

High Street Surgery

Quality Report

100 High Street

Dover

Kent

CT16 1EQ

Tel: 01304 206463

Website: www.thehighstreetsurgery.co.uk

Date of inspection visit: 26 August 2015

Date of publication: 14/01/2016

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	10
Background to High Street 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	21

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Street Surgery on 26 August 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough and the practice was unable to demonstrate that lessons learned were communicated widely enough to support improvement. There were no formal systems to help ensure staff learned from significant events/incidents/complaints.
- Risks to patients were assessed and well managed, with the exception of those relating to poor management of serious incidents and issues with medicines management (GPs medicines bags).

- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through the practice when phoning to make an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider must

Summary of findings

- Revise the system for monitoring and responding to complaints to ensure records are complete and accurate, and lessons learned are shared with the wider staff.
- Maintain minutes of meetings where GPs discuss significant/untoward events, which include details of actions taken by the practice to prevent future adverse events, lessons learnt from any incident/event and cascade these to the staff team.
- Update the process for checking and recording stock levels of emergency medicines held within GP home visit bags.

In addition the provider should:

- Improve processes for making appointments.

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 understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations were thorough. However, lessons learned were not communicated widely enough to support improvement. For example, there were no formal systems to help ensure staff learned from significant events/incidents/complaints.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) 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. 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 higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We 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 requires improvement for responsive. The practice had an established patient participation group (PPG). The practice reviewed and were aware of the needs of their local patient population and maintained links with stakeholders to plan service requirements. The practice had good facilities and was well equipped to treat patients and meet their needs. Urgent on the same day and pre bookable appointments were available. There was a process to record when complaints were received. However, forms used to record how complaints were investigated and the response sent to the complainant were not completed. Therefore, there were no records to support that complaints had been

Requires improvement



Summary of findings

appropriately responded to and whether any actions were taken by the practice in order to learn from complaints. Information about how to complain was readily available to patients and other people who used the practice (carers, visiting health professionals).

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions and regular performance reviews.

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 provider was rated as requires improvement for safety and responsive. The concerns which led to these ratings 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. The practice offered proactive, personalised care to meet the needs of the older people in its patient population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine 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



Families, children and young people

The provider was rated as requires improvement for safety and responsive. The concerns which led to these ratings apply to everyone using the practice, including this 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. Children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and responsive. The concerns which led to these ratings apply to

Requires improvement



Summary of findings

everyone using the practice, including this 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 help 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.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for patients with a learning disability and 58.82% of these patients had received a follow-up. It offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had told 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group. 94.74 per cent of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It 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. It had a system to follow up patients who had attended Accident and Emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was performing below local and national averages. There were 123 responses and a response rate of 47% which represents 1% of the 7,700 patients registered with the practice.

- 59% found it easy to get through to this practice by telephone compared with a clinical commissioning group (CCG) average of 73% and a national average of 73%.
- 89% found the receptionists at this surgery helpful compared with a CCG average of 89% and a national average of 87%.
- 40% with a preferred GP were usually able to see or speak with that GP which is much lower compared with a CCG average of 61% and a national average of 60%.
- 79% were able to obtain an appointment to see or speak with someone the last time they tried which is much lower compared with a CCG average of 87% and a national average of 85%.
- 96% said the last appointment they obtained was convenient compared with a CCG average of 94% and a national average of 92%.
- 68% described their experience of making an appointment as good which is lower compared with a CCG average of 76% and a national average of 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.

- 56% felt they did not normally have to wait too long to be seen compared with a CCG average of 64% and a national average of 58%.

Records from patient participation group (PPG) meetings showed that the last patient survey identified areas where patients felt improvements could be made such as a change in the reception area for patient confidentiality.

The practice manager informed the group that the telephone company would be upgrading the telephone system which should free up the reception staff. Two quotes had been received for altering the reception area so that most of the telephone calls would be answered behind a partition in reception.

The practice was always looking at ways to improve the service it gave for example, walk in service, practice nurse taking appointments to relieve the GPs. The practice stated that these changes would not have happened without the results from the survey.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards all of which were positive about the standard of care received. Patients told us they were treated with dignity and respect and involved in making decisions about their treatment options. They said the nurses and doctors listened and responded to their needs and they were involved in decisions about their care.

Areas for improvement

Action the service MUST take to improve

- Revise the system for monitoring and responding to complaints to ensure records are complete and accurate, and lessons learned are shared with the wider staff.
- Maintain minutes of meetings where GPs discuss significant/untoward events, which include details of actions taken by the practice to prevent future adverse events, lessons learnt from any incident/event and cascade these to the staff team.
- Update the process for checking and recording stock levels of emergency medicines held within GP home visit bags.

Summary of findings

Action the service **SHOULD** take to improve

- Improve processes for making appointments.

High Street 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 second CQC inspector.

Background to High Street Surgery

High Street Surgery is in the centre of Dover in a new purpose-built surgery. There is a branch surgery at Whitfield at which they can dispense medicines for certain patients. Wheelchair access to the building is through the main door. Parking facilities were available to those who are registered disabled and display a valid Blue Badge in their vehicle.

A team of three GP partners and a salaried GP (three male and one female), one nurse prescriber, one nurse practitioner, three practice nurses, three healthcare assistants (HCA), two dispensers, a practice manager, six receptionists, and eight administrative staff provide care and treatment for approximately 7,700 patients. The practice has a General Medical Services contract.

The practice currently has one counsellor attached to the practice who runs regular clinics two days a week.

The nurse prescriber and nurse practitioner are qualified nurses who have undertaken advanced education and training in the assessment and treatment of patients suffering from a wide range of common or minor illnesses, including diabetes and chronic obstructive pulmonary disease (COPD), respiratory medicine and cardiology (heart

related diseases). They can diagnose and prescribe as well as arrange investigations and make referrals to other health professionals. They may also refer patients to the GP if appropriate.

The practice nurses provide care and support for health issues such as family planning, healthy living advice, blood pressure checks and dressings. The practice nurses run clinics for long-term health conditions such as asthma or diabetes, minor ailment clinics and carry out cervical smear testing. The healthcare assistants support practice nurses with their daily work and carry out tasks such as phlebotomy (taking blood), blood pressure measurement, dressings and NHS Health Checks. They may act as a chaperone when required.

The practice was open Monday to Friday from 8am until 6.30pm. An answerphone with the emergency on-call number would be in operation during closing times. Calls after 6.30pm were diverted to the out-of-hours service.

Extended hours surgeries are offered on Monday evenings 6.30pm to 7.30pm. Patients are advised to call NHS 111 when the practice is closed.

The High Street Surgery was inspected in February 2014 using a different methodology and a compliance action made regarding requirements relating to workers. The provider was not meeting this standard.

The provider could not be sure that patients were cared for, or supported by staff who were safe to work with vulnerable patients. This is because appropriate checks were not always undertaken before staff started working at the service.

In July 2014 a follow up desk based review was undertaken and the provider found compliant for requirements relating to workers.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the Care Quality Commission (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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 August 2015. During our visit we spoke with three GPs, the practice manager, one nurse practitioner, one practice nurse, two health care assistants, one dispenser, three receptionists, a prescription clerk, a member of administration staff and four patients who used the service. We reviewed the practice's Family and Friends Test and NHS Choices website where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. We saw that the practice carried out an analysis of two significant events and the events had been recorded, investigated and actions were taken to address the issues appropriately. Records showed that significant events were discussed at GP clinical meetings. The practice was able to demonstrate that action plans to address significant events were discussed at these meetings. However, the practice was unable to demonstrate that these action plans or lessons learnt from significant events were cascaded to the wider staff team.

Overview of safety systems and processes

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

- There were arrangements 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. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up

to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any required improvements identified as a result.

- Recruitment checks were carried out and the five files we reviewed showed t

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local clinical commissioning group (CCG) pharmacy teams to help ensure the practice was prescribing in line with best practice guidelines for the safe administration of vaccines. Prescription pads were securely stored and there were systems in place to monitor their use.

We reviewed the processes for GPs home visit bags. We found that the GPs had medicines in their home visit bag which were past their expiry date. For example, Cefotaxime injection (a broad-spectrum antibiotic) was dated September 2014 and Adrenaline injection (used to provide rapid relief of severe hypersensitivity reaction to drugs and other allergens, and in the emergency treatment of anaphylactic shock) was dated December 2014. Home visit bags were the responsibility of the GPs and we were told by the practice manager that GPs were responsible for reviewing medicines held in their home visit bag routinely and report to the practice manager when stocks were low or medicines had expired. However, there was no documentation to show that a formal system to routinely check the medicines held within home visit bags had been established. Patients were therefore at risk of receiving medicines which were expired and ineffective during home visits.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to

Are services safe?

help ensure it was working properly. The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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. Published results for 2014/2015 were 559 of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the clinical commissioning group (CCG) and national average. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation was 96.97% compared to the CCG average of 93.09% and the national average of 93.44%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average of 95.17% compared to the CCG average 91.02% and the national average of 91.07%.
- Performance for mental health related and hypertension indicators were similar to the CCG and national average of 92.86% compared to the CCG average of 93.14% and the national average of 91.43%.
- The dementia diagnosis rate of 65% was higher than CCG average of 61% and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and patient outcomes. There had been two clinical audits completed in the last two years. One of the audits demonstrated analysis of its results and an action plan to address its findings. There were plans to repeat this to complete a cycle of clinical audit. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of review of rapid access dermatology referrals helped to ensure GPs in the surgery were referring according to best practice.

Information about patients' outcomes was used to make improvements, such as the introduction of local use of tests to detect urinary tract infections in patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, 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 training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation as well as support for the revalidation of doctors. 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 training modules and in-house training.

Coordinating patient care and information sharing

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

Are services effective?

(for example, treatment is effective)

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Advice from a dietician was available and smoking cessation advice was available from a local support group.

Patients who may have been 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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88.59%, which was above the CCG average of 83.84% and the national average of 81.86%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.09% to 95.08% and five year olds from 91.08% to 100%. Influenza vaccination rates for the over 65s were 66.17%, and at risk groups 38.55%. These were slightly below CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the three patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two members of the patient participation group (PPG) who 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 were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 82% said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

- 93% said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

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:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and 63 patients (0.83% 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 help ensure they understood the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice plan to build a new medical centre in Whitefield as there were major plans for housing in the area with an expansion of several thousand dwellings. The practice had already had discussions with the CCG, Area Team and local council. The vision was not just to have a traditional GP practice but to have a 'Healthy Living Centre' which would cover traditional GP services, some current secondary care services, but also community services including social care, pharmacy services and preventative care. There would be the opportunity for 'non-health' services such as Citizens Advice Bureau, housing advice, debt advice, disability advisers and the voluntary sector for support to be available at the Centre.

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

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open Monday to Friday from 8am until 6.30pm. An answerphone with the emergency on-call number would be in operation during closing times. Calls after 6.30pm were diverted to the out-of-hours service. Extended hours surgeries were offered at the following times on Monday in the evening 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

treatment was much lower in comparison to local and national averages and patients we spoke with on the day were able to obtain appointments when they needed them. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 59% patients said they could get through easily to the practice by telephone compared to the CCG average of 73% and national average of 73%.
- 68% patients described their experience of making an appointment as good compared to the CCG average of 76% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Records from patient participation group (PPG) meetings showed that the last patient survey identified areas where patients felt improvements could be made such as a change in the reception area for patient confidentiality. We observed that the reception area had been altered for confidentiality purposes.

The practice manager informed the group that the telephone company would be upgrading the telephone system which should free up the reception staff. Two quotes had been received for altering the reception area so that most of the telephone calls would be answered behind a partition in reception. The practice manager informed us that the phone system had been upgraded in November 2014 and the reception area had alterations made.

The practice was always looking at ways to improve the service it gave for example, walk in service, practice nurse taking appointments to relieve the GPs. The practice stated that these changes would not have happened without the results from the survey.

Listening and learning from concerns and complaints

There was a process to record when complaints were received. However, forms used to record how they were investigated and the response sent to the complainant were not completed. Therefore, there were no records to support that complaints had been appropriately responded to and whether any actions were taken by the practice in order to learn from complaints. Information

Are services responsive to people's needs?

(for example, to feedback?)

about how to complain was readily available to patients and other people who used the practice. There was a designated responsible person who handled all complaints in the practice.

We looked at eight complaints received in the last 12 months. Records for the complaints received by the practice were unclear and did not show what the

complaints related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. Also, as there were no minutes of practice meetings held, it was difficult to establish how particular issues that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- There was a comprehensive understanding of the performance of the practice
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were 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 to help 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 took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that all staff practice meetings were not held, however, there were clinical meetings between GPs and district nurses. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Records showed that where the PPG had suggested improvements to the practice décor and carpets in communal areas, improvement works had begun.

The practice had also gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a focus on continuous learning and improvement at GP level within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had plans to become a training practice, not just for GPs, but also for nurses, medical students, paramedics, other health and social care professionals.

The practice were currently in talks with staff from another service and it was hoped a physiotherapist would use the practice premises to provide a range of treatments including a comprehensive assessment for all musculoskeletal conditions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: The registered provider did not have a formal system to routinely check the medicines held within GPs home visit bags. As a result, we found that one GP had a medicine in their bag which was more than six months past its expiry date.</p> <p>The process for checking and recording stock levels of emergency medicines required improving. Stock levels were not being recorded and therefore there was a risk of emergency medicines being used without the practices knowledge.</p> <p>Regulation 12 (2) (g)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>How the regulation was not being met: Records for the complaints received by the practice were unclear and did not show what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant.</p> <p>There were no minutes of practice meetings and it was difficult to establish how particular issues, that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made.</p> <p>Regulation 16 (1) (2)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

Minutes of meetings were not completed. Evidence of how frequently meetings were held, discussions, actions taken to address issues and lessons learnt from any clinical issues, as well as incident/event were not recorded and formally cascaded to the staff team. The impact or improvements made to the service patients received as a result of the outcome of these meetings was also not recorded.

Regulation 17 (1) (a) (b) (d) (f)