were developed to be used.

- Medicines stored in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed fridge temperature checks were carried out retrospectively, so staff could not be sure that vaccines had been stored at the appropriate temperature when they used them. Temperatures were been checked weekly at the time of the inspection. We spoke with the practice manager and they immediately introduced a procedure for recording each fridge temperature daily and a monitoring sheet that we saw evidenced since the inspection.
- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice used locum GPs and we saw that all recruitment checks were in place with a check list to complete and a locum pack was in place to inform locums of any processes and policies that they would need to be aware of.
- The dispensary had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They carried out regular audits of the prescribing of controlled drugs. Dispensary staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the dispensary staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed by dispensary staff and GPs and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. The practice employed a pharmacist and pharmacy technicians who had all completed appropriate training and had their competency annually reviewed.

We saw a positive culture in the dispensary for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again

Dispensary staff recorded errors in the supply of medicines to patients and 'near miss' errors to identify trends, these were reviewed within the dispensary and processes adjusted, however there was no evidence of learning relating to prescribing incidents being disseminated within the practice.

Within the dispensary annual risk assessments of processes were documented, and learning from these assessments had resulted in changes to practice.

Arrangements to deal with 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. They were able to explain what they would do in an emergency situation. All staff received annual basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and

Are services safe?

oxygen with adult and paediatric masks. 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.

The practice had a comprehensive disaster recovery and business continuity plan in place for major incidents such

as power failure or building damage which also included arrangements for the dispensary, and had been signed by the pharmacist and GP partners. This was dated February 2015 and was reviewed annually. The plan included emergency contact numbers for staff and what to do in event of such major incidents.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example NICE guidance for bowel cancer guidelines which was used effectively for a patient of less than 50 years of age for an immediate referral.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Recent results were 88.7% of the total number of points available, with 7.5% exception reporting. Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included. During the inspection the CQC GP specialist advisor discussed exception reporting with the partners as there were levels in some areas such as CKD and COPD which were high, 50% and 35% respectively. The practice had recently changed from one electronic recording system to another and it was suggested that coding errors may be an issue. A QOF inspection in the last two years showed satisfactory levels of exemption reporting. Data from 2013/14 showed that the practice was above or comparable to national and CCG averages in QOF areas for example;

- Performance for diabetes related indicators was 91.4% compared with 92.8% CCG average and 90.1% national average.
- Performance for mental health related indicators was 98.4% compare with 92.4% CCG average and 90.4% national average.

- Performance for dementia indicators was 86.8% compared to 89.9% CCG average and 93.4% national average.

The GPs stated that the practice had in January 2015 moved onto a different clinical system and that the use of the new system would help the practice to improve with a better use of alerts for clinicians to remind them of the importance of such things like the recording of the smoking status in patients with mental health problems.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been nine clinical audits completed in the last two years, however not all of these audits had been written up or had had second cycle completed. We saw a plan that showed the completed audits and the outcomes and actions which were mostly in relation to prescribing and cost saving. For example an audit had been completed on patients that had been prescribed red drugs (Red drugs are considered to be specialist medicines and the prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician. These drugs should not be initiated or prescribed in primary care unless in exceptional circumstances) to see if there were alternative drugs that patients could be prescribed. This audit found that eight drugs could be changed and resulted in a saving of over £3000. The practice participated in applicable local audits, national benchmarking, accreditation and peer review. Other audits were done informally such as an audit of diabetic patients which was to verify that a drug had been ceased following a significant event were a patient had not been stopped. The audit highlighted another three patients that should have had this ceased.

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 that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet these 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 the revalidation of doctors. We saw evidence that staff had had an appraisal within the last 12 months.

- 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. Non clinical staff had not received safeguarding training at the time of the inspection although this was completed soon after and there was also a lack of mental health training although staff understood their roles and responsibilities in relation to this.

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. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. However we found that the system for making referrals was not robust. There was no clear system in place for monitoring or ensuring that referrals were done within a specific timeframe. GPs used different methods for requesting referrals following correspondence from secondary care.

The practice had a log of all referrals to ensure that once the referrals had been made they were checked and that patients with a two week wait referral had received their appointment.

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they

are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 despite the lack of formal training. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients who may be in need of extra support were identified by the practice. The practice had an Age UK representative in the practice each week were patients were able to come in to discuss things or could be referred to by the staff.

One of the nursing staff was trained in smoking cessation and therefore this was also available to patients at the practice and the practice also worked with a mental health nurse who they were able to refer patients to.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 90.2% which was above the national average of 81.88%. 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.

Flu vaccination rates for the over 65s were 72.65% and at risk groups 48.93%. These were also comparable to national averages 73.24% and 52.29%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained 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 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 12 patient CQC comment cards we received were positive about the service experienced. They all felt that the quality of care was excellent. They felt cared for and well looked after and staff were friendly and helpful. Comment cards highlighted that staff responded efficiently and professionally when they needed help and provided support and understanding when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was higher than the average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96.2% said the GP was good at listening to them compared to the CCG average of 88.1% and national average of 86.6%.
- 96.2% said the GP had given them enough time compared to the CCG average of 88.1% and national average of 86.6%.
- 98.5% said they had confidence and trust in the last GP they had seen compared to the CCG average of 96% and national average of 95.2%
- 90.3% said the last GP they had spoken with was good at treating them with care and concern compared to the CCG average of 86.4% and national average of 85.1%.
- 95.2% said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92.7% and national average of 90.4%.

- 94% patients said they had found the receptionists at the practice helpful compared to the CCG average of 87.7% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 97.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and national average of 86%.
- 91.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.6% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language.

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 including Age Concern, who also attended the practice weekly to provide support and advice for patients. The practice website also had a link to carer's services and contact numbers.

The practice's computer system alerted GPs and reception staff if a patient was also a carer. There was a practice register of all people who were carers and 1% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them and the practice had a notice board specifically for carers in the waiting area.

Are services caring?

Staff told us that if families had suffered bereavement they would be offered post bereavement appointments or visits where necessary. There was also an external counselling service that families could be signposted to.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, benchmarking against other practices in the area to monitor and improve performance.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- GPs would flex their appointments if necessary to enable cover for annual leave and to manage demand.
- Telephone consultations were available with the GP's.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and a translation service if required.

The practice had recently commissioned a company to complete an improving practice questionnaire and a detailed report had been submitted. This was on the next agenda to be discussed with the PPG to look at any identified improvements that could be made.

Access to the service

The surgery was open from 8am until 6.30pm Monday to Friday other than Wednesday when the practice closed at 12.30pm. Appointments were available from 8.45am although on a Thursday there were appointments from 8.20am and appointments were available up until 6pm twice a week.

In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them on the same day.

The practice operated an emergency clinic every day at 11am. This was for patients that called for an urgent appointment and would be then directed to this clinic to be seen on the day.

Patients were able to also book appointments online.

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

- 89.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 74.9%.
- 96.9% patients said they could get through easily to the surgery by phone compared to the CCG average of 77.2% and national average of 73.3%.
- 95.9% patients described their experience of making an appointment as good compared to the CCG average of 74.4% and national average of 73.3%.
- 95% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71.7% and national average of 64.8%.

Feedback from patients in other surveys undertaken was that patients would like the practice to open on a Wednesday afternoon and there was also request for Saturday morning. The practice had looked at these and the two GPs explained that it was difficult to do these sessions as there were only the two of them. Flu clinics were sometimes held on a Saturday morning.

Listening and learning from concerns and complaints

The practice had a 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. The policy was displayed in the waiting area and there was a leaflet also available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the two complaints the practice had received in the last 12 months and found them to be handled well and in line with their policy. They had been dealt with in a timely way, with thorough investigations and openness and transparency with dealing with the complaint and a full explanation given to complainants with apology where necessary.

Complaints were added to the next practice meeting were they were reviewed by the team and lessons learned and actions taken were implemented and shared.

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 providing a high standard of healthcare, working together as a team with patients to promote a healthy lifestyle with shared responsibility for continuing good health. Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. The practice had plans for the future which included merging with a training practice in a nearby village. The PPG and staff were included in discussions about the merger and discussed how important it was for the practice to try and maintain its individuality when this happened. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

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:

- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- 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
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

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 that they were approachable and always takes the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that the open culture within the practice gave them the opportunity to raise any issues at team meetings and that they felt confident in doing so and felt supported by the practice manager if they did. Staff said they felt respected, valued and supported, particularly by the management 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 had an active PPG consisting of seven to eight regular members. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care). The PPG assisted the practice with analysis of patient survey results and health promotion days. All suggestions and ideas for the practice were consulted with through the PPG to get the views of the patients prior to implementing new processes or ideas. The PPG were involved in bringing to the practice the views of the patients and concerns that they had. They also assisted with looking at patient surveys and feedback to see if there were any suggestions or changes that could be made.

The practice had a charity that had been set up in 1991. The charity organised fundraising such as shows at the village hall and other events like coffee mornings. The charity was able to purchase equipment that the practice required to improve the service and care of the patients, for example the charity had recently paid to have some high back chairs that were suitable for elderly patients recovered.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	The provider had failed to ensure that systems and processes were established and operated effectively.
Maternity and midwifery services	The provider did not have in place a robust process to learn from incidents. Staff were not reporting all incidents and incidents that were recorded were not always investigated thoroughly with actions taken and lessons learned.
Surgical procedures	This was in breach of Regulation 17 (1) (2) (b) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).
Treatment of disease, disorder or injury	