

The Coach House 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



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	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to The Coach House Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

We carried out an announced comprehensive inspection at The Coach House Surgery on 17 January 2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety but incidents that ought to have been reported had not been reported. There was no system for monitoring the actions necessary to mitigate the risks identified from safety alerts.
- Most staff assessed patients' needs and delivered care in line with current evidence based guidance. However we found that not all GPs were able to demonstrate familiarity with NICE guidance and was unaware of some local guidance. Staff had the experience, and had been trained to provide them with the skills and knowledge, 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. However some decisions and diagnoses entered in patients' records were not coded so the records were incomplete.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was no programme of clinical audit or plan for continuous improvement.
- There was a clear leadership structure and some staff felt supported by management but the management team was divided and clinical governance was ineffective. The practice sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider must make improvements:

- Ensure that patients' assessments are carried out in accordance with current evidence based guidance and standards.
- Ensure that there is an effective scheme of governance to assess, monitor and improve the quality and safety of the services provided
- All GPs should be trained to child protection or child safeguarding level three.

We saw one area of outstanding practice:

- There was an over age 75's health check and frailty assessment offered in the patient's home. These checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated.

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.

- The system for reporting and recording significant events and managing patient safety alerts was not effective.
- When events were reported 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.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Some staff did not assess the needs and deliver care in line with current evidence based guidance.
- There were no clinical audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for being well-led.

Inadequate



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However in some areas the practice did not conduct itself in accordance with this vision
- There was a clear leadership structure and many staff felt supported by management. However the management team there was divided. Some staff at management level did not feel supported by others. The practice had a number of policies and procedures to govern activity and governance meetings were ineffective.
- There was no overarching governance framework which supported the delivery of the strategy and good quality care. Arrangements to monitor and improve quality were limited and risk identification was poor.
- The provider was aware of and complied with the requirements of the duty of candour. The practice encouraged a culture of openness and honesty. The practice had a system for notifiable safety incidents and, where these were reported, ensured this information was shared with staff to ensure appropriate action was taken. However some notifiable incidents were not recorded and safety alerts were not fully managed.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was limited focus on continuous learning or improvement.

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 requires improvement for the care of older people. The provider was rated as requires improvement for providing safe and effective services, good for providing caring and responsive services and inadequate for providing well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 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.
- There was an over age 75's health check and frailty assessment offered in the patient's home. These checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The provider was rated as requires improvement for providing safe and effective services, good for providing caring and responsive services and inadequate for providing well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There are 11 indicators for the best management of diabetes. When these figures were correlated the practice achieved 100% which is 6% above the clinical commissioning group and 10% above the national average.
- 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.

Requires improvement



Summary of findings

Families, children and young people

The practice is rated as requires improvement for the care families, children and young people. The provider was rated as requires improvement for providing safe and effective services, good for providing caring and responsive services and inadequate for providing well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems 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 accident and emergency (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.
- The practice's uptake for the cervical screening programme was 84%, which was better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for providing safe and effective services, good for providing caring and responsive services and inadequate for providing well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

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

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for providing safe and effective

Requires improvement



Summary of findings

services, good for providing caring and responsive services and inadequate for providing well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients 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)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for providing safe and effective services, good for providing caring and responsive services and inadequate for providing well-led services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with specific diagnosed mental health problems who had had an agreed care plan was 94% which is 4% above the CCG and 5% above the national average.
- 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 to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above or in line with local and national averages. Two hundred and twenty four survey forms were distributed and 110 were returned. This represented 2% of the practice's patient list.

- 87% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 86% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 81% and the national average of 76%.
- 87% described their overall experience of the practice as good compared to the CCG average of 89% and the national average of 85%.

- 83% 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 86% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Information from the NHS Choices website showed that the 100% of patients who responded to the "friends and family" test would recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that patients' assessments are carried out in accordance with current evidence based guidance and standards.

- Ensure that there is an effective scheme of governance to assess, monitor and improve the quality and safety of the services provided
- All GPs should be trained to child protection or child safeguarding level three.

Outstanding practice

- There was an over age 75's health check and frailty assessment offered in the patient's home. These

checks were carried out by health care assistants. The practice said that this helped with the early identification of patients who were becoming confused, frail or socially isolated

The Coach House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector. The team included a GP specialist adviser and a CQC assistant inspector.

Background to The Coach House Surgery

The Coach House Surgery is located in a residential area of Herne Bay, Kent and provides primary medical services to approximately 5200 patients. The surgery is a two story building with consulting and treatment rooms on the ground floor. The building had a major rebuild in 1991 keeping the exterior features but extending the building considerably. The rebuild included a new waiting room, facilities for disabled patients, a car park and treatment rooms.

The age of the population the practice serves is different to the national averages. There are fewer infants and young children (aged less than 10 years) and fewer people aged 25 to 40 years of age. There more people aged to 85 years and over. The number of people over 85 years is significantly higher than that nationally. Income deprivation and unemployment are close to the national average.

There are two GP partners at the practice, one female and one male. There is one female nurse practitioner and two female practice nurses. The GPs and nurses are supported by a practice manager and a team of nine reception/administration staff.

The practice is open from Monday to Friday between 8am and 6.30pm. Appointments are from 8.30am to 11.30am and from 4pm to 5.30pm.

The practice is not a teaching or a training practice (teaching practices take medical students and training practices have GP trainees and foundation year two doctors).

Appointments can be booked over the telephone, online or in person at the practice. Patients are provided with information on how to access an out of hour's provider by calling the surgery and on the website. Telephone consultations are also available from 11.30am and can be booked over the telephone.

Services are provided from

The Coach House Surgery

27 Canterbury Road

Herne Bay

CT6 5DQ.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Primecare through the NHS 111 service. There is information, on the practice buildings and website, for patients on how to access the out of hours service when the practice is closed.

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 17 January 2017. During our visit we:

- Spoke with a range of staff including both GP partners, practice nurses, the practice manager, receptionists and other administrative staff. We spoke with patients.
- Observed how patients were being managed by staff both in reception and on the telephone.
- Reviewed a sample of the personal care and 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 adequate system for reporting and recording significant events however we identified some events that had not been reported.

- 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.

We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- The practice submitted a log of significant events, from this we saw that there were 12 significant events reported during the previous year. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident had involved an appointment error concerning two patients with the same name. This had been discussed, staff reminded to be more vigilant, and the electronic record system amended so that there was a visible alert message in these circumstances. The practice reviewed the action that was taken to help ensure that it addressed the issues raised.
- We found there were incidents that might have been reported, and some that ought to have reported, as significant events but had not been so reported. These included administrative and clinical issues. For example a patient had not received a post-natal follow up in circumstances that might have had a significant impact on her health and welfare.
- Patient safety alerts were received at the practice and circulated to staff. We checked the records of two alerts and found that one had been recorded however the other was not. For example, no action had been taken regarding alerts for brimonidine gel (used for a long

term skin condition). The alert had been issued in November 2016 and was not urgent. There was no system for checking that any actions, required as a result of the alerts had been taken.

Overview of safety systems and processes

There were systems, processes and practices to help keep patients safe and safeguarded from abuse, which included:

- Arrangements 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. We reviewed an anonymised case involving safeguarding and it showed that staff were alerts to safeguarding issues and followed the correct processes. The lead GP was trained to child protection or child safeguarding level three. The remaining GP had been trained to 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. The premises were 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. The nurse had had specialist training for this role. There was an infection control protocol and staff had received up to date training. There were infection control audits and we saw that action was taken to address any improvements identified as a result. For example disposable curtains were now used in all clinical rooms rather than just the treatment rooms and the type of pillow covering had been changed to that recommended by the most recent guidance

Are services safe?

- The arrangements managing medicines, including emergency medicines and vaccines, in the practice for kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. There was a prescriptions clerk who had systematic approach to checking that patients on high risk medicines had had the reviews and checks (such as blood tests) that were necessary to help keep them safe. The practice carried out medicines audits, with the support of the local clinical commissioning group (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 to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four 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. The practice used two regular locum GPs, we were able to see the file for one locum and it was correct. The practice were not able to find the file for the other locum.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments 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).

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

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 had basic life support training and there were emergency medicines available in the 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 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

In most areas 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 and other local clinical commissioning group (CCG) practice such as local referral pathways.

- There was evidence that most clinical staff accessed guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example, the practice implemented NICE guidance by using 24 hour ambulatory blood pressure monitoring for patients with suspected hypertension (raised blood pressure).
- There was evidence that other staff were not up to date with NICE or other local guidance. For example we found that not all GPs were able to demonstrate familiarity with NICE guidance or were aware of local guidance on the prescribing of certain antibiotics
- There was no systematic monitoring that these guidelines were followed.

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 99.2% of the total number of points available, with a clinical exception reporting rate of 14% compared with a CCG average of 11% and a national average of 10%. (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 QOF showed;

- There are 11 indicators for the best management of diabetes. When these figures were correlated the practice achieved 100% which is 6% above the CCG and 10% above the national average.

- The percentage of patients with chronic obstructive pulmonary disease who had had an annual review, as recommended was 94% which is 4% above both the CCG and the national averages.
- The percentage of patients with specific diagnosed mental health problems who had had an agreed care plan was 94% which is 4% above the CCG and 5% above the national average.
- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Performance for asthma related indicators for example patients who had had an asthma review in the preceding 12 months was 82% which is 8% above the CCG and 6% above the national average.

The practice had clearly worked hard to improve outcomes for patients with long-term conditions as the QOF data (most of which relates to long-term conditions) had shown a marked upturn over the period 2013-2016.

Evidence of quality improvement.

- The practice had not completed any clinical audits within the last twelve months.
- The practice had participated in medicines management reviews which were driven by the CCG. There was no peer review, for example of decisions to refer patients to secondary care.
- Other data was used to promote quality improvement but evidence was limited. Staff realised that child immunisations rates were low. One of the administration staff had acted on this and there was now a system to write and telephone families who did not attend with their children for immunisation. There had been an improvement in the immunisation rates.

Effective staffing

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

The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example there had been training in diabetes management for nursing staff who led on this condition. Staff

Are services effective?

(for example, treatment is effective)

administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. However there had been no formal training, in practice management, for the practice manager who was new to the role, though the practice manager had had a mentor to help them with learning. All 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 and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff, though not always 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 as well as investigation and test results. However it was difficult, in some cases, to identify relevant information because records were not always coded. For example some patients' records did not have a code to show what diagnosis the examining clinician had come to though the record did evidence the clinical findings. Information such as NHS patient information leaflets was also available. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

We looked at the work coming into the practice such as test results and other notifications and saw that it was dealt with efficiently.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and 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
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). One of GPs had recently delivered training to the staff on the MCA and the associated Deprivation of Liberty Standards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support such as;

- Patients receiving end of life care, carers and those at risk of developing a long-term condition.
- Patients needing advice for example on their diet, smoking or alcohol consumption were signposted to the relevant service..

The practice's uptake for the cervical screening programme was 84%, which was better than the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. A female sample taker was available.

The practice also encouraged its patients to participate in national screening programmes for bowel and breast cancer screening. For example, 76% of women aged between 50 and 70 had attended screening for breast cancer which was comparable to both the CCG average of 75% and national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 58% compared with the CCG average of 60%.

Childhood immunisation rates for the vaccinations given were high. The practice had achieved an aggregated score, completing 98% of child immunisations and 94% of booster immunisations.

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 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 27 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 2 members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was marginally below average in some areas but comparable overall for its satisfaction scores on consultations with GPs and nurses. The results for GPs were the same or slightly lower than local and national averages whilst those for nurses were higher. For example:

- 87% described their overall experience of the practice as good compared to the CCG average of 89% and the national average of 85%.
- 84% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%. When asked the same question about nursing staff the results were 98% compared to the CCG average of 93% and national average of 91%.

- 85% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%. When asked the same question about nursing staff the results were 98% compared to the CCG average of 95% and national average of 92%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%. When asked the same question about nursing staff the results were 100% compared to the CCG average of 97% and national average of 97%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%. When asked the same question about nursing staff the results were 99% compared to the CCG average of 92% and national average of 91%.
- 86% find the receptionists at this surgery helpful compared with the clinical commissioning group (CCG) average of 90% 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.

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 for GPs were comparable with local and national averages. Results for the nursing staff were above average. For example:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%. When asked the same question about nursing staff the results were 97% compared to the CCG average of 92% and national average of 90%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG

Are services caring?

average of 86% and national average of 82%. When asked the same question about nursing staff the results were 95% compared to the CCG average of 87% and national average of 85%.

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

- There were translation services and notices in the reception areas informing patients of the service.
- 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. The practice worked with the local Age UK to provide a range of

information for patients including information on the local dementia café and other Age UK services. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was a carer or was cared for. The practice had identified 67 patients as carers which was 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them. The practice had a bypass phone number for care home staff and district nurses to ensure prompt response.

Staff told us that if families had suffered bereavement, where appropriate, they were offered a patient consultation at a flexible time and location to meet the family's needs.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice provided 24 hour blood pressure monitoring and on site electrocardiogram (ECG is a test that checks for problems with the electrical activity of the heart

- The practice had a range of nursing appointments and where needed allowed patients to book appointments up until 6.45pm to improve access to nursing services for working age people.
- There were longer appointments available for patients who needed them including patients with a learning disability.
- Home visits were available to patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone appointments were available for all patient population groups upon request.
- Same day appointments were available for all patients. We heard a patient telephone the practice at 2pm and was given a "sit and wait" appointment, this meant coming in at 5.30pm and waiting to be seen.
- The practice works in partnership with three local practices to provide a visiting paramedic practitioner service for patients over 75 who are considered at risk of hospital admission
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Physiotherapy treatment was available on site.
- There were disabled facilities, a hearing loop and translation services.
- There was a range of clinics available for all age groups of patients with long term conditions.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 4pm to 5.30pm every afternoon. Telephone appointments were offered after 11.30am daily Monday to Friday. Appointments could be booked up to four weeks in advance and there were urgent

appointments available on the day. If a telephone consultation resulted in a patient requiring an appointment they were seen in an urgent appointment slot the same day.

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

- 81% were satisfied with the practice's opening hours compared to the CCG average of 83% and the national average of 79%.
- 87% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 86% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 81% and the national average of 76%.
- 98% said the last appointment they got was convenient compared with the CCG average of 94% and the national average of 92%.

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

The practice had a system to assess:

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

Patients were able to telephone to request a home visit, where there was a degree of urgency the GP was to be informed immediately. 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. For example by referring to the paramedic practitioner home visiting service.

We were told that there was strong support for the service from the public and GPs and that when admission to accident and emergency was necessary having paramedics improved the speed and process of admission. 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 for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance.

Are services responsive to people's needs?

(for example, to feedback?)

- 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, in the practice leaflet, on posters within the practice and on the practice website.

The practice submitted a log of complaints from this we saw that there had been 5 complaints received during the last 12 months and added to the complaints log. The practice manager took a proactive approach to dealing with complaints and discussed verbal complaints or criticisms with the patient. However when the patient did

not wish to take the matter further, there was no record. Therefore the practice was not taking the opportunity to learn from these for example by analysing which area of the practice they related to.

All complaints were dealt with in a timely way and handled in a satisfactory manner. The practice demonstrated a culture of openness and transparency when dealing with complaints. Lessons were learnt from individual concerns and complaints which were responded to and actioned in order to improve the quality of care. For example a complaint involving the administration of an anticoagulant medicine had resulted in a change to prescribing policy.

Are services well-led?

Inadequate 

(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 mission statement which was displayed and staff knew and understood the values.

- In some areas the practice was following its own vision, for example by its commitment to providing patients with a consultation with a clinician on the day for any urgent care issues. However in other areas it was not, for example the vision committed the practice to treatment in line with national guidelines and to continuous improvement (such as through audit) and this was not being achieved.
- The practice did not evidence any strategy or business plans to support carrying through the vision and values. There was no regular monitoring.
- There was some evidence of succession planning in that staff were being trained to carry out the work of any staff member whose retirement was anticipated.

Governance arrangements

The practice had some governance framework which supported the delivery of the strategy and good quality care. The structures and procedures helped to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There were practice specific policies which were available to all staff.
- There was a limited understanding, by management, of the performance of the practice. There were regular meetings and discussions concerning QOF performance, and this was strongly managed. However there was no monitoring of the use of NICE or local guidance, there was no evidence of comparison of the practice's performance with other practices having a similar demographic. There was no peer review for example of referral to secondary care.
- There was no programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example significant events were reported and reports came from a variety of areas such

as administration, medicines management and practice cleaning but we found incidents that had not been reported. The system for safety alerts did not include checking that any necessary actions had been taken

Leadership and culture

The practice said that it prioritised safe, high quality and compassionate care. Administration staff told us the partners were approachable.

The provider was aware of and had systems to help 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). We looked at an incident where duty of candour applied and saw that it had been complied with. The partners encouraged a culture of openness and honesty. The practice had systems to help 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
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure. Non managerial staff felt supported. However within the management team there was division. Some management staff felt that there was resistance to improvements in areas such as more clinical and managerial cooperation and more communication between and amongst staff. There was no evidence of structured management training for any staff in managerial positions although there was evidence of mentoring for managers.

- There were team meetings. There was a reception staff meeting about twice a year. There were partners' meetings every other week.
- There were no recorded clinical meetings between GPs and although the practice was small there was little evidence of informal discussions of clinical issues between either GPs or between nurses and GPs.
- There were clinical nurse meetings where best practice and learning were shared. A GP sometimes attended these meetings to talk on specific conditions for example, hypertension.
- Non managerial staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.

Are services well-led?

Inadequate



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

Though this ethos did not extend to the culture of the management team. For example the issue of the coding of records had only begun to be addressed in the preceding week despite the fact that the issue had been raised sometime earlier.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had pressed

for changes to the appointments system and the seating in the reception, both of these had been acted on. The practice supported the PPG to produce a newsletter and we were told that this was well received by the patients.

- The practice had gathered feedback from staff through a staff survey and generally 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 there were now two nurses, instead of one, carrying out the baby immunisations clinics as a result of a staff suggestion.

Continuous improvement

There was some evidence of continuous learning and improvement within the practice. For example there were new assessment templates for recording dementia and mental health.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Safe care and treatment</p> <p>The provider failed to provide care and treatment in a safe way for service users in assessing the risks to their health and safety of receiving the care or treatment.</p> <p>Because</p> <p>The assessments were not completed in accordance with current evidence based guidance and standards. Not all staff were trained, in safeguarding children, to the level commensurate with their role.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Good governance</p> <p>The provider failed to establish and operate effectively systems to:</p> <p>assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)</p> <p>Because</p> <ol style="list-style-type: none">1. The approach to reporting, recording and monitoring significant events, incidents or accidents and safety alerts was not sufficiently systematic to capture events from all areas of the practice.2. There was no system for monitoring the actions necessary to mitigate the risks identified from safety alerts.

This section is primarily information for the provider

Requirement notices

3. There was no clinical audit or scheme for supporting continuous learning.

And

maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

Because:

Patients' records were not coded, the record was incomplete.